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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

	For th	e 2008 calendar year, or tax	year beginning 7/01	, 2008, and ending	6/30	, 2009	
В	Check if	applicable		•	D Employ	yer Identification Number	
	Add	ress change Please use UNI	TED WAY OF LANE COUNTY		93-	0394142	
	\vdash		1 GATEWAY LOOP			one number	
	\vdash	See SPR	INGFIELD, OR 97477				
	\vdash	instruc-	,		541	-741-6000	
		mination tions.			İ		
	X Am	ended return			G Gross r	receipts \$ 5,017	7,019.
	Abt	lication pending F Name and add	ress of principal officer PRISCILLA GC		l(a) Is this a group retui		s X No
		SAME AS C	ABOVE		l(b) Are all affiliates inc		s No
Ī	Tax-	exempt status X 501(c)	(3) ◄ (insert no) 4947(a)	(1) or 527	If 'No,' attach a list	(see instructions)	
1		site: WWW.UNITEDW		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c) Group exemption n	umbar 🏲	
ĸ.		of organization X Corporation					 _
IDS	irtel.	Cummon:	Trust Association Other ►	L Year of Formation	on 1942 W S	State of legal domicile O	<u> </u>
Fac							
	1 {	srietly describe the organiza	ation's mission or most significant activity	ties <u>UNITED WA</u>	Y_OF_LANE_C	<u>:OUNTY'S (UWL</u>	<u>C)</u>
Se C			<u>IS "IMPROVING LIVES THRO</u>				<u>IN </u>
Governance			NCE THE COMMON GOOD, UWLC	_WORKS_IQ_MO	BILIZE THE (COMMUNITY_TO_	
en.		ADDRESS SERIOUS H					
ő	ľ		organization discontinued its operations	or disposed of mor	e than 25% of its	1 - 1	
প			of the governing body (Part VI, line 1a)			3	35
es			ng members of the governing body (Par	t VI, line Ib)		4	34
×ί		otal number of employees				5	29
Activities &		otal number of volunteers ((0)		6	175
`,			ess revenue from Part VIII, line 12, colur	nn (C)		7a	0.
_	D I	let unrelated business taxal	ble income from Form 990-T, line 34	7	т-	7b	0.
					Prior Year		Year
ø.	8 (Contributions and grants (Pa	art VIII, line 1h)		5,274,8	358. 4,867	7,809.
ᇎ		rogram service revenue (P					
Revenue	10	nvestment income (Part VII	I, column (A), lines 3, 4, and 7d)	DECENTED	23,6		5,320.
<u></u>	11 (Other revenue (Part VIII, col	umn (A), lines 5, 6d, 8c, 9c, 10c, and 1	18 ECEIVED	154,4		2,890.
	12	otal revenue – add lines 8	through 11 (must equal Part VIII, colum	ın (A), line 12)	つい5,452,9	67. 5,017	7,019.
	13 (Grants and similar amounts	paid (Part IX, column (A), lines 1/8	NOV 1 7 2010	3,505,6	74. 2,713	3,856.
			pers (Part IX, column (A), line 4)	MAN T 4 TAIN	\doldo		
			n, employee benefits (Part IX, column (Δ٠١٣=١١٨٦٦٥٥=٦:٦٠١	J≝1,052,0	042. (1,117	7 953
Ses			s (Part IX, column (A), line 11e)	OGDEN, UT	1 -11,032,0	1,111	, , , , , , ,
ě					The Talk and the next are	STOPPE WHEN PLANTED TO BE	transcriber and
Expenses			Part IX, column (D), line 25) >	499,775.	建立新型性企业		
_	17 (ther expenses (Part IX, col	umn (A), lines 11a-11d, 11f-24f)		843,0	30. 1,015	5,085.
	18 T	otal expenses Add lines 13	3-17 (must equal Part IX, column (A), lir	ne 25)	5,446,4	97. 4,846	5,894.
	19 F	evenue less expenses Sub	stract line 18 from line 12		6,4		,125.
5 g	,						·
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)	1		Beginning of Y		
Ass		otal liabilities (Part X, line 2			1,839,5		1,946. .,891.
¥ 5		•	•				
			Subtract line 21 from line 20		1,631,2	12. 2,073	<u>,055.</u>
	itill 🎉	Signature Block					
Sig Hei	⊋	Under penalties of perjury, I declare true, correct and complete Declare	e that I have examined this return, including accompa etion of preparer (other than officer) is based on all in	nying schedules and staten	nents, and to the best of	f my knowledge and belief,	it is
Ċ	<u> </u>			The second secon	l //	12 13	
Sig	ju .	fronte	ord		11/-	10-10	
пен	re	Signature of officer		~	Date		
	_	Priscilla 3	J. hould, execut	ve Directo)r		
_ <u> </u>	ر ــــــــــــــــــــــــــــــــــــ	Type or print name and title					
	_			Date	Check if	Preparer's identifying (see instructions)	number
Pái	ď	Preparer's	1	_ t .	self- employed ►	(See madedons)	
Pre	<u>.</u>	signature >	Herma	9/28/19		□ N/A	
pār	d ! er's	Firm's name (or MUELLER	LARSON OSTERMAN YUVA LI		_	121/22	
ŲŞ	.	voure if colf.	TH AVE	·	——————————————————————————————————————	/ ħ	
O	ıy	address and		···		/A /541\ 244_11/	
<u>((2)</u>		ZIP + 4 EUGENE,	OR 97401-2429		Phone no	(541) 344-110	
May	the IR	o aiscuss this return with th	e preparer shown above? (see instruction	ons)		X Yes	No

	990 (2008) UNITED WAY OF LANE COUNTY	93-0394142	Page 2
Pār	till Statement of Program Service Accomplishments (see instructions)		
,1	Briefly describe the organization's mission SEE SCHEDULE 0		
	Difference		
2	Did the organization undertake any significant program services during the year which were not listed on		1
	Form 990 or 990-EZ? SEE SCHEDULE O	X Yes	No
,	If 'Yes,' describe these new services on Schedule O	2 □ V □	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services in the conducts of the conduct of the conducts of the conduct of the conduct of the conducts of the conduct of th	vices? Yes X	No
4	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses Section 501 (d allocations to others, the t	c)(3) otal
4 a	(Code 3,216,605. including grants of \$ 2,713,856.) (ALLOCATIONS AND COMMUNITY SERVICES UNITED WAY OF LANE COUNTY IS THE LARGEST PRIVATE FUNDER OF HUMAN LANE COUNTY, OREGON. UWLC IDENTIFIES AND RESPONDS TO CRITICAL CO FINANCIALLY SUSTAINS A COLLABORATIVE COUNTY-WIDE SAFETY NET OF MO AND PROGRAMS. ADDITIONAL FUNDING IS DIRECTED TO UNAFFILIATED NON REQUESTED BY UNITED WAY DONORS.	CARE SERVICES IN MMUNITY ISSUES AN RE THAN 60 SERVIC -PROFITS AS	
4b	(Code 101,364. including grants of \$) (EDUCATION: PREPARING CHILDREN TO SUCCEED IN LIFE. EDUCATION PROGRAMS WORK TO IMPROVE SCHOOL READINESS, PROVIDE PARE WITH TRAINING AND SUPPORT, INCREASE CHILDHOOD NUTRITION, REDUCE C ENGAGE THE ENTIRE COMMUNITY IN CARING FOR OUR CHILDREN. UWLC CONT PARENT HELPLINE - A FREE, CONFIDENTIAL TELEPHONE RESOURCE FOR PAR OF CHILDREN UP TO 6 YEARS OLD.	HILD ABUSE, AND INUES TO SUPPORT	THE _
			
4c	(Code) (Expenses \$ 403,519. including grants of \$) (I HEALTH: ENSURING PEOPLE HAVE ACCESS TO BASIC HEALTH CARE. HEALTH PROGRAMS ARE DESIGNED TO INCREASE ENROLLMENT OF ELIGIBLE P. HEALTH CARE PROGRAMS; PROVIDE FREE OR LOW-COST MEDICAL, DENTAL AN SERVICES; INCREASE ACCESS TO PREVENTIVE CARE; AND OPEN DOORS TO S. CHILDREN. THE 100% ACCESS COALITION IS A COLLABORATIVE PARTNERSHI LEADING INSTITUTIONS AND COMMUNITY LEADERS.	D MENTAL HEALTH ERVICES FOR DISAB	LED
	Other program services. (Describe in Schedule O.) (Expenses \$ 223,759. including grants of \$) (Revenue \$)	
	Total program service expenses ► \$ 3,945,247. (Must equal Part IX, Line 25, column (E		 -
	of 3 to f E Tri (musi equal factor, time 25, committee	/	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 $\bar{\mathbf{x}}$ Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV Χ 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, Х VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the US.? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I* 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III X 16 17 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 20 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 21 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a 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 25a **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Form 990 (2008) UNITED WAY OF LANE COUNTY

Part IV** Checklist of Required Schedules (continued)

•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	-1962		15
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),	***	Taria.	1. 16 to
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV			Х
!	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	<u>x</u>	
,	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	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	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990	(2008)

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance Ves No	Form 990 (2008) UNITED WAY OF LANE COUNTY	93-039414	2	F	age 5			
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1								
Information Returns, Enter -0- if not applicable be Enter the number of Forms W-2G included in line 1 a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 2a Enter the number of engineer genoted on form W 3, Trassmitts of Wage and Tax Statements, filed for the catherity part ending with the Water Water Work by the 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 1 and 2 a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrefielded business gross income of \$1,000 or more during the year covered by this return? bit 1'Yes' has it filed a Form 990-T for this year? If No.' 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 authorty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) bit 'Yes' has it filed a Form 990-T for this year? If No.' 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 authorty over, a financial account in a foreign country (such as a bank account), securities account, or other financial accounts) bit 'Yes', enter the name of the foreign country. F See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts of the organization select any contributions that was or is a party to a prohibited tax shelter transaction? c If 'Yes', to guestion 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b				Yes	No			
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 a finter the number of engloses reported on Form W.3, Transmital of Wace and Tax Statements, filed for the clearly are ending with a within the year covered by this return. Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-tile this return (see instructions). Ba Dut the organization have unreleated business gross income of \$1,000 or more during the year covered by this return. 1 bit 1 Yes' has it filed a Form 990-T for this year? If No. provide an explanation in Schedule O. 4 at At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country (such as a bank account, sorubine financial account). 5 if Yes' has it filed a Form 990-T for this year? If No. provide an explanation in Schedule O. 4 at At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country (such as a bank account, sorubine financial account). 5 if Yes' has it filed a Form 990-T for this year? If No. provide an explanation in Schedule O. 4 at At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country (such as a bank account, sorubine financial account). 5 a Was the organization a party to a prohibited tax shaller transaction? 5 a Was the organization solicit any contributions that was read in the form 8896-1. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Sheller Transaction? 5 a Did the organization solicit any contributions under section 170(c). a Did the organization shall may receive deductible contributions under section 170(c). a Did the organization shall may receive deductible contributions under section 170(c). b If Yes, did the organizati	1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a <u>17</u>						
(gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on lime 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 5 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 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. For the year? 5 a Was the organization of the foreign country. For the financial account in a foreign country. For the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction? 5 a Visit of the year of the organization file form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 b If Yes, to due the organization include with every solicitation an express statement that such contributions or gifts were not eductible? 7 b Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282 filed during the year. 6 b Visit of the organization or during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b J H Yes, indicate the number of Forms 8282 filed during the year during the year or advised funds and section 509(x) and the	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0						
2a Enter the number of employees reported in Form W3, Transmittal of Wage and Tax Statements, filed for the callendar year ending with or within the year overed 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-life this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return? If Yes has if filed a Form 990. T for this year? If No. 'provide an explanation in schedule 0 4a Al any time during the calendar year, did the organization have an interest in. or a signature or other authority over, a financial account)? b If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and 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? 5b Was the organization aparty to a prohibited tax shelter transaction? 6a Did the organization solicit any contributions that twere not tax deductible? 5b Was If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible and the such as a statement that such contributions or gifts were not deductible and the such as a statement that such contributions or gifts were not deductible. 5c Was If Yes,' did the organization netwise dispose of tangible personal property for which it was required to file form 8282? 6c Was If Yes,' indicate the number of Forms 8282 filed during the year c Did the organization such the supporting organizations maintaining donor advised fund	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	 1c	X				
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 b Did he organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 A lany 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, or other financial account)? 5 b If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction? 5 b Was the organization aparty to a prohibited tax shelter transaction? 5 b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 1ax Shelter Transaction? 6 a Did the organization such acceptable to contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid prior quo contribution of more than \$752 b If "Yes," did the organization rity the donor of the value of the goods or services provided? 7 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file to Prior 8282 filed during the year 9 b If the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 Did the organization when the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. But the supporting organizations are funding the year a fund from the property or the supporting organizations are funding t	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 29	13.	ar Tear	1			
3a	2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
this return? bit "Yes' has it filed a Form 990-T for this year? If "No," 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)? See the instructions for exceptions and 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? 5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to question 5a or 5b, did the organization life Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? bit "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization generation and the donor of the value of the goods or services provided? c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization and the sponsoring organization or advised funds and section \$5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)		. h-A .				
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8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b	· · · · · ·		7h		Х			
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a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section_501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section_501(c)(12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section_4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	excess business holdings at any time during the year?			44.				
b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b								
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	· · · · · · · · · · · · · · · · · · ·		90	- (9.0	 ^			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(cX12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a Section 4947(aX1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		1.0		,	類			
11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	· · · · · · · · · · · · · · · · · · ·		(2) (1) (2) (2)		1385			
a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12a	·	106	1	30.00				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		المما	20	THE SECTION AND ADDRESS OF THE SECTION ADDR				
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? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10000			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	amounts due or received from them.)	116	سننت					
5 and woods				. ,	<u> </u>			
BAA Form 990 (2008		12b						

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	ction A.	Governing Body and Management				
	For each processe	o 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, es, or changes in Schedule O See instructions	describe the circumstances,		Yes	No
1	a Enter the	e number of voting members of the governing body	1a 35	-	ſ	
		e number of voting members that are independent	1b 34		1 1	1. · .
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re lirector, trustee or key employee? SEE SCHEDULE O	elationship with any other	2	X	***
3	Did the o	organization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other person	under the direct supervision on?	3		Х
4	Did the o	organization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5	Did the o	organization become aware during the year of a material diversion of the organizatio	n's assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?		6		X
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or 1 g body?	more members of the	7a		X
-	b Are any o	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b	<u> </u>	X
8	Did the o	organization contemporaneously document the meetings held or written actions under wing	ertaken during the year by		ححضتا	1
	a The gove	erning body?		8a	X	<u> </u>
		nmittee with authority to act on behalf of the governing body?		<u>8b</u>	Х	
9	a Does the	organization have local chapters, branches, or affiliates?		9a	<u> </u>	_X_
ا	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	_9ь		
10	Was a co describe	ppy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	d? All organizations must EE SCHEDULE O	10	х	
	organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11_		<u>x</u>
Sec	ction B.	Policies				
				F	Yes	No
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	X	
	to conflic		-	12b	х	
		organization regularly and consistently monitor and enforce compliance with the po e O how this is done SEE SCHEDULE O	olicy? If 'Yes,' describe in	12c		
		organization have a written whistleblower policy?		13	X	
14		organization have a written document retention and destruction policy?		14	X	المالية ا
	persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de-	approval by independent cision	Teigh.	海	¥ (1)
	-	nization's CEO, Executive Director, or top management official?		15a	X	
l		icers of key employees of the organization? SEE SCHEDULE O		15 b	X A	أراد والأراء
		the process in Schedule O (see instructions)		4		
16:		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a	Marine Marine	X
1	in joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard threspect to such arrangements?	n to evaluate its participation I the organization's exempt	16b		
Sec	tion C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed - OR				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) a	vailab	le for	public
	X Own	website				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	nents, conflict of interest pol	ıcy, aı	nd fina	ancial
		name, physical address, and telephone number of the person who possesses the box A HOFFMAN 3171 GATEWAY LOOP SPRINGFIELD OR 97477 54		anızat	ion	
BAA				Form	990	(2008)
-~~						

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 the organization did not compensate any officer, director, trustee, or key employee										
(A)	(B)		(c)					(D)	(E)	(F)
Name and Title	Average hours	Pos	tion (checl	k all 1	that app	ly)	Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PRISCILLA GOULD										
EXECUTIVE DIREC	40			Х			ŀ	73,006.	_ 0.	1,609.
CONNIE HEDBERG										
BOARD MEMBER] 1	Х						0.	0.	0.
ANN MARIE MEHLUM										
BOARD MEMBER	1	Х						0.	0.	0.
GINO GRIMALDI								ì		
BOARD MEMBER	1	Х						0.	0.	0.
KRISTI BIRD										
BOARD MEMBER	1	Х						0.	0.	0.
TOM DRAGGOO										
BOARD MEMBER] 1	Х						0.	0.	0.
COLT GILL										
BOARD MEMBER	1 1	Х						0.	0.	0.
NANCY GOLDEN										
BOARD MEMBER	1	Х			l			0.	0.	0.
HANK HOELL										-
BOARD MEMBER	1	X_						0.	0.	<u> </u>
DAN BRYANT										
BOARD MEMBER	1	Х						0.	0.	0.
MIKE CURTIS										
BOARD MEMBER	1	Х						0.	0.	<u> </u>
BOB HARRIS	ļ									
BOARD MEMBER	1	Х						0.	0.	0.
BOBBY LEE										
BOARD MEMBER	1	Х						0.	0.	<u> </u>
KRISTA PARENT										
BOARD MEMBER	1	Х						0.	0.	<u> </u>
JON RUIZ										_
BOARD MEMBER	1	Х						0.	0.	0.
BRAD SMITH										
TREASURER	2	Χ		Χ				0.	0.	0.
MANDY JONES										
BOARD MEMBER	1	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trust	tees, k	(ey	Em	plo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			(((D)	(E)	(F)
Name and Title				check		that apply)		Reportable compensation from	Reportable compensation from	Estimated
	hourš per week	Indivi or dir	Institutional trustee	Officer	Key e	Highest compens	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the
		dual	ů	-	employee	st co	ę			organization and related
	<u> </u>	trus	al tru		yee	mpe				organizations
		ee	stee			&				
	1		"			ted		-		
JEFF TOWERY										
BOARD PRESIDENT	2	Х		Х				0.	0.	0.
LINDSEY JOHNSON										
BOARD MEMBER	1	Х						0.	0.	0.
CHRIS MONNETTE										
BOARD MEMBER	1	X						0.	0.	0.
MARK MOLINA										
BOARD MEMBER	1	X						0.	0.	0.
MEL PYNE						'				_
BOARD MEMBER	1	X						0.	0.	0.
FAYE STEWART								_	_	_
BOARD MEMBER	1	X						0.	0.	0.
DAN CAMPBELL	_								•	
BOARD MEMBER	1	X				<u> </u>		0.	0.	0.
DHENUKA HOFFMAN	۱.,			.,				50 100	_	16 410
FIN. DIRECTOR	40			X	_	┝	<u> </u>	50,128.	0.	16,410.
TRACY LAMPMAN	_	١,,		.,					0	_
PAST PRESIDENT	2	X	_	Х	┝	-		0.	0.	0.
JENNY ULUM	1 .	X						0.	0.	0.
BOARD MEMBER	1	<u>^</u>								<u> </u>
KATHY SMITH BOARD MEMBER	1	Х						0.	0.	0.
GERRY GAYDOS	 	_	-		┢	<u> </u>		<u> </u>	0.	
BOARD MEMBER	1	X					•	0.	0.	0.
FRANCISCA LEYVA-JOHNSON	-	^			-	\vdash			0.	
BOARD MEMBER	1	Х						0.	0.	0.
1 b Total		1_21	1		L.—			123,134.	0.	18,019.
2 Total number of individuals (including those in 1a) v	vho rece	eived	d mo	ore t	har	\$ 10	0.00		ompensation from	<u> </u>
organization > 0	*****					. •	,-			
- 30										Yes No
3. Did the exception hat any farmer officer director	or +=====1	ا ۵۵		om-	dos	00 -	ar bi	abest compensati	ad employee	, -=, A.T.M
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust ndividua	ee, I I	vey (emp	лоу	ee, (ווו זכ	gnest compensati	ea employee	3 X
4 For any individual listed on line 1a, is the sum of re										

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation
HEALTH POLICY RESEARCH NORTHWEST 1800 MILLRACE DR. EUGENE, OR 97403	EVALUATION & METRICS	116,364.
Total number of independent contractors (including those in 1) who received more	<u> </u>	7.1

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 1

Pai	t viii Statement of Revenue					
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1. Fodorated compared	1a 7,672.		•		·
들입	1a Federated campaigns				-	
Z S	b Membership dues	1 b				
25	c Fundraising events.	1 c				
FA	d Related organizations	1 d	7 - ' '	ļ.		
ਰੂ≦∣	·	1e 366,289.		r =	ب خے دیا	34, 35
SE	e Government grants (contributions)	1e 300,203.				1.73
문의	f All other contributions, gifts, grants, and					
교티	similar amounts not included above	1f 4,493,848.		ு வளின் எ	ر بیشورمر سدی دیشورمر	
풀의	Noncash contribus included in los 1a-1f.	\$ 150,893.			5-1	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	<u> </u>	4,867,809.	100 NO 112		
	n Total. Add lines 1a-11		4,007,009.			
- ₹		Business Code		<u> </u>		
=	2a					
2	b					
딜						
2	c					
SE	u	· 				
Α¥	e					
<u>۾</u> ا	f All other program service revenue	e				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	<u> </u>				
	. ·			-		
	3 Investment income (including div other similar amounts)	idends, interest and	26,320.			26,320.
	•		20,320.		<u> </u>	20,320.
	4 Income from investment of tax-ex	xempt bond proceeds				
- 1	5 Royalties	-				
	(ı) Re	eal (II) Personal				
	6a Gross Rents			, * .		· · · · · · · · · · · · · · · · · · ·
					•	· :- {
	b Less: rental expenses		. 1		12	
	c Rental income or (loss)					
	d Net rental income or (loss)	-		<u></u>		
	7a Gross amount from sales of (i) Secu	rities (ii) Other				
	assets other than inventory		-		-	
	,			4		
	b Less, cost or other basis		-7.	- ,		
	and sales expenses		, ,	_ ,	, - · · ·	
	c Gain or (loss)					JJ
	d Net gain or (loss)	>				
	On Contract the section of the secti	.anta			• •	1
岁	8a Gross income from fundraising even (not including \$	vents	å			-
ä	·	1->	#	٠ .	·	
OTHER REVEN	of contributions reported on line	16)	-			}
8	See Part IV, line 18	a	` ~ `	- '		4
풀	b Less: direct expenses	b	· , ,			JJ
0	c Net income or (loss) from fundral	sina events				
	·	_				
	9a Gross income from gaming activi See Part IV, line 19	ues				
			, ,±,	-	and the same	···:
i	b Less: direct expenses	b				[
1	c Net income or (loss) from gaming	g activit <u>ies</u>			·	ļ
- 1	10 a Gross sales of inventory, less reti	urns	_] .
	and allowances	a				ĺ
1	b Less cost of goods sold	b	-			
	<u>-</u>	of unuantant				
	c Net income or (loss) from sales of		7_			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	624200	33,761.	33,761.		
1	b FISCAL AGENT REVENUE	624200	111,216.	111,216.		<u> </u>
ļ	c OTHER INVESTMENT LOSSES	525990	-22,087.	-22,087.		
Ì	d All other revenue			==, ==, .	 	†
			100 000			<u> </u>
	e Total. Add lines 11a-11d	•	122,890.			
	12 Total Revenue. Add lines 1h, 2g,	3. 4. 5. 6d. 7d. 8c. 9c.				
	10c, and 11e	-, ·, ·, ·, · · · · · · ·	5,017,019.	122,890.	0.	26,320.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Do 6b,	not include amounts reported on lines 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 U.S. See Part IV, line 21	2,713,856.	2,713,856.		
2	Grants and other assistance to individuals in the U.S. See Part IV. line 22	271137030.	277137030.		and the same of th
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				3.00
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	136,567.	50,386.	42,582.	43,599.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		744,966.	274,851.	232,284.	237,831.
8	Pension plan contributions (include section 401(k) and section 403(b) employer	7117500.	2717031.	201/201.	20.,,002.
	contributions)	39,665.	14,634.	12,368.	12,663.
9	Other employee benefits.	93,639.	34,548.	29,197.	29,894.
10	Payroll taxes	103,116.	38,044.	32,152.	32,920.
11	Fees for services (non-employees)				
	Management			-	
I	Legal				
	Accounting	14,000.	5,855.	4,017.	• 4,128.
	1 Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	Other				
	Advertising and promotion	1,270.			1,270.
13	Office expenses	26,314.	12,228.	6,946.	7,140.
14	Information technology	9,782.	4,091.	2,806.	2,885.
15	Royalties	3,702.	1,0321		
16	Occupancy				
17	Travel	11,527.	6,889.	2,287.	2,351.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	11, 32, .	0,003.	2,20,.	2,002
19	Conferences, conventions, and meetings	3,882.	1,623.	1,114.	1,145.
20	Interest				
21	Payments to affiliates	46,225.	19,332.	13,262.	13,631.
22	Depreciation, depletion, and amortization	19,523.	8,165.	5,601.	5,757.
23	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			A SELLY AND SELL	
	5% of total expenses shown on line 25 below)		1. The 1. The 1. The 1.		
	SEE SCHEDULE 2	882,562.	760,745.	17,256.	104,561.
ì)	, , , , , , , , , , , , , , , , , , , ,	,		
	:				
ì		_			
	' }				
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	4,846,894.	3,945,247.	401,872.	499,775.
	Joint Costs. Check here I If following	2,010,054.	5,515,217.		
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		V			Form 990 (2008)

<u>'Pa</u>	<u>rt X</u>	Balance Sheet				
			(A) Beginning of year		(B) End of year	
\neg	1	Cash – non-interest-bearing	57,707.	1	3,619.	
	2	Savings and temporary cash investments	947,493.	2	1,103,520.	
	3	Pledges and grants receivable, net	1,754,852.	3	1,425,419.	
	4	Accounts receivable, net	24,364.	4	30,876.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			17.74	
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
A S	7	Notes and loans receivable, net		7		
ASSETS	8	Inventories for sale or use		8		
S	9	Prepaid expenses and deferred charges	61,327.	9	57,370.	
	10 a	Land, buildings, and equipment. cost basis 10a 928, 437.		2	11 222	
	b	Less accumulated depreciation Complete Part VI of		الشفاء		
		Schedule D 291, 471.	625,055.	10 c	636,966.	
	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	257,176.	
	16	Total assets Add lines 1 through 15 (must equal line 34)	3,470,798.	16	3,514,946.	
	17	Accounts payable and accrued expenses	172,536.	17	188,040.	
	18	Grants payable	840,922.	18	625,993.	
	19	Deferred revenue		19		
Ļ	20	Tax-exempt bond liabilities		20		
L – A B –	21	Escrow account liability Complete Part IV of Schedule D	1 m and 22	21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	The state of the s	, , , , , , , , , , , , , , , , , , ,		
į		of Schedule L		22		
S	23	Secured mortgages and notes payable to unrelated third parties	23			
	24	Unsecured notes and loans payable	006 100	24	627,858.	
	25	Other liabilities Complete Part X of Schedule D	826, 128.	25 26	1,441,891.	
_	26_	Total liabilities. Add lines 17 through 25.	1,839,586.	26	1,441,691.	
NET.		Organizations that follow SFAS 117, check here ► X and complete lines		7 4. 7		
		27 through 29 and lines 33 and 34.	1,200,013.	27	1,459,051.	
SS		Unrestricted net assets	431,199.		614,004.	
Š	28	Temporarily restricted net assets	431,199.	29	014,004.	
O R	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete	-, (= = "),	2.5		
FDZD	20	lines 30 through 34. Capital stock or trust principal, or current funds		30		
	30	Paid-in or capital surplus, or land, building, and equipment fund		31		
Ā	31 32	Retained earnings, endowment, accumulated income, or other funds		32		
Ņ	33	Total net assets or fund balances.	1,631,212.	33	2,073,055.	
BALAZCES	34	Total liabilities and net assets/fund balances	3,470,798.	34	3,514,946.	
	rt XI		<u> </u>			
1 4	III AI	1 manetar statements and reporting	· · · · · · · · · · · · · · · · · · ·		Yes No	
1	Acc	counting method used to prepare the Form 990 \square Cash \square Accrual	Other		A 17 4	
	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
		re the organization's financial statements audited by an independent accountant?			2b X	
			ty for oversight of the a	udıt,		
	rev	res' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent according	ountant?	_	2c X	
3	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?					
		res,' did the organization undergo the required audit or audits?	•		3a X 3b	
BA		ices, and the organization andergo the required addit of addits			Form 990 (2008)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number 93-0394142 UNITED WAY OF LANE COUNTY 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 (Please check only one organization) 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 cooperative hospital service organization described in section 170(bX1)(AX)iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III - Functionally integrated Type III— Other **b** | Type II С 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11g(i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (III) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col (i) listed in your (vi) Is the anization in col (VII) Amount of Support (ii) EIN (i) organized in the your support? (see instructions)) governing document? Yes No Yes ٤. 7

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33.3

Total

Schedule A (Form 990 or 990-EZ) 2008

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

Sec	tion A. Public Support	ed the box on line	5, 7, 0 <u>1</u> 8 01 Fai	(1)				
	ndar year (or fiscal year					4 > 0000	(0.T.)	
begi	nning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	5,283,329.	6,309,215.	5,635,843.	5,274,858.	4,867,809.	27,371,054.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .						0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.	
4	Total. Add lines 1-3	5,283,329.	6,309,215.	5,635,843.	5,274,858.	4,867,809.	27,371,054.	
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)			The second secon			170,189.	
6	Public support. Subtract line 5 from line 4	المارية			آيا الله الله الله الله الله الله الله ال	The state of the s	27,200,865.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4	5,283,329.	6,309,215.	5,635,843.	5,274,858.	4,867,809.	27,371,054.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	10,532.	26,279.	38,006.	23,673.	26,320.	124,810.	
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV	28,478.	4,690.	12,119.	154,436.	144,977.	344,700.	
11	Total support. Add lines 7 through 10	- ~			ermani (* 1.5) Service (* 1.5)		27,840,564.	
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	0.	
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □	
	tion C. Computation of Pul							
	Public support percentage for 20	•	•	ne 11, column (f)		14	97.7%	
	Public support percentage for 20	="	' - '			. 15	98.1 %	
16 a	33-1/3 support test $-$ 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo olicly supported or	x on line 13, and rganization	I the line 14 is 33	-1/3 % or more, c	heck this box ► X	
ь	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box licly supported or	on line 13, or 16a ganization	, and line 15 is 3	3-1/3% or more, o	check this box	
	17a 10%-facts-and-circumstances test — 2008. 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.							
b	b 10%-facts-and-circumstances test — 2007. 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.							
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a				
BAA					Sci	neaule 🗛 (norm 9'	90 or 990-EZ) 2008	

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)

Sec	tion A. Public Support	<u> </u>	ine 5 or r dierry					
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	\(\frac{1}{2}\)	(0, 200			1 20/ = 0		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						-	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	: Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)				2 7 = 7 THZ \$	- 2 2		
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)							
	Total support. (add ins 9, 10c, 11, and 12)	1 45	2 2 2 1 2 4		,	# <i>≛</i>		
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secoi	nd, third, fourth, o	or fifth tax year a	is a section !	501(c)(3	▶ □
	tion C. Computation of Pul							
				20 13 column (f)			15	<u></u> %
	Public support percentage for 20	•	• • •					
	Public support percentage from						_16	
	tion D. Computation of Inv							
17	Investment income percentage f	•	, ,	- ·	mn (t))		17	<u>%</u>
18	Investment income percentage f))	18	
	33-1/3 support tests – 2008. If the comore than 33-1/3%, check this b	ox and stop here	 The organization 	n qualifies as a pu	blicly supported	organization		► □
	33-1/3 support tests - 2007. If the state of	this box and sto	p here. The organ	ization qualifies a	s a publicly supp	orted organi	zation	
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box an	d see instruc	tions	>

Schedule A	(Form	990 or	990-EZ)	2008	UNIT	red (WAY OF	' LANE	E COUN	TY			<u>93-03</u>	94142		Page 4
Part IV	Supp Part	lemen II, line	ital Inf 17a o	ormat r 17b;	i on. C or Pa	ompl rt III,	ete this	part t Prov	o provi	de the other	explanat additiona	ion requ I inform	ired by lation. (s	Part II, ee inst	line 10 ructions	; s)
		· <u>·</u>							<u></u>				`			
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ŞCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public :

Schedule D (Form 990) 2008

				employer identification na	iiibei
	ITED WAY OF LANE COUNTY	· · · · · · · · · · · · · · · · · · ·		93-0394142	
Pai	代 Organizations Maintaining Dono	r Advised Funds or Other Sim	ilar Funds or Acco	ounts Complete if	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fi	unds and other accou	nts_
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				-
4	Aggregate value at end of year				
		. I list the second	Included the second conditions of		
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets to the organization's exclusive legal of	neld in donor advised control?	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that the benefit of the donor or donor advi	grant funds may be isor or other	□Yes	□No
Par	TIE Conservation Easements Comple	ate if the organization answere	d 'Yes' to Form 99		
	Purpose(s) of conservation easements held b			o, raitiv, inic 7.	
٠			servation of an historica	ally important land are	22
	Preservation of land for public use (e.g.,				ea
	Protection of natural habitat		servation of certified his	Moric Structure	
_	Preservation of open space				
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution i	n the form of a conserv	vation easement on tr	ne iast day
			12.0	Held at the End of th	ne Year
a	Total number of conservation easements		2a		
	Total acreage restricted by conservation ease	ments	2 b		
	Number of conservation easements on a certi		2c		
	Number of conservation easements included	• •	2 d		
	Number of conservation easements modified,	• •		nanization during the	taxable
3	year ►	transferred, released, extinguished, e	ii terriiriatea by the org	jamzation daming the	(BAGOIC
4	Number of states where property subject to co	onservation easement is located >	<u> </u>		
5	Does the organization have a written policy re enforcement of the conservation easement it	garding the periodic monitoring, inspending?	ection, violations, and	Yes	No
6	Staff or volunteer hours devoted to monitoring				
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing easements d	luring the year ▶\$		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirem	ents of section	Yes	No
9	In Part XIV, describe how the organization report	s conservation easements in its revenue	and expense statement		 d
	include, if applicable, the text of the footnote conservation easements	to the organization's financial stateme	ents that describes the	organization's accour	nting for
Pär	Organizations Maintaining Colle Complete If the organization ans	ctions of Art, Historical Treas wered 'Yes' to Form 990, Part	ures, or Other Sim IV, line 8.	ilar Assets	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research i	ue statement and balar in furtherance of public	nce sheet works of art service, provide, in F	t, historical Part XIV,
t	o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, not to report in its revenu lic exhibition, education, or research i	ue statement and balar in furtherance of public	nce sheet works of art service, provide the f	t, historical following
	(i) Revenues included in Form 990, Part VIII,	line 1		▶ \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other simila 116 relating to these items	ir assets for financial ga	ain, provide the follow	ving
а	Revenues included in Form 990, Part VIII, line	1		- \$	
	Assets included in Form 990, Part X			- \$	

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Schedule D (Form 990) 2008 UNIT	ED WAY OF LAN	E COUNTY		93-039	4142	Page 2
Part III Organizations Mainta			I Treasures, or C			
3 Using the organization's accessithat apply)	on and other records	, check any of the following	lowing that are a sign	nificant use of its coll	ection items	s (check all
a Public exhibition		d Loan or ex	change programs			
b Scholarly research		e Other				
c Preservation for future gene	rations	_				
4 Provide a description of the organ Part XIV					se in	
5 During the year, did the organiza assets to be sold to raise funds	ition solicit or receive rather than to be ma	e donations of art, his intained as part of the	torical treasures, or o organization's collec	other similar	Yes	No
Trust, Escrow and Cu IV, line 9, or reported	istodial Arrange an amount on F	ments Complete orm 990, Part X, I	f organization an ine 21.	swered 'Yes' to f	orm 990,	, Part
1a Is the organization an agent, true included on Form 990, Part X?	- -			assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the following ta	ple.	r		
				<u> </u>	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 a	· ·	, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement		· · · · · · · · · · · · · · · · · · ·				
Part V Endowment Funds Co				T		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance		, 5 17	1 1 2 1		7 7 7	
b Contributions			74 7 7		4, 7, 7	, C 5
c Investment earnings or losses			San Barrell		E + 1. T. M.	المورية والمراكبين
d Grants or scholarships		, sett.		- * ##***	- C: I -	, , , , 41, ,
 Other expenditures for facilities and programs. 						, - <u>.</u> ,
f Administrative expenses		1 X	- A	(4), 12 2 50 -		3 2
g End of year balance			電 なんだいこく アールー			, n - 1
2 Provide the estimated percentag	e of the year end ba	lance held as				
a Board designated or quasi-endover	wment ►					
b Permanent endowment ▶						
c Term endowment ►	%					
3a Are there endowment funds not organization by	in the possession of	the organization that	are held and adminis	stered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations listed a	is required on Schedu	le R?		3b	
4 Describe in Part XIV the intended		•				
Part VI Investments-Land, B				ne 10.		

(a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book Value Description of investment (c) Depreciation 296,000. 296,000. 1a Land 123,551. 295,449. 419,000. **b** Buildings c Leasehold improvements **d** Equipment 213,437. 167,920. 45,517. e Other 636,966.

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

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 UNITED WAY OF LAN		93-0394142 Pa	age 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	· - · ·		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.) ▶			
Part VIII Investments-Program Related (See I	Form 990 Part X Jin		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13)		-	
Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription	(b) Book value	<u></u>
Total. Column (b) Total (should equal Form 990, Part X, co	ol (B) line 15)	► 257,1°	76.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / iiiiodiii		. 1
AGENCY ALLOCATIONS PAYABLE	627,858	╡	_ /
MODRET ADDOCKTIONS THINDDE	027,000	기 .	.]
		-	<u> </u>
		┥ .	
		- 1	
		-	1
		-∤ .	-
		4	
		4	Ì
		- .	1
		4	Ì
	<u>► 627,858</u>		1
In Part XIV, provide the text of the footnote to the organiza positions under FIN 48	tion's financial statement	s that reports the organization's liability for uncertain ta	iΧ

Sched	ude D (Form 990) 2008 UNITED WAY OF LANE COUNTY	93-0394142	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Stater	nents	
'1	otal revenue (Form 990, Part VIII,column (A), line 12)	5,	017,019.
2	otal expenses (Form 990, Part IX, column (A), line 25)	4,	846,894.
3 E	excess or (deficit) for the year Subtract line 2 from line 1		170,125.
4 1	let unrealized gains (losses) on investments		-52,569.
5 [Conated services and use of facilities		
6 I	nvestment expenses		
7 F	Prior period adjustments		
8 (Other (Describe in Part XIV)	<u> </u>	
9 7	otal adjustments (net) Add lines 4-8 .	·	<u>-52,569.</u>
_10 E	xcess or (deficit) for the year per financial statements. Combine lines 3 and 9		<u>117,556.</u>
Part.	XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1 7	otal revenue, gains, and other support per audited financial statements	1 3,	<u>780,370.</u>
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ارد جزن	
a١	let unrealized gains on investments 2a		
b [Ponated services and use of facilities 2b 7	5,821.	
	Recoveries of prior year grants . 2c		
d (Other (Describe in Part XIV) SEE PART XIV 2d -5	52,569.	
e A	dd lines 2a through 2d	2e	23,252.
3 9	Subtract line 2e from line 1	3 3,	757,118.
4 /	mounts included on Form 990, Part VIII, line 12, but not on line 1		
a li	nvestments expenses not included on Form 990, Part VIII, line 7b. 4a		
b C	Other (Describe in Part XIV) SEE PART XIV 4b 1,25	9,901.	
c A	add lines 4a and 4b	4c 1,	<u>259,901.</u>
	otal revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		017,019.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Exper		
1 T	otal expenses and losses per audited financial statements	1 3,	662,814.
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25	-	
a D	onated services and use of facilities 2a 7	5,821.	
b F	Prior year adjustments 2b		
c L	osses reported on Form 990, Part IX, line 25		
d C	Other (Describe in Part XIV) . 2d		
e /	dd lines 2a through 2d	2 e	75,821.
3 9	Subtract line 2e from line 1	3 3,	586,993.
4 /	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a le	nvestments expenses not included on Form 990, Part VIII, line 7b. 4a 4a		
b (Other (Describe in Part XIV) SEE PART XIV 4b 1,25	9,901.	
c A	add lines 4a and 4b	4c 1,	259,901.
_ 5 T	otal expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5 4,	<u>846,894.</u>
Part	XIV Supplemental Information		
BAA	TEANOU 10/2/00	Schedule D (Fo	rm 990) 2009
₩	TEEA3304L 12/23/08	Schedule D (FU	1111 JJUJ 2008

TEEA3304L 12/23/08

BAA

Schedule D (Form 990) 2008 Part*XIVE Supplemental Information (continued)	Page 5
PartiXIV Supplemental Information (continued)	

TEEA3305L 07/24/08

BAA

Schedule **D** (Form 990) 2008

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545-0047

Cmplover identification number
loyer identii

2 (h) Purpose of grant or assistance Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 93-0394142 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 2,713,856. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Ranki 都 General Information on Grants and Assistance (b) EIN UNITED WAY OF LANE COUNTY -----1 (a) Name and address of organization or government SEE ATTACHED SCHEDULE I ! | | | | | | | | | | | | 1 1 1 1 1 1 Name of the organization 1 1 1

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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

Enter total number of other organizations

| Pari | III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 93-0394142 UNITED WAY OF LANE COUNTY

Schedule I (Form 990) 2008

·Page 2

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

BAA

Schedule I (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2008

lame of the organization Employer identification no						mber							
UNITED WAY OF LANE COUNTY							93-0394142						
Part Less Benefit Transaction To be completed by organizations the	s (sect	ion 50° ered 'Yes	1(c)(3) a s' on Form	and section 1990, Part IV,	501(c)(line 25a o	4) organıza r 25b, or Forn	ations n 990-	s only EZ, Pa	'). rt V, lı	ne 40l	b		
1 (a) Name of disqualified person			(b) Description of transaction (c) ((c) Cor	c) Corrected?		
1 (a) Name of disqualified person					(b) Description						Yes	No	
2 Enter the amount of tax imposed on the section 4958	organıza	tion mar	nagers or	disqualified p	ersons du	ring the year	under	► \$					
3 Enter the amount of tax, if any, on line 2				organization				▶ \$					
Part-II Loans to and/or From Intere To be completed by organiz Part V, line 38a.	ations	that an	swered										
(a) Name of interested person and purpose		to or from anization?	(c) princi	Original pal amount	(d) B	(d) Balance due		(e) In default?				(g) Written agreement?	
	То	From					Yes	No	Yes	No	Yes	No	
	ļ <u>-</u>												
·	<u> </u>												
		-					-						
otal				▶ \$			种类	1000	-	李成	***		
Partill部 Grants or Assistance Benef To be completed by organiz	i tting l ations	nteres that an	ted Pers	ons. 'Yes' on Fo	orm 990	, Part IV, lı	ne 27	7.					
(a) Name of interested person	. (b) Relation	ship between the organ	interested person	and	(c) Aı	mount of	grant o	type of	assista	nce		
	<u> </u>												
	 												
													
PartilV Business Transactions Invo	lving I	nteres	ted Pers	sons.		5							
To be completed by organize	ations	that an	swered	'Yes' on Fo	orm 990	, Part IV, II	ne 28	3a, 28	SD, O	r 280	·		
(a) Name of interested person	(b) R	elationship sted persor organizatii	n and the	(c) Amou transaction	nt of on \$	(d) Des	cription	of transa	iction		(e) Sha organiz reven	ation's	
DORIS TOWERY	EMPL	OYEE		5	8,232.	EMPLOYEE	WAC	GES			Yes	No X	
										\Box			
	<u> </u>												

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

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(b)

OMB No 1545-0047

2008

Open to Public Inspection

(d)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF LANE COUNTY

Part I Types of Property

Employer identification number

93-0394142

(c)

		Check if applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Meth		determir nues	ning
1	Art-Works of art	Х	1	350.	RETAI	L CO	ST	
2	Art-Historical treasures .							
3	Art-Fractional interests .							
4	Books and publications .		がは、1942年2月1日 1941年2月1日 日本					
5	Clothing and household goods	Х	新发展 - 12-15g	68,642.	RETAI	CO	ST	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	13	70,075.	FMV			
10	Securities-Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other).							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate-Other				ļ			
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					<u>-</u>		
25	Other ► (OFFICE SUPPLIES)		1	1,211.	RETAI			
26	Other ► (BANNERS)		1	1,550.				
27	Other ► (PAPER)		1		RETAI			
_28	Other ► (PHC SUPPLIES)		11	4,625.	RETAI	<u>L CO</u>	ST	
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contributi Igement	ons for which the	29		T	·
							Yes	No
30 a	During the year, did the organization receive by conhold for at least three years from the date of the i	ontribution a nitial contrib	ny property reported in ution, and which is not	Part I, lines 1-28 that required to be used for	ıt must r exempt	· 		
	purposes for the entire holding period?					30 a		X
b	If 'Yes,' describe the arrangement in Part II							أتنحكسا
31	Does the organization have a gift acceptance poli-	cy that requi	res the review of any n	on-standard contribution	ons?	31	X	
32 a	Does the organization hire or use third parties or noncash contributions?	related orgar	nizations to solicit, proc	cess, or sell		32 a		Х
b	If 'Yes,' describe in Part II] -	' -	
33	If the organization did not report revenues in coludescribe in Part II	mn (c) for a	type of property for wh	ich column (a) is chec		,		. jų
BAA	For Privacy Act and Paperwork Reduction Act No	otice, see the	e Instructions for Form	n 990.	Schedu	le M (Form 99	0) 2008

Schedule W (FOITH 990) 2008 UNITED WAT OF LANE	COUNTY	93-033	94142 Page 2
Partill Supplemental Information. Complete this and 33. Also complete this part for any a	s part to provide the info dditional information.	ormation required by Part	I, lines 30b, 32b,
			
~			
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~			
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TEEA4602L 07/14/08

Schedule M (Form 990) 2008

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspections

Employer identification number

UNITED WAY OF LANE COUNTY	93-0394142
EXPLANATION OF AMENDED RETURN	
FORM 990 CHANGES:	
PAGE 1, LINES 10 AND 11 ON FORM 990 ARE AMENDED FOR THE FO	DLLOWING:
THE_ORIGINAL FILING REPORTED INADVERTENTLY INCLUDED NET IN	WESTMENT INCOME AND
REALIZED GAINS/LOSSES FROM AN BENEFICIAL INTEREST IN A POO	LED FUND WITH UNREALIZED
GAIN/LOSSES_ON_SCHEDULE_D_(ADJUSTMENTS_TO_NET_ASSETSUNRE	ALIZED GAIN/LOSS
ADJUSTMENT_WAS_OVERSTATED_BY \$14,542.	
PAGE 1, LINE 22 IS AMENDED TO INCLUDE THE BENEFICIAL INTER	EST IN THE POOLED FUND
INADVERTENTLY OMITTED FROM THE ASSETS REPORTED ON THE ORIG	INAL FILING. TOTAL
INCREASE IN NET ASSET \$257,176.	
INTEREST/DIVIDEND INCOME ON PART VIII, LINE 3 INCREASED BY	_\$7,545_RESULTING_IN_TOTAL
INVESTMENT INCOME OF \$26,320.	
WTGGTT S WTGGTT S TO STATE S TO S	
MISCELLANEOUS INCOME PART VIII, LINE 11 DECREASED BY \$22,0	
LOSS FROM THE BENEFICIAL INTEREST IN THE POOLED FUND. TOTA	L OTHER INCOME AS AMENDED
IS_\$122_888.	
PART X, LINE 15 (OTHER INVESTMENTS) IS INCREASED BY \$257,1	76 TO DEDODE TUE
BENEFICIAL_INTEREST_IN_THE POOLED FUND.	10 TO VELOVI THE
DDAM.IOTALINIEVEDI IN THE FOOLED FUND.	

• Schedule O (Form 990) 2008	Page 2
Name of the organization UNITED WAY OF LANE COUNTY	Employer identification number 93-0394142
EXPLANATION OF AMENDED RETURN (CONTINUED)	
SCHEDULE A, PART II, LINE 8 INCREASED TO \$26,320 TO REFLECT THE	INCREASE IN
INVESTMENT INCOME IDENTIFIED ABOVE.	
SCHEDULE D, PART XI, LINE 4 NET UNREALIZED LOSS WAS REDUCED BY	\$14,542; THE NET
OVERSTATEMENT OF IDENTIFIED ABOVE.	
ALL OTHER CHANGES ARE DUE TO THE CHANGES IDENTIFIED ABOVE.	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	·
UNITED WAY OF LANE COUNTY'S (UWLC) MISSION STATEMENT IS "IMPROV	TING LIVES THROUGH THE
CARING FOWER OF COMMUNITY. " IN AN EFFORT TO ADVANCE THE COMMON	GOOD, UWIC WORKS TO
MOBILIZE THE COMMUNITY TO ADDRESS SERIOUS HUMAN NEEDS ISSUES.	
AS A NON-PARTISAN ORGANIZATION, UWLC HAS THE UNIQUE ABILITY TO	FORM PARTNERSHIPS
WITH ALL SEGMENTS OF THE COMMUNITY - INDIVIDUALS, BUSINESS, CHA	RITIES, LABOR, THE
FAITH COMMUNITY AND GOVERNMENTAL ENTITIES - TO SOLVE IDENTIFIED	LOCAL PROBLEMS.
THROUGH A COUNTY-WIDE NETWORK CONSISTING OF HUNDREDS OF PARTNER	S AND OTHER
NOT-FOR-PROFIT AGENCIES, UWLC HELPS PROVIDE BASIC NEEDS WHILE W	ORKING TO CHANGE
CONDITIONS THAT ALLOW THESE PROBLEMS TO EXIST IN THE FIRST PLAC	Ē.
FORM 990, PART III, LINE 2 - NEW SERVICES	
IN ALIGNMENT WITH UNITED WAY OF AMERICA, UWLC ADOPTED A THIRD S	TRATEGIC EFFORT:
INCOME. THE GOAL OF THIS ACTION AREA IS: MOVING FAMILIES FROM P	OVERTY TO FINANCIAL
STABILITY. INCOME PROGRAMS AIM TO INCREASE FINANCIAL LITERACY T	HAT LEADS TO
SELF-SUFFICIENCY, HELP LOW-WAGE WORKERS RECEIVE THE TAX CREDITS	THEY ARE DUE,
PROVIDE RENT AND UTILITY ASSISTANCE, REDUCE HOMELESSNESS, AND R	EDUCE TEEN PREGNANCY
AND DOMESTIC VIOLENCE.	

me of the organization	Employer identification number		
ITED WAY OF LANE COUNTY 93-0394142			
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCR	IPTION		
INCOME			
INCOME PROGRAMS AIM TO INCREASE FINANCIAL LITERACY THAT	I LEADS TO SELF-SUFFICIENCY,		
HELP LOW-WAGE WORKERS RECEIVE THE TAX CREDITS THEY ARE	DUE, PROVIDE RENT AND UTILITY		
ASSISTANCE, REDUCE HOMELESSNESS, AND REDUCE TEEN PREGNA	ANCY AND DOMESTIC VIOLENCE.		
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF	OFFICERS, DIRECT		
BOARD PRESIDENT JEFF TOWERY IS MARRIED TO COO DORIS TOW	WERY. DORIS TOWERY DOES NOT		
PASS THE KEY EMPLOYEE TEST. SEE ALSO SCHEDULE L, PART 1	IV.		
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS			
AN ELECTRONIC VERSION OF THE 990 IS SENT TO THE BOARD I	PRIOR TO A MONTHLY MEETING. A		
QUESTION AND ANSWER SESSION IS HELD AT THAT MEETING, AT	ND THE BOARD VOTES TO APPROVE		
THE TAX RETURN.			
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND E	NFORCEMENT OF C		
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMIT	TTEE WITH GOVERNING BOARD		
DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIR	RMS THEY:		
A) HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POI	LICY.		
B) HAVE READ AND UNDERSTAND THE POLICY.			
C) HAVE AGREED TO COMPLY WITH THE POLICY.			
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL	PROCESS FOR OFFICERS & KEY EMPLO		
EXECUTIVE COMMITTEE OF BOARD REVIEWS THE ORGANIZATION'S	COMPENSATION DATA AS PART OF		
ANNUAL REVIEW AND SALARY ADJUSTMENTS.COMPENSATION AGREEMENTS AND BENEFITS ARE			
REVIEWED FOR REASONABLENESS, BASED ON COMPETENT SURVEY	INFORMATION AND THE RESULT OF		
ARM'S LENGTH BARGAINING.			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	BLICLY AVAILABLE		
THE 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON	OUR WEBSITE AND A PAPER COPY		
~			

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

2008

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public

Name of the Organization Employler Identification number UNITED WAY OF LANE COUNTY 93-0394142 Part 15 Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (C) (D) (F) (B) **(E)** Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Estimated amount of other Name and Title Average hours per week Reportable compensation from Individual trustee or director Highest related organizations (W-2/1099-MISC) compensation Institutional trustee from the organization and related nployee employee compensated organizations ANETTE SPICKARD BOARD MEMBER 0. 0. 1 Х 0. KEN PROVENCHER PRESIDENT ELECT 2 0. 0. Х Х 0 MAURIE DENNER 0. 0. BOARD MEMBER 0 1 SUSAN PLATT 0._ BOARD MEMBER 1 X 0 0. GEORGE RUSSELL 0. BOARD MEMBER 0 0. Х 1 MAURINE CATE 0. BOARD MEMBER Х 0 0. 1 KIM TARDIE 0_. BOARD MEMBER X 0 0 1 DEAN HANSEN 0. BOARD MEMBER Х 0 0. 1 JUDY NEWMAN 0. 0 0. BOARD MEMBER 1 Х SUJATA SANGHVI 0. BOARD MEMBER Х 0 0

2008 SCHE	DULE D, PART XIV - SUPPLEMENTAL	INFORMATIONPAGE
CLIENT 790	UNITED WAY OF LANE COUNTY	93-039414
9/23/10 SCHEDULE D, PART XI OTHER REVENUE INCI	I, LINE 2D LUDED IN F/S BUT NOT INCLUDED ON FORM 990	05 27Pi
UNREALIZED INVESTM	ENT LOSSES	TOTAL \$ -52,569.
SCHEDULE D, PART X OTHER REVENUE INCI	II, LINE 4B LUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
DONOR DESIGNATIONS		TOTAL \$ 1,259,901. \$ 1,259,901.
SCHEDULE D, PART XI OTHER REVENUE INCI	III, LINE 4C LUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
DONOR DESIGNATIONS		TOTAL \$ 1,259,901.

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20	ич
<i>-</i> 11	un

9/23/10

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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4 . 1	11-11	T 790

UNITED WAY OF LANE COUNTY

93-0394142

05 27PM

DADTII	LINE 10 -	OTHER	INICOME
PARI II.	LINE 1U -	OTHER	INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
RENTAL INCOME OTHER	33,761.	26,846.	12,119.	4,690.	21,480. 6,998.
FISCAL AGENT REVENUES TOTAL	\$\frac{111,216.}{\\$144,977.} \\$	127,590. 154,436.	\$ 12,119. \$	4,690.	28,478.