



MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

A G E N D A

**January 22, 2015
3:00 p.m.**

Meeting will be held at:

***Madera County Workforce Assistance Center
Conference Room
441 E. Yosemite Avenue
Madera, CA 93638
(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 Board, may request assistance by contacting the Executive Assistant at Madera County Workforce Investment Corporation office, 441 E. Yosemite Avenue, Madera, CA 93638; 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 Board website at http://www.maderaworkforce.org/?page_id=736. 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 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.

3.0 Introductions and Recognitions

4.0 Adoption of Board Agenda

5.0 Consent Calendar

5.1 Approve Madera County Workforce Investment Corporation (MCWIC) Meeting Minutes – October 23, 2014

6.0 Action Items

6.1 Approve MCWIC Form 990

6.2 Approve Financial Reports

7.0 Information Items

7.1 Grants/Projects Update

7.2 Facilities Update

7.3 MCWIC Board of Director Appointment Process

7.4 Form 700 – Due April 1, 2015

8.0 Written Communication

9.0 Open Discussion/Reports/Information

9.1 Committee Members

9.2 Staff

10.0 Next Meeting

February 26, 2015

11.0 Adjournment



October 23, 2014

MINUTES

PRESENT: Debi Bray, Bob Carlson, Manuel Nevarez, Robyn Smith

ABSENT: Rich Mostert, Kelly Woodard

GUEST: Doug Sampson

OTHERS: Elaine Craig, Jessica Roche, Gail Lopez, Maiknue Vang, Nicki Martin

1.0 Call to Order

Meeting called to order at 3:35 p.m.

1.1 Pledge of Allegiance

2.0 Public Comment

None

3.0 Introductions and Recognitions

Doug Sampson was introduced. He will be presenting the draft single audit to the Board.

4.0 Adoption of Board Agenda

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

Vote: Approved – unanimous

Yes: Debi Bray, Bob Carlson, Manuel Nevarez, Robyn Smith

5.0 Consent Calendar

5.1 Approve Madera County Workforce Investment Corporation (MCWIC) Meeting Minutes – September 17, 2014

Robyn moved to approve, seconded by Manuel Nevarez

Vote: Approved – unanimous

Yes: Debi Bray, Bob Carlson, Manuel Nevarez, Robyn Smith

6.0 Action Items

6.1 Approve Single Audit for PY 2013-14

Doug Sampson-Morse Wittwer Sampson, LLP, spoke to the board and provided the results of the single audit for the PY 2013-14. A single audit is required every fiscal year. The single audit resulted in a "clean", unqualified opinion which represents no findings throughout the report.

Manuel Nevarez motioned to accept the report, seconded by Robyn Smith.

Vote: Approved – unanimous

Yes: Debi Bray, Bob Carlson, Manuel Nevarez, Robyn Smith

6.2 Approve Financial Reports

Staff provided the financial reports for the month ending September 30, 2014. Staff advised that they will be bringing some budget adjustments to the Board for approval at the next meeting.

Bob Carlson moved to approve, seconded by Manuel Nevarez.

Vote: Approved – unanimous

Yes: Debi Bray, Bob Carlson, Manuel Nevarez, Robyn Smith

7.0 Information Items

7.1 Grants/Projects Update

Staff provided information on various grants and projects within the agenda packet. Wells Fargo is now sending a staff member to provide financial information during the workshops.

7.2 Facilities Update

The Campus project is over budget and the County has decided to retain the services of an expert who can review the project funding and help decide on how to fund the project.

7.3 Workforce Innovation and Opportunity Act (WIOA) Update

Staff previously invited WIB members to attend the CWA WIOA Orientation workshop taking place on October 27, 2014 in Clovis. There was a good response and 6 WIB Directors as well as MCWIC staff will be attending.

8.0 Written Communication

None

9.0 Open Discussion/Reports/Information

9.1 Committee Members

Debi Bray – reminded MCWIC staff that the Executive Director is able to sign documents in her absence. Staff advised that there are some documents the WIB Chair is required to sign.

9.2 Staff

None

10.0 Next Meeting

November 27, 2014

11.0 Adjournment

Manuel Nevarez moved to adjourn, seconded by Bob Carlson. Meeting adjourned at 4:09 p.m.



Agenda Item 6.1

Consent

Action

Information

To: Madera County Workforce Investment Corporation

From: Elaine Craig, Executive Director

Date: January 22, 2015

Subject: Approve MCWIC Form 990

Recommendation:

Staff recommend approval of the draft Form 990, Return of Organization Exempt From Income Tax

Summary:

MCWIC's fiscal and tax year-end is June 30. All annual tax and information returns of MCWIC (Form 990) are filed on the accrual basis of reporting and is prepared by the organizations CPA, Morse Wittwer Sampson, LLP. Per MCWIC board approved Business Policies and Procedures, 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.

Financing:

Workforce Investment Act of 1998

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 441 EAST YOSEMITE AVENUE City or town, state or province, country, and ZIP or foreign postal code MADERA, CA 93638 F Name and address of principal officer: ELAINE CRAIG SAME AS C ABOVE	D Employer identification number 45-5243432 E Telephone number (559) 662-4500 G Gross receipts \$ 2,729,340. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MADERAWAC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 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 2013 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,658,422.	2,655,068.
	9 Program service revenue (Part VIII, line 2g)	6,115.	49,214.
	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)	33,968.	25,058.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,698,505.	2,729,340.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	862,520.	1,573,674.
	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)	710,939.	1,156,433.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,573,459.	2,730,107.
	19 Revenue less expenses. Subtract line 18 from line 12	125,046.	-767.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	262,960.	285,348.
	21 Total liabilities (Part X, line 26)	137,914.	181,816.
	22 Net assets or fund balances. Subtract line 21 from line 20	125,046.	103,532.

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	Date	Check if self-employed <input type="checkbox"/>	PTIN P00038675
	Firm's name ▶ MORSE WITTEWAMPSON, LLP	Firm's EIN ▶ 26-2521787			
	Firm's address ▶ 265 E. RIVER PARK CIRCLE. STE 110 FRESNO, CA 93720	Phone no. 559-389-5700			

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

Part III Statement of Program Service Accomplishments

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

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,059,472. including grants of \$) (Revenue \$ 49,214.) WORKFORCE INVESTMENT ACT OF 1998 FEDERAL PROGRAM - TO PROMOTE AN INCREASE IN THE EMPLOYMENT, JOB RETENTION, EARNINGS, AND OCCUPATIONAL SKILLS IMPROVEMENT BY PARTICIPANTS. THIS, IN TURN, IMPROVES THE QUALITY OF THE WORKFORCE, REDUCES WELFARE DEPENDENCY, AND IMPROVES THE PRODUCTIVITY AND COMPETITIVENESS OF THE NATION.

4b (Code:) (Expenses \$ 302,424. including grants of \$) (Revenue \$) CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION PROGRAM - TO PROVIDE THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR) INMATES WITH JOB READINESS AND JOB SKILLS PRIOR TO THEIR RELEASE FROM PRISON. THROUGH A SERIES OF MODULES, EACH PATRICIPANT WILL LEARN ABOUT COMMUNITY RESOURCES AND PROGRAMS THAT CAN ASSIST THEM IN THEIR TRANSITION BACK INTO THEIR COMMUNITIES.

4c (Code:) (Expenses \$ 205,973. including grants of \$) (Revenue \$) DISABILITY EMPLOYMENT INITIATIVE GRANT - TO MOVE INDIVIDUALS OFF SSI AND SDI AND INTO PERMANENT SELF-SUFFICIENT EMPLOYMENT. THIS IS DONE WITH SKILLS TRAINING/ENHANCEMENT AND CONNECTING INDIVIDUALS WITH EMPLOYERS (ASSISTING EMPLOYERS WITH INFORMATION AS WELL AS HIRING INDIVIDUALS WITH POTENTIAL DISABILITIES).

4d Other program services (Describe in Schedule O.) (Expenses \$ 50,864. including grants of \$) (Revenue \$ 25,058.)

4e Total program service expenses 2,618,733.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Form 990 (2013)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013)

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Form 990 (2013)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
25b		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? If so, complete Schedule L, Part II		X
26		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? If "Yes," complete Schedule L, Part III		X
27		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? If "Yes," complete Schedule L, Part IV		X
28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b		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? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		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? If "Yes," complete Schedule R, Part I		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		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? If "Yes," complete Schedule R, Part VI		X
37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

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?	X	
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the 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		

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, physical address, and telephone number of the person who possesses the books and records of the organization: **MADERA COUNTY WORKFORCE INVESTMENT CORPORATION - 559 662-4500**
441 EAST YOSEMITE AVENUE, MADERA, CA 93638

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) MANUEL NEVAREZ DIRECTOR	1.00	X						0.	0.	0.
(3) KELLY WOODARD DIRECTOR	1.00	X						0.	0.	0.
(4) BOB CARLSON DIRECTOR	1.00	X						0.	0.	0.
(5) ROBYN SMITH DIRECTOR	1.00	X						0.	0.	0.
(6) RICH MOSTERT DIRECTOR	1.00	X						0.	0.	0.
(7) JESSICA ROCHE TREASURER	40.00			X				83,801.	0.	13,661.
(8) ELAINE CRAIG EXECUTIVE DIRECTOR	40.00			X				102,084.	0.	20,303.

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							185,885.	0.	33,964.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							185,885.	0.	33,964.	

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

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	2,618,733.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,335.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,655,068.			
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code			
		900099	49,214.	49,214.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		49,214.				
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	b			
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	b				
	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	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a RENTAL INCOME	900099	25,058.	25,058.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		25,058.				
12 Total revenue. See instructions.		2,729,340.	74,272.	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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,591.	184,591.		
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	1,027,309.	987,540.	39,769.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	255,076.	235,503.	19,573.	
10 Payroll taxes	106,698.	103,983.	2,715.	
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	49,610.	44,650.	4,960.	
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 CLIENT PROGRAM EXPENSES	806,378.	806,378.		
b OVERHEAD	300,445.	256,088.	44,357.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,730,107.	2,618,733.	111,374.	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

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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	23,524.	1	20,263.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	148,943.	3	211,428.
	4	Accounts receivable, net	8,349.	4	7,598.
	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	17,696.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,790.		
	b	Less: accumulated depreciation	10b 19,731.	64,448.	10c 46,059.
	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)	262,960.	16	285,348.	
Liabilities	17	Accounts payable and accrued expenses	48,819.	17	103,968.
	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	89,095.	25	77,848.
	26	Total liabilities. Add lines 17 through 25	137,914.	26	181,816.
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	106,796.	27	97,605.
	28	Temporarily restricted net assets	18,250.	28	5,927.
	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	125,046.	33	103,532.	
34	Total liabilities and net assets/fund balances	262,960.	34	285,348.	

Form 990 (2013)

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,729,340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,730,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	-767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	125,046.
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	-20,747.
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	103,532.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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	

Form 990 (2013)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (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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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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1658422.	2655068.	4313490.
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.	4313490.
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.						4313490.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				1658422.	2655068.	4313490.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				33,968.	25,058.	59,026.
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 IV.)						
11 Total support. Add lines 7 through 10						4372516.
12 Gross receipts from related activities, etc. (see instructions)					12	55,329.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

DRAFT

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

2013

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

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	\$ 2,216,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION PO BOX 942883 SACRAMENTO, CA 94283	\$ 302,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FRESNO REGIONAL WORKFORCE INVESTMENT BOARD 2125 KERN STREET SUITE 208 FRESNO, CA 93721	\$ 49,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF MADERA 209 WEST YOSEMITE AVE MADERA, CA 93637	\$ 36,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

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" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and charitable purposes.

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, acreage restricted, number of easements on historic structures, and monitoring requirements.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Rows include questions about reporting works of art, historical treasures, and similar assets for public exhibition and financial gain.

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" to 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	18,250.				
b Contributions	35,000.	18,250.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	47,323.				
f Administrative expenses					
g End of year balance	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 100.00 %
- The percentages in 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:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 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" to 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		65,790.	19,731.	46,059.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				46,059.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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	77,848.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	77,848.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,729,340.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains 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	2,729,340.
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	2,729,340.

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

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

1	Total expenses and losses per audited financial statements		1	2,730,107.
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	2,730,107.
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	2,730,107.

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:

EXPLANATION: 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

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 11:

EXPLANATION: 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:

EXPLANATION: 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:

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

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

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

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE BOARD OF DIRECTORS APPROVES SELECTION OF THE AUDITORS

Name of the organization **MADERA COUNTY WORKFORCE INVESTMENT CORPORATION**

Employer identification number
45-5243432

AND ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

DRAFT

TAXABLE YEAR

2013

**California Exempt Organization
Annual Information Return**

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013, and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name MADERA COUNTY WORKFORCE INVESTMENT CORPORATION		California corporation number 3435527
Address (suite, room, or PMB no.) 441 EAST YOSEMITE AVENUE		FEIN 45-5243432
City MADERA	State CA	ZIP Code 93638

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

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	74,272.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,655,068.00
	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	2,729,340.00
	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	2,729,340.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,730,107.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-767.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 EXECUTIVE DIRE	Date	Telephone 559 662-4500
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00038675
	Firm's name (or yours, if self-employed) and address MORSE WITTEW SAMPSON, LLP 265 E. RIVER PARK CIRCLE. STE 110 FRESNO, CA 93720		FEIN 26-2521787
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Telephone 559-389-5700

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.

	1 Gross sales or receipts from all business activities. See instructions	•	1	00
	2 Interest	•	2	00
	3 Dividends	•	3	00
Receipts from Other Sources	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	74,272.00
	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	74,272.00
	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	184,591.00
	12 Other salaries and wages	•	12	1,027,309.00
Expenses and Disbursements	13 Interest	•	13	00
	14 Taxes	•	14	106,698.00
	15 Rents	•	15	00
	16 Depreciation and depletion (See instructions)	•	16	00
	17 Other Expenses and Disbursements	•	17	1,411,509.00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,730,107.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		23,524.		20,263.
2	Net accounts receivable		8,349.		7,598.
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	73,318.		65,790.	
b	Less accumulated depreciation	(8,870.)	64,448.	(19,731.)	46,059.
11	Land				
12	Other assets STMT 5		166,639.		211,428.
13	Total assets		262,960.		285,348.
Liabilities and net worth					
14	Accounts payable		48,819.		103,968.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 6		89,095.		77,848.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		125,046.		103,532.
22	Total liabilities and net worth		262,960.		285,348.

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	•	-767.	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		-767.
6	Total. Add line 1 through line 5		-767.				

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT	PO BOX 826880 SACRAMENTO, CA 94280	06/30/14	2,216,442.
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION	PO BOX 942883 SACRAMENTO, CA 94283	06/30/14	302,424.
FRESNO REGIONAL WORKFORCE INVESTMENT BOARD	2125 KERN STREET SUITE 208 FRESNO, CA 93721	06/30/14	49,003.
CITY OF MADERA	209 WEST YOSEMITE AVE MADERA, CA 93637	06/30/14	36,603.
TOTAL INCLUDED ON LINE 3			2,604,472.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
RENTAL INCOME	25,058.
PROGRAM SERVICE FEES	49,214.
TOTAL TO FORM 199, PART II, LINE 7	74,272.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DEBI BRAY 441 EAST YOSEMITE AVENUE MADERA, CA 93638	PRESIDENT 1.00	0.
MANUEL NEVAREZ 441 EAST YOSEMITE AVENUE MADERA, CA 93638	DIRECTOR 1.00	0.
KELLY WOODARD 441 EAST YOSEMITE AVENUE MADERA, CA 93638	DIRECTOR 1.00	0.
BOB CARLSON 441 EAST YOSEMITE AVENUE MADERA, CA 93638	DIRECTOR 1.00	0.
ROBYN SMITH 441 EAST YOSEMITE AVENUE MADERA, CA 93638	DIRECTOR 1.00	0.
RICH MOSTERT 441 EAST YOSEMITE AVENUE MADERA, CA 93638	DIRECTOR 1.00	0.
JESSICA ROCHE 441 EAST YOSEMITE AVENUE MADERA, CA 93638	TREASURER 40.00	84,342.
ELAINE CRAIG 441 EAST YOSEMITE AVENUE MADERA, CA 93638	EXECUTIVE DIRECTOR 40.00	100,249.
TOTAL TO FORM 199, PART II, LINE 11		184,591.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
CLIENT PROGRAM EXPENSES	806,378.
OVERHEAD	300,445.
OTHER EMPLOYEE BENEFITS	255,076.
OFFICE EXPENSES	49,610.
TOTAL TO FORM 199, PART II, LINE 17	1,411,509.

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		148,943.	211,428.
PREPAID EXPENSES AND DEFERRED CHARGES		17,696.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		166,639.	211,428.

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCRUED PAYROLL AND RELATED EXPENSES		72,262.	77,848.
REFUNDABLE ADVANCES		16,833.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		89,095.	77,848.

FORM 199	FUND BALANCES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		106,796.	97,605.
TEMPORARILY RESTRICTED ASSETS		18,250.	5,927.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		125,046.	103,532.

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

**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

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

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 <u>0197640</u> MADERA COUNTY WORKFORCE INVESTMENT CORPORATION <small>Name of Organization</small> <u>441 EAST YOSEMITE AVENUE</u> <small>Address (Number and Street)</small> <u>MADERA, CA 93638</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report 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 07/01/2013 ending 06/30/2014) list:
 Gross annual revenue \$ 2,729,340 . Total assets \$ 285,348 .

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
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 8

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

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS, PO BOX 942883,
SACRAMENTO, CA. 94283

CITY OF MADERA, 209 W. YOSEMITE AVENUE, MADERA CA. 93637

DRAFT



**MADERA COUNTY
WORKFORCE
INVESTMENT CORPORATION**

Agenda Item 6.2

Consent

Action

Information

To: Madera County Workforce Investment Corporation
From: Elaine Craig, Executive Director
Workforce Investment Board
Date: January 22, 2015
Subject: Approve Financial Reports

Recommendation:

Staff recommend approval of the year to date financial reports for the period ending December 2014.

Summary:

Attached are the financial reports for month ending December 2014. The reports include the Balance Sheet, Encumbrance Budget Report, Statement of Cash Flows, and bank reconciliation summary sheets for both the main and payroll accounts.

In regards to the Encumbrance Budget Report, the increase in the budget and encumbrances is due to the Jobs Driven National Emergency Grant \$3,181,691.00. Budget that still needs to be added to the system are the Rapid Response Layoff Aversion Grant \$28,777.00, and the Madera County Payroll Contract \$713,340.00. A revised budget will be brought before the Board for approval on February 26, 2015.

Workforce Investment Act of 1998

Madera County Workforce Investment Corporation**Balance Sheet - FY 2014-2015**

As of 12/31/2014

(In Whole Numbers)

	<u>Current Year</u>
Assets	
Cash	
Cash in BA - Main	52,015
Cash in BA - Payroll	67,775
Total Cash	<u>119,790</u>
Accounts Receivable	107,207
Fixed Assets	
Computer & Software	52,115
Office Equipment	12,583
Vehicles	2,125
Furniture & Fixtures	2,029
Accumulated Depreciation	<u>(19,731)</u>
Total Fixed Assets	<u>49,122</u>
Total Assets	<u><u>276,119</u></u>
Liabilities and Net Assets	
Accounts Payable	80
Employee Payroll and Taxes Payable	
Vacation Payable	27,497
Other	58,893
Total Employee Payroll and Taxes Payable	<u>86,390</u>
Employer Payroll Taxes Payable	8,005
Workers Compensation Payable	470
Dependent Benefits Payable	340
Net Income and Expenditures	
Fund Balance	39,084
Net Assets - Capital Assets	64,448
Grant Revenue	1,218,630
Other Income	298,551
Interest Revenue	50
Other	<u>(1,439,930)</u>
Total Net Income and Expenditures	<u>180,834</u>
Total Liabilities and Net Assets	<u><u>276,119</u></u>

FY 14-15 Budget -					
GI Code	Account Title	Board Approved	Expenditures	Encumbrances	Budget Balance
5100	Staff Salaries	1,368,281	708,331	0	659,950
5110	Payroll Tax Expense (FUTA)	227	(2,520)	0	2,747
5111	Employer Medicare Expense	18,031	9,950	0	8,081
5112	Social Security Employer Exp	78,073	42,545	0	35,528
5115	CA Unemployment Insurance Exp	5,375	3,950	0	1,425
5116	CA Training Tax Expense	167	83	0	84
5120	Workers Compensation Expense	9,595	5,146	0	4,449
5130	Group Health Insurance Expense	174,109	86,089	87,881	139
5140	Employers 457 Expense	74,994	37,671	0	37,323
5160	Group Dental Insurance	8,910	4,611	4,299	(0)
5170	Group Vision Insurance	2,118	1,115	1,003	(0)
5180	Group Life Insurance	764	402	362	0
5200	Materials and Supplies	21,983	19,449	1,450	1,084
5300	Rent Expense	82,602	42,299	34,321	5,982
5320	Telephone Expense	8,064	2,317	3,360	2,387
5330	Utilities Expense	26,284	13,873	12,007	404
5400	Postage Expense	2,155	70	24	2,061
5410	Printing Expense	14,808	2,599	629	11,580
5420	Advertising Expense	13,000	12,694	0	306
5430	Bank Charges	303	267	0	36
5440	Dues and Membership Expense	7,795	5,595	2,165	35
5450	Publications Expense	1,181	889	168	124
5500	Auditing Fees	15,000	13,000	0	2,000
5510	Legal Fees	20,000	399	1,237	18,365
5530	Taxes and Fees	350	53	201	96
5600	Office Equipment	2,500	1,989	0	511
5610	Equipment Maintenance	11,200	6,697	4,484	19
5620	Equipment Rental	5,183	2,962	2,231	(10)
5630	Software Expense	5,000	253	70	4,677
5640	Internet Expense	4,103	1,751	1,752	600
5650	Computer Hardware	5,927	302	0	5,625
5660	Furniture & Fixtures	750	1,479	60	(789)
5700	Client Travel Expense	30,000	11,732	7,670	10,599
5710	Employee Education Expense	15,000	13,714	(2,486)	3,772
5720	Staff Travel Expense	23,010	6,333	3,161	13,516
5730	Meeting Costs	7,382	2,958	116	4,308
5800	Subcontracted Program Services	3,987,847	347,269	3,158,181	482,397
5810	General Outside Services	86,607	28,507	24,610	33,490
5900	Insurance Expense	6,306	6,172	0	134
5950	Allocation of Common Costs	0	0	0	0
5980	Fixed Assets - Expense Offset	0	(3,063)	0	3,063
Report Total		6,144,984	(1,439,930)	(3,348,956)	1,356,098

Madera County Workforce Investment Corporation
Statement of Cash Flows - Daily Cash Balance Report
As of 12/31/2014

	Month	Current Year FY 2014-2015
Cash Flows from Operating Activities		
Revenues and Expenditures	34,733.09	77,301.65
Accounts Receivable	(28,526.01)	111,818.54
Accounts Payable	(8,396.70)	(103,786.11)
Payroll Payable	8,926.95	16,566.82
Payroll Taxes Payable	3,891.49	5,842.71
Benefits Payable	(5,694.20)	(5,153.78)
Total Cash Flows from Operating Activities	4,934.62	102,589.83
Cash Flows from Investing Activities		
Asset Inventory		
Office Equipment	0.00	(1,583.48)
Furniture & Fixtures	0.00	(1,479.35)
Total Asset Inventory	0.00	(3,062.83)
Total Cash Flows from Investing Activities	0.00	(3,062.83)
Total Cash Flows from Investing Activities	0.00	(3,062.83)
Net Increase/(Decrease in Cash and Cash Equivalents	4,934.62	99,527.00
Cash and Cash Equivalents at the Beginning of Year		
Cash in BA - Main	108,509.48	14,339.09
Cash in BA - Payroll	6,345.58	5,923.59
Total Cash and Cash Equivalents at the Beginning of Year	114,855.06	20,262.68
Cash and Cash Equivalents as of Current Period End Date	119,789.68	119,789.68

Madera County Workforce Investment Corporation
Aged Receivables by Due Date - Aged accounts Receivable
Aging Date - 1/1/2012
From 7/1/2014 Through 12/31/2014

AGENDA ITEM 6.2

Custom... ID	Customer Name	Invoice Number	Invoice Date	Due Date	Current	Total
1005	Madera County Probation Department	ARDoc116	12/5/2014	1/4/2015	1,795.90	1,795.90
1005		ARDoc117	12/5/2014	1/4/2015	1,724.74	1,724.74
1005		ARDoc135	1/5/2015	2/4/2015	1,194.26	1,194.26
1005		ARDoc138	1/5/2015	2/4/2015	<u>3,014.01</u>	<u>3,014.01</u>
Total 1005	Madera County Probation Department				7,728.91	7,728.91
1008	Department of Rehabilitation	ARDoc104	10/29/2014	11/28/2014	555.00	555.00
1008		ARDoc105	10/29/2014	11/28/2014	555.00	555.00
1008		ARDoc106	10/29/2014	11/28/2014	555.00	555.00
1008		ARDoc107	10/29/2014	11/28/2014	555.00	555.00
1008		ARDoc108	10/29/2014	11/28/2014	555.00	555.00
1008		ARDoc120	12/5/2014	1/4/2015	555.00	555.00
1008		ARDoc127	12/23/2014	1/22/2015	<u>150.00</u>	<u>150.00</u>
Total 1008	Department of Rehabilitation				3,480.00	3,480.00
1016	PERSONAL REIMBURSEMENTS	ARDoc128	12/31/2014	1/30/2016	(14.00)	(14.00)
1016		ARDoc137	12/31/2014	1/30/2016	<u>14.00</u>	<u>14.00</u>
Total 1016	PERSONAL REIMBURSEMENTS				0.00	0.00
1020	(CDCR) California Department Correcti...	ARDoc119	12/5/2014	1/4/2015	32,618.75	32,618.75
1020		ARDoc142	1/5/2015	2/4/2015	<u>31,948.63</u>	<u>31,948.63</u>
Total 1020	(CDCR) California Department Correcti...				64,567.38	64,567.38
1024	Fresno Area Workforce Investment Co...	ARDoc139	1/5/2015	2/4/2015	<u>13,052.55</u>	<u>13,052.55</u>
Total 1024	Fresno Area Workforce Investment Co...				13,052.55	13,052.55
1027	City of Madera	ARDoc140	1/5/2015	2/4/2015	<u>12,240.00</u>	<u>12,240.00</u>

Madera County Workforce Investment Corporation
 Aged Receivables by Due Date - Aged accounts Receivable
 Aging Date - 1/1/2012
 From 7/1/2014 Through 12/31/2014

AGENDA ITEM 6.2

Custom... ID	Customer Name	Invoice Number	Invoice Date	Due Date	Current	Total
Total 1027	City of Madera				12,240.00	12,240.00
1041	Madera County Department of Social S...	ARDoc123	12/11/2014	1/10/2015	<u>6,138.43</u>	<u>6,138.43</u>
Total 1041	Madera County Department of Social S...				6,138.43	6,138.43
Report Total					<u>107,207.27</u>	<u>107,207.27</u>

Madera County Workforce Investment Corporation
Reconcile Cash Accounts

AGENDA ITEM 6.2

Summary

Cash Account: 1010 Cash in BA - Main
Reconciliation ID: Bank Reconciliation for 1010 for 12/31/2014
Reconciliation Date: 12/31/2014
Status: Open



Bank Balance	98,690.13
Less Outstanding Checks/Vouchers	46,675.13
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	52,015.00
Balance Per Books	<u>52,015.00</u>
Unreconciled Difference	<u><u>0.00</u></u>

Click the Next Page toolbar button to view details.

Madera County Workforce Investment Corporation
Reconcile Cash Accounts

AGENDA ITEM 6.2

Summary

Cash Account: 1020 Cash in BA - Payroll
Reconciliation ID: Bank Reconciliation for 1020 for 12.31.14
Reconciliation Date: 12/31/2014
Status: Open

Bank Balance	68,648.46
Less Outstanding Checks/Vouchers	873.78
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	67,774.68
Balance Per Books	<u>67,774.68</u>
Unreconciled Difference	<u><u>0.00</u></u>

Click the Next Page toolbar button to view details.



MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Agenda Item 7.1

Consent

Action

Information

To: Madera County Workforce Investment Corporation

**From: Elaine Craig, Executive Director
Workforce Investment Board**

Date: January 22, 2015

Subject: Grants/Projects Update

Information:

- California Department of Corrections and Rehabilitation (CDCR): Four staff continue to work with a Transitions Project at CCWF and VSP in Chowchilla wherein they are conducting job readiness workshops to inmates who are approximately 120 days from release. Each workshop has approximately 30 inmates each for a total of 120 inmates every workshop session which are approximately four weeks in length with one week break in between. Curriculum consists of topics such as resume portfolio, financial literacy, career search. Processing invoices and receiving reimbursement from CDCR is current and running smoothly. Staff continue to receive excellent evaluations from the institution staff and inmates. We are also working with a Wells Fargo representative who has been cleared and is now conducting Financial Literacy Workshops during that portion of the workshop curriculum. We are in the second year of the project which began July 1, 2014 and ends June 30, 2015. We will enter into discussions with CDCR to determine the feasibility of continuing this project into a third year but that negotiation process will not begin until the end of the year per CDCR. We recently received a perfect score from a review conducted by personnel from Sacramento CDCR related to the effectiveness of the workshops, staff presenting the workshops and evaluations from the participants.
- CCP/AB109: We are currently providing in custody workshops at the Madera County Department of Corrections facility. Evaluations from the participants 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 being training or job search. We are also conducting specialized, 3 hour orientation sessions twice per month for individuals referred from County Corrections and Probation. The sessions assist these customers to access the services they need to become employed.
- Well Fargo Veteran Project: We have received an additional \$10,000 from Wells Fargo to continue to provide resources and assistance to veterans in the community. 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. Planning is also underway for Veteran-focused Financial Literacy workshops, as well as an Employer Panel/Forum event to provide interaction opportunities between our Veteran customers and local employers. We are also considering a veteran consultant that we have worked with on other projects to consult in order to provide the best services and resources to the veteran community. We were invited to submit a letter of interest for a rural workforce development \$75,000 grant (this is invitation only) and while we were not successful in being asked to submit an application, we have been advised this opportunity will be presented again.

- **Veteran Power Pathways Grant:** This grant is in collaboration with Fresno and Kings County. A cohort of 21 veterans began training through Pacific Gas and Electric at the Madera Center on January 12, 2015. Madera cohort will receive their training in gas and electric. We have had three veterans attend either the Kings or Fresno cohort in addition to the 21 in Madera. We are currently considering adding a pre-apprenticeship component after the completion of the PG&E training, which completes on March 6, 2015. This additional component will be in the electrical and plumbers/pipefitters trades. In addition, we are working with FCC CTE to possibly also add a forklift certification training. The veterans will receive certification in OSHA 10, First Aid/CPR/AED, Flagger, Mark and Locate and Traffic Control as well as the completion certification for the PG&E training. We have provided personal protection equipment and items such as boots and gloves, safety glasses, etc. They are also receiving mileage reimbursement.
- **NEG OJT:** We have closed out this grant effective May 30, 2014 after receiving an extension in order to attempt to expend the full amount. This extension was beneficial in that we will only return approximately \$25,000 to the state. Our participant numbers and retention in the jobs after the training period far exceeded our proposed numbers in the application for these funds.
- **Disability Employment Initiative:** We have received additional Ticket to Work revenue and have been working diligently to increase Ticket assignments. The DEI grant called for us to enroll 60 participants in the three year term of the grant and we have exceeded this number with the grant ending September 30, 2014. We intend to sustain this program, and the staffing, through WIA and other funds, including ticket revenue.
- We received \$25,000 from Chukchansi to be used to replace all of the computers used by customers in the Resource Rooms of all three One Stops. This is approximately 30 computers. This will then allow us to utilize the old computers to upgrade staff equipment and save us dollars in the budget for staff equipment. This has been fully accomplished and we are processing the required disposal documents for the MCWIC approval in order to donate the equipment we can no longer use. This was per the grant application we submitted.
- We have been notified that we are the recipient, with Fresno and Kings Counties, of Prop 39 Pre-Apprenticeship training funds. Fresno is the lead on this grant and project. It will provide training to 25 participants from Madera and we are currently working on contractual documents with Fresno. We anticipate that the training programs through this grant will begin after January 2015, and there will be multiple cohort based classes provided throughout the region.
- We submitted an application to Union Bank for approximately \$25,000 to be used to offer a

customized GED and/or Microsoft Word class through Madera Adult School to low income single parent participants. Unfortunately, we were unsuccessful but will apply again when it opens.

- We have submitted an application to Bank of America to assist in sustaining the Disability Employment Initiative project by assisting individuals with a disability and the continued dedicated staffing and ability to fund the unique training, supportive services and entrepreneurial needs and requests of the population but determined that we are outside their traditional application timeframe and deadline. Unfortunately, we were unsuccessful but will continue to apply whenever it opens.
- Community Development Block Grant: We applied for and have been awarded \$20,000 from the City of Madera to serve adult low-income City of Madera residents. We are to enroll at least ten (10) participants. This is third award of these funds and we continue to receive small increases to the amount of the award. We have served 7 individuals in the first quarter of the program year, and anticipate serving more than the 10 individuals that were planned, by leveraging other available funding and resources. We will continue to apply for these funds each Spring for the following fiscal year funds.
- 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 has also been identified as one of two pilot sites, the other is Inland Empire, to submit an action plan for \$20,000 for the state and Governor's Office Slingshot Initiative. Our plan has been submitted to the State Workforce Investment Board and has been accepted and approved.. The implementation phase of this initiative has approximately \$1 million funding opportunity. 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. Staff have provided copies of the project and initiative. Madera is being considered for the lead in this Valley initiative.
- The Central California Workforce Collaborative has also been identified, along with Inland Empire and due to our involvement in the Slingshot Initiative, to be a part of a Jobs Driven National Emergency Grant with the State. We have been notified that the State has been funded and Madera will act as the lead for the CCWC and San Bernardino County will be the lead for Inland Empire. The amount Madera will receive for the CCWC is approximately \$3.6 million with approximately \$140,000 for the Madera program. We are currently working on the contractual documents with the other participating WIBs and have begun to implement the project and enroll participants. This project requires 30% of the total funds be spent on work-based learning activities such as OJT, Intern/Extern, PWEX, Job Shadow.

Financing:

Workforce Investment Act of 1998



Agenda Item 7.2

Consent

Action

Information

To: Madera County Workforce Investment Corporation

**From: Elaine Craig, Executive Director
Workforce Investment Board**

Date: January 22, 2015

Subject: Facilities Update

Information:

We continue to attend meetings and participate in the process related to being a tenant in the new County Campus on Road 28 with DSS, Public Health, Child Support and Behavioral Health. At the last meeting on October 6th, a decision was made by the County of Madera to work with an outside entity to assist with the process of building a facility like the County Campus and to also assist in determining the best options for financing, lease vs. purchase, etc.

Meanwhile, we will continue to keep looking for any facility related grants that may assist in financing the County Campus project. We recently forwarded a grant/loan opportunity to Eric Fleming, CAO.

Financing:

Workforce Investment Act of 1998



Agenda Item 7.3

Consent

Action

Information

To: Madera County Workforce Investment Corporation

**From: Elaine Craig, Executive Director
Workforce Investment Board**

Date: January 22, 2015

Subject: MCWIC Director Appointment Process

Information:

Staff would like discussion and guidance related to the process of MCWIC Board of Directors. Due to the recent change in membership status of WIB Directors, staff reviewed the MCWIC ByLaws and determined the need to have an appointment process and also suggest an application requirement. This discussion is also precipitated by the previous discussion related to the change of composition to the MCWIC Board of Directors from the WIB Executive Committee to private sector WIB members and two community members at large. Appointments to the MCWIC Board should also be an action item. Further discussion should also include term limits.

Financing:

Workforce Investment Act of 1998



Agenda Item 7.4

Consent

Action

Information

To: Madera County Workforce Investment Corporation

**From: Elaine Craig, Executive Director
Workforce Investment Board**

Date: January 22, 2015

Subject: Form 700 – Due April 1, 2015

Information:

The Political Reform Act requires public officials to disclose assets and income which may be materially affected by their official actions. The Act requires governmental agencies to ensure that their public officials (board/commission members, employees and consultants) disclose their interests on or before the statutory deadline on an annual basis. ***The Form 700 statement is due to the Madera County Workforce Investment Corporation office on or before April 1, 2015.*** Except for deadlines that fall on Saturday, Sunday or an official state holiday, there is no provision in the law for an extension of a filing deadline.

Financing:

Workforce Investment Act of 1998