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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
UNITED WAY OF LINN COUNTY

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 905

City or town, state or country, and ZIP + 4
ALBANY, OR 97321

D Employer identification number
93-0470252

E Telephone number
(541)926-5432

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.UNITEDWAYOFLINNCOUNTY.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 854,748.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	797,088.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	14,380.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 11,736. of contributions reported on line 1)	6a	32,632.	
	b	Less: direct expenses other than fundraising expenses	6b	29,568.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,064.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ ADMINISTRATIVE FEE INCOME)		8	10,648.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	825,180.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4		10	571,049.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	162,367.
	13	Professional fees and other payments to independent contractors		13	15,125.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14	20,086.
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	106,876.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	875,503.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<50,323.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	278,852.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	228,529.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	566,094.	22	567,339.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	440,162.	24	355,547.
25	**Total assets**	1,006,256.	25	922,886.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	727,404.	26	694,357.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	278,852.	27	228,529.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 9

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 COLLECTION, ALLOCATION, AND DISTRIBUTION OF RESOURCES TO COMMUNITY AGENCIES

(Grants $ 560,843.) If this amount includes foreign grants, check here ▶ ☐ 28a 571,049.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 571,049.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		59,115.	3,842.	

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ OR			
42a	The books are in care of ▶ UNITED WAY OF LINN COUNTY Telephone no. ▶ (541) 926-5432 Located at ▶ PO BOX 905, ALBANY, OREGON ZIP + 4 ▶ 97321			
b	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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶	0			

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		0

Sign Here

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

▶ Signature of officer — Date: 12-9-09

▶ CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — DEC 03 2009 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KOONTZ & PERDUE, P.C.
920 ELM STREET SW
ALBANY, OR 97321-2037

EIN ▶

Phone no. ▶ (541)926-5543

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Form **990-EZ** (2008)

832174
12-17-08

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF LINN COUNTY	93-0470252

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 a cooperative hospital service organization described in **section 170(b)(1)(A)(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 name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☒ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
SEE STATEMENT 10									
Total									671,647.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10% -facts-and-circumstances test - 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 **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 organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: UNITED WAY OF LINN COUNTY

Employer identification number: 93-0470252

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col. (a) through col (c))
Revenue	1 Gross receipts	31,378.		12,990.	44,368.
	2 Less: Charitable contributions	31,378.		12,990.	44,368.
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	11,736.			11,736.
	6 Rent/facility costs				
	7 Other direct expenses	12,832.		5,000.	17,832.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(29,568.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				<29,568.>

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address.				
Name ▶				
Address ▶				
16 Gaming manager information.				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions.				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	3M TYPEWRITER	12 01 83	SL	5.00	16	2,500.			2,500.	2,500.		0.
2	COMPUTER & NETWORK	12 01 94	SL	5.00	16	4,932.			4,932.	4,932.		0.
3	TOSHIBA PHONE SYSTEM	10 15 96	SL	5.00	16	2,955.			2,955.	2,955.		0.
4	HP LASERJET 5	05 01 97	SL	5.00	16	1,295.			1,295.	1,135.		0.
5	NOVELL 4.10	05 01 97	SL	3.00	16	595.			595.	595.		0.
6	DONATION TRACKER 2000 SOFTWARE	03 31 99	SL	3.00	16	4,850.			4,850.	4,850.		0.
7	PENTIUM II 350MHZ COMPUTER	04 15 99	SL	5.00	16	1,895.			1,895.	1,895.		0.
8	COMPUTER UPGRADES	11 01 99	SL	5.00	16	2,195.			2,195.	2,195.		0.
9	TELEVISION W/CART	12 10 00	SL	5.00	16	500.			500.	500.		0.
10	FURNITURE 2002	08 16 02	SL	5.00	16	2,558.			2,558.	2,558.		0.
11	SERVER	07 31 02	SL	5.00	16	1,900.			1,900.	1,900.		0.
12	COMPUTER 2002	07 31 02	SL	5.00	16	1,025.			1,025.	1,025.		0.
13	COMPUTER 2002	07 31 02	SL	5.00	16	1,025.			1,025.	1,025.		0.
14	COMPUTER 2002	07 31 02	SL	5.00	16	1,025.			1,025.	1,025.		0.
15	COMPUTER 2002	07 31 02	SL	5.00	16	1,025.			1,025.	1,025.		0.
16	REPLACEMENT HARDWARE 2002	07 31 02	SL	5.00	16	500.			500.	500.		0.
17	FILING CABINET - 4 DRAWER	01 01 04	SL	7.00	16	1,200.			1,200.	770.		171.
18	ULTREX COPY MACHINE	06 26 04	SL	7.00	16	1,000.			1,000.	571.		143.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-EZ PAGE 1 990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	DELL COMPUTER	11 15 05	SL	5.00	16	2,496.			2,496.	1,331.		499.
20	FOLDER/INSERTER	01 20 06	SL	7.00	16	4,344.			4,344.	1,500.		621.
21	250 GB EXTERNAL HARD DRIVE	01 24 06	SL	5.00	16	141.			141.	68.		28.
22	ETHERNET 8-PORT HUB	01 24 06	SL	5.00	16	96.			96.	46.		19.
23	VIEWSONIC PROJECTOR	08 11 08	SL	3.00	16	620.			620.			189.
24	COMPUTER	03 27 07	SL	5.00	16	688.			688.	173.		138.
	* TOTAL 990-EZ PG 1 DEPR					41,360.		0.	41,360.	35,074.	0.	1,808.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
PAYROLL TAXES	10,280.
PLEDGE LOSS	50,993.
MISCELLANEOUS	12,086.
EMERGENCY FUND ALLOCATION	4,125.
CAMPAIGN EVENTS	10,735.
INSURANCE	2,660.
TELEPHONE	4,260.
ADVERTISING	2,784.
OFFICE EXPENSE	1,491.
TRAVEL	6,462.
DATABASE ADMINISTRATION	1,000.
TOTAL TO FORM 990-EZ, LINE 16	106,876.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE, NET	432,269.	349,942.
NOTE RECEIVABLE	2,228.	1,128.
OTHER DEPRECIABLE ASSETS	5,665.	4,477.
TOTAL TO FORM 990-EZ, LINE 24	440,162.	355,547.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED EXPENSES	8,962.	10,745.
ALLOCATIONS PAYABLE	584,728.	560,843.
DESIGNATIONS PAYABLE	133,714.	122,769.
TOTAL TO FORM 990-EZ, LINE 26	727,404.	694,357.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATES ADDRESS
UNITED WAY OF AMERICA	701 N. FAIRFAX STREET ALEXANDRIA, VA 22314

PURPOSE OF PAYMENT	AMOUNT
ANNUAL AFFILIATION FEE	10,206.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	10,206.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	1,808.
OTHER EXPENSES	18,278.
TOTAL TO FORM 990-EZ, LINE 14	20,086.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS APPROVED BUT NOT PAID BY FILING DEADLINE STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEMBER AGENCY ALLOCATIONS	NONE	560,843.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		560,843.

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NANCY WHITLEY 1970 14TH AVE SE, ALBANY, OR 97322	PRESIDENT 0.00	0.	0.	0.
DENISE JOHNSON 2315 14TH AVE SE, ALBANY, OR 97322	TREASURER 0.00	0.	0.	0.
TRACY LILES PO BOX 629, ALBANY, OR 97321	CAMPAIGN CHAIR 0.00	0.	0.	0.
FRANK MOORE 315 4TH AVE SW, ALBANY, OR 97321	FUNDS DISTRIBUTION CHAIR 0.00	0.	0.	0.
JIM HAGGART 718 7TH AVE SW, ALBANY, OR 97321	PRESIDENT-ELECT 0.00	0.	0.	0.
DONNA ROUNSAVELL PO BOX 1048, ALBANY, OR 97321	CAMPAIGN CHAIR-ELECT 0.00	0.	0.	0.
CARMEN OHLING, 2500 SANTIAM HWY SE, SUITE 1, ALBANY, OR 97322	FUNDS DISTRIBUTION CHAIR-E 0.00	0.	0.	0.
DR. CHRIS BERRY 2300 14TH AVE SE, ALBANY, OR 97322	DIRECTOR 0.00	0.	0.	0.
STACY BOSTROM, 2122 S. SANTIAM HWY, LEBANON, OR 97355	DIRECTOR 0.00	0.	0.	0.

JIM DENHAM, 1600 NE OLD SALEM RD, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
PAT EASTMAN 217 MAIN ST, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
ANDY FREY 875 BETA DR SW, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
DAVE FURTWANGLER 3210 HWY 20, SWEET HOME, OR 97386	DIRECTOR 0.00	0.	0.	0.
LON GENTRY 7101 SUPRA DR SW, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
STEPHANIE HAGERTY 1046 6TH AVE SW, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
JOE HARALSON 525 SANTIAM HWY, LEBANON, OR 97355	DIRECTOR 0.00	0.	0.	0.
LARRY HARGREAVES 745 30TH AVE SW, ALBANY, OR 97322	DIRECTOR 0.00	0.	0.	0.
DEB JONES 530 24TH AVE SW, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
DARIN KLARR 1823 14TH AVE SE, ALBANY, OR 97322	DIRECTOR 0.00	0.	0.	0.
DAVE LEDING, 2550 OLD SALEM RD NE, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
DAN NIXON 1129 HILL ST SE, ALBANY, OR 97322	DIRECTOR 0.00	0.	0.	0.
KINDRA OLIVER, 65 "B" ACADEMY SQUARE, LEBANON, OR 97355	DIRECTOR 0.00	0.	0.	0.
STEVE PARROTT 1475 SOUTH MAIN ST, LEBANON, OR 97355	DIRECTOR 0.00	0.	0.	0.
ART PETTY 1450 QUEEN AVE SW, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
DONNA PHILLIPS, 1001 REEVES PARKWAY, LEBANON, OR 97355	DIRECTOR 0.00	0.	0.	0.
MARLENE PROPST, 6500 PACIFIC BLVD SW, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.

FRED REED 2180 NW MAIER LN, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
TAMMY REEVES 707 WAVERLY DR SE, ALBANY, OR 97322	DIRECTOR 0.00	0.	0.	0.
WAYNE RIESKAMP 4046 WINDY AVE NE, ALBANY, OR 97322	DIRECTOR 0.00	0.	0.	0.
MARILYN SMITH PO BOX 490, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
SARAH STEVENS 32260 OLD HWY 34, TANGENT, OR 97389	DIRECTOR 0.00	0.	0.	0.
TONY SULLIVAN, 4440 NW BRAMBLEWOOD CT, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
BEN TEHRANI 3130 KILLDEER AVE, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
JEFF YODER PO BOX 339, ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
GREG ROE PO BOX 905, ALBANY, OR 97321	EXECUTIVE DIRECTOR 40.00	59,115.	3,842.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		59,115.	3,842.	0.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

TO INCREASE THE CAPACITY OF PEOPLE IN LINN COUNTY TO CARE FOR ONE ANOTHER

SCHEDULE A SUPPORTED ORGANIZATIONS - PART I, LINE 11H STATEMENT 10

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ALBANY PARTNERSHIP FOR HOUSING	93-3141548	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		8,021.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
AMERICAN RED CROSS	53-0196605	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		18,391.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOY SCOUTS CASCADE PACIFIC COUNCIL	93-0386792	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		15,674.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOYS & GIRLS CLUB OF ALBANY	93-0883338	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		87,348.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOYS & GIRLS CLUB OF LEBANON	52-1043668	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		43,228.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOYS & GIRLS CLUB OF SWEET HOME	93-0820322	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		27,407.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
CHILDREN'S FARM HOME	93-0386966	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		1,832.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
COMMUNITY AFTER-SCHOOL PROGRAM	93-0979294	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		20,534.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
COMMUNITY OUTREACH	93-0602094	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		41,041.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
COURT APPOINTED SPECIAL ADVOCATES	93-0953615	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		10,623.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
FISH OF ALBANY	51-0175818	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		58,150.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
GIRL SCOUTS SANTIAM COUNCIL	93-0399051	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		26,902.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
LINN-BENTON MEDIATION SERVICES	93-0879938	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		13,899.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PASTORAL COUNSELING CENTER	93-0692078	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		9,579.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PRE-PRIMARY SPEECH AND LANGUAGE	93-0593474	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		9,526.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
RETIRED & SENIOR VOLUNTEER PROGRAM	93-0871537	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		16,779.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SALVATION ARMY	94-1156347	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		12,794.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SCIO YOUTH CLUB	43-1964348	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		14,349.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SHARING HANDS	93-0810262	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		24,775.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SWEET HOME EMERGENCY MINISTRY	32-0183609	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		24,248.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SUNSHINE INDUSTRIES	93-0708545	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		1,355.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
TRAUMA INTERVENTION PROGRAM	20-5397866	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		7,514.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
CARDV	93-0792125	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		40,516.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
MIGHTY OAKS CHILDREN'S THERAPY CENTER	93-0838454	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		37,148.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
VOLUNTEER CAREGIVERS	93-0956721	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		14,903.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
YMCA	93-0479079	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		53,050.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ABC HOUSE	93-1163555	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		519.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ALBANY FIREFIGHTERS COMMUNITY ASSISTANCE FUND	93-0909141	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		1,714.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ALBANY GENERAL HOSPITAL FOUNDATION	93-0712890	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		131.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ALS ASSOCIATION OF OREGON & SW WASHINGTON	68-0516066	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		109.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
AMERICAN DIABETES ASSOCIATION	13-1623888	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		218.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BETHLEHEM LUTHERAN CHURCH	23-7030874	1

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		504.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOY SCOUTS OREGON TRAIL COUNCIL	22-1576300	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		92.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOYS & GIRLS CLUB OF CORVALLIS	23-7153987	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		747.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOYS & GIRLS CLUB OF SALEM, MARION & POLK COUNTIES	93-0581470	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		208.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
BOYS & GIRLS CLUB OF EMERALD VALLEY	93-1264722	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		366.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
CASA OF BENTON COUNTY	94-3265415	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		109.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
DOERNBECKER CHILDREN'S HOSPITAL FOUNDATION	93-0579589	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		87.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
EAST LINN CHIRSTIAN ACADEMY	93-0818449	2

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		504.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
FAMILY TREE RELIEF NURSERY	14-1872327	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		955.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
FIRST ASSEMBLY OF GOD	93-0512020	1

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		504.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
FIRST PRESBYTERIAN CHURCH OF CORVALLIS	93-0520151	1

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		2,016.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
GAPS - FACT	93-6002755	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		504.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
GREATER ALBANY PUBLIC SCHOOLS FOUNDATION	93-0881300	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		756.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
GRACE POINT CHURCH OF THE NAZARENE	93-0628805	1

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		328.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
HOPE CENTER	93-1022750	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		218.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
JACKSON STREET YOUTH SHELTER INC	93-1269503	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		50.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
LBCC FOUNDATION	23-7212073	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		42.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
LEBANON PUBLIC LIBRARY SENIOR CENTER TRUST	93-1221644	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		151.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
LINN BENTON FOOD SHARE	93-1099406	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		202.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
LOVE INC OF BENTON COUNTY	93-1326307	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		218.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
MEALS ON WHEELS OF LINN-BENTON COUNTY	93-0584306	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		420.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
MID VALLEY SOCCER CLUB	93-1244205	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		504.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
MIDVALLEY POP WARNER	54-2131344	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		856.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
MONEY MANAGEMENT INTERNATIONAL OF ALBANY	54-1837741	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		181.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
OLD MILL SCHOOL	93-0722603	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		92.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
OPTIONS PREGNANCY RESOURCE CENTERS-ALBANY/CORVALLIS	93-0919233	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		1,405.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
OREGON FOOD BANK	93-0785786	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		1,008.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PHILOMATH SCOUT LODGE	46-0494613	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		302.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PHILOMATH YOUTH ACTIVITIES CLUB	93-1127754	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		328.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PLANNED PARENTHOOD - COLUMBIA WILLAMETTE	93-6031270	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		840.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PREGNANCY ALTERNATIVES CENTER - LEBANON	93-1011604	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		418.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
PREGNANCY CARE CENTER - SWEET HOME	93-0893338	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		252.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SAVEHAVEN HUMANE SOCIETY	93-0676661	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		2,269.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SCIO CARES	93-1248905	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		101.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SENIOR CITIZENS OF SWEET HOME	93-0636933	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		175.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SHRINERS HOSPITAL	36-2193608	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		109.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SIGNS OF VICTORY	93-0815600	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		101.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SMART OREGON CHILDREN'S FOUNDATION	93-1051724	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		84.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SOCIETY OF WOMEN ENGINEERS - WILLAMETTE VALLEY SECT	91-1805486	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		109.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SOROPTIMIST INTERNATIONAL OF ALBANY	93-0957752	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		393.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
SOUTHERN WILLAMETTE SEVICES CORPORATION	93-1202984	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		42.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ST. MARY'S SCHOOL	93-0415218	2

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		71.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
ST. MARY'S SOUP KITCHEN	93-0415218	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		105.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
STONE SOUP - CORVALLIS	93-0463598	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		150.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
UNITED WAY OF SALT LAKE	87-0227091	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		546.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
WILLAMETTE HUMANE SOCIETY	93-0577975	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		40.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
UNITED WAY OF BENTON & LINCOLN COUNTIES	93-6013898	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		4,070.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
UNITED WAY OF GREATER DOUGLAS	93-0428566	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		884.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
UNITED WAY OF LANE COUNTY	93-0394142	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		3,085.

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION
UNITED WAY OF MID-WILLAMETTE VALLEY	93-0395586	7

(IV) IS ORGANIZATION LISTED IN GOVERNING DOCUMENTS? YES	(IV) NO	(V) DID YOU NOTIFY ORGANIZATION IN (I) OF YOUR SUPPORT? YES	(V) NO	(VII) IS THE ORGANIZATION IN (I) ORGANIZED IN THE U.S.? YES	(VII) NO	(VII) AMOUNT OF SUPPORT
X		X		X		1,869.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	UNITED WAY OF LINN COUNTY	93-0470252
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 905	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, OR 97321	

Check type of return to be filed (file a separate application for each return).

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

UNITED WAY OF LINN COUNTY

- The books are in the care of ▶ PO BOX 905, ALBANY, OREGON - 97321
  Telephone No. ▶ (541) 926-5432 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.