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Department of the Treasury

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)

OMB No 1545-0047

Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number Name of organization B Check if applicable DESCHUTES UNITED WAY use IRS label or UNITED WAY OF DESCHUTES COUNTY Address change 93-6012576 E Telephone number Name change print or DESCHUTES UNITED WAY . type. See Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 1,466,673 Termination tions. City or town, state or country, and ZIP + 4 BEND, OR 97708 Amended return Application pending Name and address of Principal Officer H(a) Is this a group return for KEN WILHELM ΓYes **Γ**Nο affiliates? PO BOX 5969 BEND, OR 97708 H(b) Are all affiliates included? Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWWDESCHUTESUNITEDWAYORG K Type of organization ✓ Corporation Trust association other L Year of Formation 1953 M State of legal domicile OR Part I Summary Briefly describe the organization's mission or most significant activities UNITED WAY OF DESCHUTES COUNTY CONNECTS CARING PEOPLE TO IMPROVE LIVES AND SHAPE A BETTER Activities & Governance COMMUNITY SUPPORTING 26 LOCAL HUMAN SERVICE AGENCIES AND MANAGING CENTRAL OREGON 2-1-1 Check this box 🔽 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . . 31 3<u>1</u> Number of independent voting members of the governing body (Part VI, line 1b) . Total number of employees (Part V, line 2a) . . 800 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,516,206 1,517,261 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 35,138 1,340 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -26,247 -51,928 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,525,097 1,466,673 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1.141.523 1.221.840 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 218.992 260.409 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 (Total fundraising expenses, Part IX, column (D), line 25 $\underline{\frac{107,041}{}}$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 102,305 269,745 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 1,543,137 18 1.671.677 Revenue less expenses Subtract line 18 from line 12 -205,004 19 -18,040 Assets or d Balances Beginning of Year **End of Year** 20 Total assets (Part X, line 16) 1,116,609 739,621 21 Total liabilities (Part X, line 26) 325,092 153,108 Zen End 22 Net assets or fund balances Subtract line 21 from line 20 791.517 586.513 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please 2010-03-15 Signature of officer Sign Here KEN WILHELM EXEC DIRSECRETARY Type or print name and title Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours FTN ▶ if self-employed), address, and ZIP + 4 **Use Only**

May the IRS discuss this return with the preparer shown above? (See instructions) .

Yes Г Νο

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

1	Briefly describe the organization's mission				
	UNITED WAY OF DESCHUTES COUNTY CONNEC	TS CARING PEOPLE TO IMP	PROVE LIVES AND SHAPE	A BETTER COMMUNITY	
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?	gnıfıcant program serv	rices during the year	which were not listed on	✓ Yes ☐ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g or make significant c	hanges in how it cor	nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) tru	ists are required to r	report the amount of grants	
4a	(Code) (Expenses \$ ALLOCATION GRANTS TO LOCAL NON-PROFIT TO A GREAT START IN LIFE KEEPING YOUTH THROUGH THE SERVICES OF 26 MEMBER AG	AGENCIES FOCUSING ON ON TRACK FOR SUCCESS	HELPING PEOPLE MEET E	BASIC NEEDS KEEPING PEOPLE SAI	FE FROM ABUSE & VIOLENCE
4b	(Code 624,200) (Expenses \$ DONOR DESIGNATIONS TO VARIOUS NON-PR CONTRIBUTION TO ANY NON-PROFIT AGENC	OFIT AGENCIES - UNITED	including grants of \$ WAY OF DESCHUTES CO	359,765) (Revenue \$ UNTY GIVES DONORS THE OPTION) I OF DIRECTING THEIR
4c	(Code 561,420) (Expenses \$ CENTRAL OREGON 2-1-1 IS A COMPREHENS TO ACCESS SERVICES OFFERED BY LOCAL NO	IVE INFORMATION AND RE		161,346) (Revenue \$ BLE TO ANYONE WITH A PHONE PR) OVIDING INFORMATION ON HOW
	(Code) (Expenses \$	114,109 ।	ncluding grants of \$	114,109) (Revenue \$)
4d	Other program services (Describe ii	•) (Dave=	•
_	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	1,345,320	Must equal Part IX,	, Lıne 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	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		No
6	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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		N o
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	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	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
15	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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	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	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	21	Yes	
22	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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 N o
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		N o
26	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		No
27	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	27		No

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			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), 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	28a		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		Νo
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		No
36	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		No
37	Did the organization conduct more than 5 percent 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		No

			Yes	No
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			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
ь	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 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.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
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 at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d	file Form 8282?	70		
_				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
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?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from 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?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. Governing Body and	d Management

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	31			
Ь	Enter the number of voting members that are independent	1b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ .$	ince t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
b	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		•	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JANE WENDELL

1130 NW HARRIMAN ST

BEND, OR 97701 (541) 389-6507

Part VII 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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		fother ation he on and
											+		
											+		
1b	Total							 	107,937	7			
1b 2	Total	g those ın 1											
	Total number of individuals (includin	g those ın 1									T	Yes	No
	Total number of individuals (includin compensation from the organization) Did the organization list any former	g those in 1 ► officer, direc	a) who	recei	ved e, k	mor	e thar	n \$1	00,000 in reportable	e e		Yes	
2	Total number of individuals (includin compensation from the organization)	g those in 1 officer, directle J for such	a) who	recei ruste	e, k	mor	e thar	n \$1 /ee,	or highest compens	e sated employee	3	Yes	No No
3	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 officer, directle J for such	a) who is tor or to individuo reporta	recei ruste <i>ual</i> .	e, k	ey e	e thar employ	/ee, and	or highest compens	e ated employee		Yes	No
3 4	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th	a) who note that the state of t	ruste ual ble c	e, k	ey e	employ ation (es," co	/ee, and	or highest compens other compensation lete Schedule J for su	e ated employee in from the	3	Yes	
3	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 officer, direct le J for such the sum of ns greater th ever accre	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	employ ation 'es," co	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	e ated employee in from the ach for services		Yes	No
2 3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th vive or accru ," complete S	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	employ ation 'es," co	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	e ated employee in from the ach for services	4	Yes	N o
2 3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, directle J for such is the sum of as greater the sure or accru, "complete State of the sure of	a) who istor or to individual reportations \$15	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	employ ation (es," co	yee, and compa	or highest compens or highest compens other compensation lete Schedule J for su elated organization	e ated employee in from the ch if or services	4	Yes	N o
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	employ ation (es," co	yee, and compa	or highest compens or highest compens other compensation lete Schedule J for su elated organization or sthat received more	e ated employee in from the ich in services the than (B)	4	(c	No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of as greater the sure or accru, "complete States to the sure or accrustance to the sure of the sure or accrustance to the sure of the sure of the sure or accrustance to the sure of the sure or accrustance to the sure or accrus	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	employ ation (es," co	yee, and compa	or highest compens or highest compens other compensation lete Schedule J for su elated organization or sthat received more	e ated employee n from the ch for services	4		No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	employ ation (es," co	yee, and compa	or highest compens or highest compens other compensation lete Schedule J for su elated organization or sthat received more	e ated employee in from the ich in services the than (B)	4	(c	No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of as greater the sure or accru, "complete States to the sure or accru, accomplete States to the sure or accomplete States to the sure of the sure or accomplete States to the sure or accomplete	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	employ ation (es," co	yee, and compa	or highest compens or highest compens other compensation lete Schedule J for su elated organization or sthat received more	e ated employee in from the ich in services the than (B)	4	(c	No No No

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u> </u>	1a	Federated camp	paigns 1a	19,884				514
필	ь		es 1b					
₽ĕ	c	Fundraising eve	ents 1c					
¥¥ #	d	Related organiz	ations 1d					
S, E	e	Government grants	(contributions) 1e					
in i	f	All other contribution	ons, gifts, grants, and 1f	1,497,377				İ
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	butions included in					
ξŽ			178,835					
<u>ठ≅</u>	h	Total (Add line	s 1a-1f)		1,517,261			
an				Business Code				
Ken	2a							
æ.	b							
MCA	d	-						
33								
ĭa⊓.	e f	Λ II Δ+b Δ = = = = =						
Program Service Revenue	'	An other progra	m service revenue					
	g		2a-2f					
	3		ome (ıncludıng dıvıdend		11,106			
			nounts) tment of tax-exempt bond p		11,106			
	4 5		· · · · · · ·					
		Koyarties	(ı) Real	(II) Personal				
	6a	Gross Rents	. ,					
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	` '	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	18,958					
		assets other than inventory						
	ь	Less cost or other basis and	28,724					
		sales expenses Gain or (loss)	-9,766					
	c d		s)		-9,766			
	8a	Gross income f						
Other Revenue		See Part IV , lın <i>Attach Schedule</i>	reported on line 1c)					
æ	ь		penses b					
her	С	Net income or (loss) from fundraising e	events 🛏				
ŏ	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	ь	Less direct ex	penses b					
	С		loss) from gaming activ	rities				
	10a	Gross sales of returns and allo						
	ь		oodssold b					
	С		loss) from sales of inve					
	11a	Miscellaneous		Business Code 900,099	-57,658			
		UNREALIZED I		561,110	,			
	Ь	ADMINISTRAT	TION FEES - EFSP		4,550			
	c	RESCINDED D	ESIGNATION	900,099	780			
	d	All other revenu	ne					
	e	Total. Add lines	11a-11d					
	12	Total Revenue	Add lines 1h, 2g, 3, 4,	\$ -51,928 5.6d.7d.8c.	1,466,673	0	C	0
	1 -	Qc 10c and 11		= , = =, . u, o u, b -	·			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,141,523	1,141,523					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	107,937	23,675	84,262				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	91,745	9,899		45,490			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,877	1,466	5,389	2,022			
9	Other employee benefits	35,883	5,925	21,785	8,173			
10	Payroll taxes	15,967	2,636	8,694	4,637			
11	Fees for services (non-employees)							
а	Management	56,736	56,736					
b	Legal							
C	Accounting	15,649	3,298	12,351				
d	Lobbying							
	Professional fundraising See Part IV, line 17							
f	Investment management fees	2,718	1,195	1,523				
g	Other	5,274	·	2,815	681			
12	Advertising and promotion	119,977	85,097	2,734	32,146			
13	Office expenses	22,692	3,399	8,931	10,362			
14	Information technology	3,137	590	2,547				
15	•							
16	Occupancy	15,570	2,227	13,343				
17 18	Payments of travel or entertainment expenses for any Federal,	5,243	1,063	4,180				
10	state or local public officials	7.750	2 220	000	2 520			
19	•	7,758	3,330	898	3,530			
20 21	Interest	7,621		7,621				
22	Depreciation, depletion, and amortization	3,332	476	2,856				
23	Insurance	2,588	370	2,836				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	2,300	3,0	2,210				
а	MISCELLANEOUS	1,450	637	813				
b		2,100	337	315				
c								
d								
e	All all							
f 	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	1,671,677	1,345,320	219,316	107,041			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

	ı	
Part X	Balance	Sheet

					(A)			B)
	1	Cash—non-interest-bearing			Beginning of year 161,822	1	Elia o	f year 151,601
	2	Savings and temporary cash investments			101,022	2		101,001
	3	Pledges and grants receivable, net	•		385,688	3		254,690
	4	Accounts receivable, net			000,000	4		204,000
	5	Receivables from current and former officers, directors, trustees, I		nlovees or		-		
	_	other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of Sc				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use	•			8		
ts.	9	Prepaid expenses and deferred charges			3,269	9		12,464
Assets	10a	Land, buildings, and equipment cost basis	10a	38,602				
*	ь	Less accumulated depreciation Complete Part VI of	100	,				
		Schedule D	10b	31,117	10,065	10c		7,485
	11	Investments—publicly traded securities			397,425	11		194,763
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	VII of	;		12		
	13	Investments—program-related See Part IV, line 11 $Complete\ Part Of\ Schedule\ D$.	VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			158,340	15		118,618
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,116,609			739,621
	17	Accounts payable and accrued expenses .			17,072	17		24,336
	18	Grants payable			308,020			128,772
	19	Deferred revenue			350,525	19		120,112
	20	Tax-exempt bond liabilities				20		
8	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•			21		
jal		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		•		23		
	24	Unsecured notes and loans payable	•			24		
	25	Other liabilities Complete Part X of Schedule D			0	25		0
	26	Total liabilities. Add lines 17 through 25			325,092	26		153,108
		Organizations that follow SFAS 117, check here ▶ ✓ and comple	te line	s 27	323,332			,
sea		through 29, and lines 33 and 34.	•	- 				
ano	27	Unrestricted net assets			429,908	27		350,970
Balance	28	Temporarily restricted net assets			340,645	28		214,579
<u> </u>	29	Permanently restricted net assets			20,964	29		20,964
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and	comple	ete				
or I		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fund	s			32		
Net	33	Total net assets or fund balances			791,517	33		586,513
	34	Total liabilities and net assets/fund balances			1,116,609	34		739,621
Pa	rt XI	Financial Statements and Reporting						
		- -					Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

DLN: 93493117003090

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

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.

Open to Public Inspection

		ne organizati UNITED WAY	on					Em	iployer ide	ent if icat io	n numbe	:r
		OF DESCHUTE:	S COUNTY					93	-601257	6		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc	ns) (See	Instruct	ions)		
he.	organı	zatıon ıs not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	escribed ir	Section :	170(b)(1)	(A)(i).			
2	Γ	A school d	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attac	h Schedu	le H)	
4	Γ		research organı name, city, and	zation operated in conjuncti state	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
5	Γ	Anorganiz	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gov	ernmental	unit desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	m a gove	rnmental (unit or fror	n the gene	eral publ	ıc
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)					
9	Γ	An organiz	ation that norm	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	s, and gr	oss
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (less sectio	on 511 ta:	x) from bu	ısınesses	5
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509	(a)(4). (S	ee instruc	tions)	
11	ı	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in secti tion and c	on 509(a)	(1) or sec nes 11e t	tion 509(a hrough 11:	a)(2) See	Section 5). Check
e	Γ	-		rtıfy that the organızatıon ıs agers and other than one or			-			-	-	
		section 50		d	th - TD/		- -	T 11 .				
f		check this	box	d a written determination fro						supportii	ng organ	Zation,
g		following pe		as the organization accepte	d any gift	or contrib	ution from	iany ortne	•			
				r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	ition?				11g	(i)	Νο
		(ii) a family	/ member of a p	erson described in (i) above	?					11g	(ii)	Νο
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g((iii)	Νο
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports					
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9		Is the		ou notify		s the		mount of
		nization		above or IRC section	_	listed in	1	i) of your	_	rganized	347	POIL
				(See Instructions))		overning ment?		port?		US?		
					Yes	No	Yes	No	Yes	No		

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you check	keu tile box ol	ii iiiie 5, 7, or	o oi Part I.)				
	ublic Support	,		-	-			
	endar 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")	1,131,497	1,216,231	1,313,625	1,516,206		1,517,261	6,694,820
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the							
4	organization without charge Total. Add line 1-3	1,131,497	1,216,231	1,313,625	1,516,206		1,517,261	6,694,820
5	The portion of total contribution by each	2,202,131	2,220,201	1,010,020	1,010,200		2,021,201	0,001,020
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							6 604 020
	4							6,694,820
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,131,497	25,173	1,313,625	1,516,206		1,517,261	6,694,820
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	14,734	25,173	28,127	35,138		1,340	104,512
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	8,391	5,197	19,846	-26,247		-51,928	-44,741
	Part IV)							6.754.504
11	Total Support (Add lines 7 through 10)	/6	- \					6,754,591
12	Gross receipts from related activities, etc					12		
13 C	First Five Years. If the Form 990 is for the corganization, check this box and stop here omputation of Public Support Perce		st, second, third	d, fourth, or fifth	tax year as a 50	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		0.990 %
15	Public Support Percentage for 2007 Schedi		-	.,,		15		0.947 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			
	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "fac	es as a publicly s If the organization	supported organ on did not check	ization a box on line 1:	3, 16a, or 16b a	ınd lıne	e 14 is 10º	▶ % or
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	ances" test The Ifthe organization	e organization qu on did not check	ualifies as a pub a box on line 1:	licly supported 3, 16a, 16b, or :	organı 17a ar	zation nd line 15 i	►
18	the organization meets the "facts and circu Private Foundation. If the organization did i	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted org	ganızatıon	" ▶⊏

Part III Support Schedule for Organizations Described in IRC 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") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 (a) 2004 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 0 % **Computation of Investment Income Percentage** 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 0 %

19a 33 1/3% 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

33 1/3% 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

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

▶┌

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

UNREALIZED GAIN(LOSS) ON PUBLICLY-TRADED SECURITIES INVESTMENTS

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 93-6012576

Name: DESCHUTES UNITED WAY

UNITED WAY OF DESCHUTES COUNTY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa			that apply)						Position (check all that apply)					(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
BILL BAKER , DIRECTOR	1	Х						0	0	0				
JERRY BASS , DIRECTOR	1	Х						0	0	0				
CYNDY COOK, DIRECTOR	1	Х						0	0	0				
PETER HALL , DIRECTOR	1	Х						0	0	0				
TOM HEBNER, DIRECTOR	1	Х						0	0	0				
SALLY HEISE , DIRECTOR	1	Х	İ					0	0	0				
BRAD HENRY , DIRECTOR	1	Х						0	0	0				
JINNIFER JERESEK , DIRECTOR	1	Х						0	0	0				
KEN JOHNSON , DIRECTOR	1	Х						0	0	0				
DENNIS LUKE , DIRECTOR	1	Х						0	0	0				
BARRY MARONI , DIRECTOR	1	Х						0	0	0				
ALISSA MAXWELL , DIRECTOR	1	Х						0	0	0				
SUE MEYER , DIRECTOR	1	Х						0	0	0				
PAM MJOR , DIRECTOR	1	Х						0	0	0				
PAUL MORTON , DIRECTOR	1	Х						0	0	0				
MICHAEL OMAN , DIRECTOR	1	Х						0	0	0				
SHERI PENDERGRAFT , DIRECTOR	1	Х						0	0	0				
JIM RITZENTHALER , DIRECTOR	1	Х						0	0	0				
DAVID ROSELL , DIRECTOR	1	Х						0	0	0				
MARTHA SAUNDERS , DIRECTOR	1	Х						0	0	0				
YESENIA SHARP , DIRECTOR	1	Х						0	0	0				
BOB SHAW, DIRECTOR	1	Х						0	0	0				
CRAIG SMITH , DIRECTOR	1	Х						0	0	0				
RAY SPREIER , DIRECTOR	1	Х	İ					0	0	0				
RICHARD BAILEY PRESIDENT , DIRECTOR	3	Х		х				0	0	0				
LISA IHANDER TREASURER , DIRECTOR	3	Х		х				0	0	0				
JEFF LUDEMAN VICE-PRESIDENT , DIRECTOR	2	Х		х				0	0	0				
SALLY MORTON 2ND VICE PRESIDENT , EXECUTIVE DIRECTOR	2	Х		х				0	0	0				
KEN WILHELM EXECUTIVE DIRECTOR, EXECUTIVE DIRECTOR AND SECRETARY	40			х	x	х		67,069	0	0				
JANE WENDELL DIR OF FINANCEADMIN , DIRECTOR OF FINANCE AND ADMINISTRATION	40				x			40,868	0	0				

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	1	tion a Institutional Trustee	ched) <u>a</u>	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KATHERINE STENKAMP , DIRECTOR	1	X						0	0	0
MARK WITHROW , DIRECTOR	1	Х						0	0	0
STUART WOOLLEY , DIRECTOR	1	Х						0	0	0

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization DESCHUTES UNITED WAY UNITED WAY OF DESCHUTES COUNTY

Employer identification number 93-6012576 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

(i) Revenues included in Form 990, Part VIII, line 1

Cat No 52283D

► \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art,	His	tori	cal Tr	easur	es, or Othe	r Sir	<u>milar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing th	nat are	a sıgnıfıcant ı	ıse of	its col	lection	ı	
а	Public exhibition		d	Γ	Loan o	rexcha	ange programs	5				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	n how	the)	/ further	the or	ganızatıon's e	xempt	t purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to							nılar		_	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Com	plete	e if the	organ		ered	l "Yes'	' to Fo	rm 9'	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	liary	for c	ontrıbut	ions or	other assets	not		_	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	<u>:</u>									
										A mou	nt	
С	Beginning balance						1 c					
d	Additions during the year						1d					
e	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	'ear	(c)Two	Years Back (d	Three	Years B	ack (e)	Four Ye	ears Back
1a	Beginning of year balance	158,340										
b	Contributions	21 750										
с	Investment earnings or losses	-31,758 -6,738										
d	Grants or scholarships	-0,730										
е	Other expenditures for facilities and programs											
f	Administrative expenses	-1,226										
g	End of year balance	118,618										
2	Provide the estimated percentage of the yea	r end balance held as	5									
а	Board designated or quasi-endowment	86 199 %										
ь	Permanent endowment 13 799 %											
	remanent endowment F											
c 3a	Term endowment	ssion of the organizat	tion t	hat a	re held	and ad	ministered for	the				
-	organization by	oston of the organizat			ire ireid	ana aa	mmstered for				Yes	No
									Г			
	(i) unrelated organizations			•				•	· · L	3a(i)	Yes	
	(ii) related organizations					• • •			-	3a(i) 3a(ii)	Yes Yes	
	(ii) related organizations	ns listed as required	on S					•	-			No
4	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu	nds			· ·	-	3a(ii)		No
4	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu ee F	nds orm 99		· ·		-	3a(ii)		No
4	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu ee F	nds	other	rt X, line 10. (b)Cost or other basis (other)	r	-	3a(ii) 3b	Yes	
4 Par	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu ee F	nds orm 99 ı) Cost or	other	(b)Cost or othe	r	. [3a(ii) 3b	Yes	
Par	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu ee F	nds orm 99 ı) Cost or	other	(b)Cost or othe	r	. [3a(ii) 3b	Yes	
Par	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu ee F	nds orm 99 ı) Cost or	other	(b)Cost or othe	r	. [3a(ii) 3b	Yes	
1a c	(ii) related organizations	ns listed as required e organization's endo	on S owme	nt fu ee F	nds orm 99 ı) Cost or	other	(b)Cost or othe	r (c	· · [3a(ii) 3b	(d) B	No pook value
1a b c d e ((ii) related organizations	ns listed as required e organization's endo s, and Equipmen	on Sowme	ee F	nds orm 99 a) Cost or sis (inves	other tment)	(b)Cost or other basis (other)	r (c	Deprec	3a(ii) 3b	(d) B	ook value

Part VIII Investments—Other Securities. S	see Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		COST OF CHA OF	year market value
Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)) -		
Part VIII Investments—Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
	(2, 20011 12.20	Cost or end-of-	-year market value
7.1. (0.1. (1) 1.1. 15. 000 0.1. 17. 170 1.1.	. 12.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X			
	scription		(b) Book value
PERMANENT ENDOWMENT HELD AT OREGON COM	•		
			16,358
BOARD-RESTRICTED QUASI-ENDOWMENT HELD A	I OREGON COMM FDN		102,260
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)		118,618
Part X Other Liabilities. See Form 990, Pa			<u>, , , , , , , , , , , , , , , , , , , </u>
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	, p		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าtร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	1,106,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,106,908
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 359,765		
c	Add lines 4a and 4b	4c	359,765
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,466,673
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	1,311,912
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	,	
е 3	Add lines 2a through 2d	2e 3	1 211 012
	Subtract line 2e from line 1	3	1,311,912
4	A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a L			
b c	Other (Describe in Part XIV)	4c	359,765
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,671,677
•	rotar expenses Aud lines 3 and 40. (1 ins should equal Form 330, Fait 1, line 10)		1,071,077

Return Reference	Explanation
	PART V LINE 4 UNITED WAY OF DESCHUTES COUNTY'S TWO ENDOWMENT FUNDS HELD AT THE OREGON COMMUNITY FOUNDATION WERE ESTABLISHED TO ACCOUNT FOR DONOR PERMANENTLY- RESTRICTED CONTRIBUTIONS AND TO SUPPORT THE GENERAL PURPOSES OF THE ORGANIZATION BY ATTRACTING AND GROWING PLANNED GIFTS THAT GENERATE INCOME BEYOND THE ANNUAL CAMPAIGN PART XII LINE 4B AND PART XIII LINE 4B DONOR-DESIGNATED PLEDGES ARE PASSED THROUGH TO THE DESIGNATED AGENCIES
	Return Reference

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2008

Schedule I

(Form 990)

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

Department of the Treasury Internal Revenue Service	Complete	if the organization ansv	wered "Yes," on Form 99	90, Part IV, lines 21 or	22. Attach to Form 990.		Open to Public Inspection
Name of the organization DESCHUTES UNITED WAY						Employer ide	ntification number
UNITED WAY OF DESCHUTE						93-601257	6
Part I General Infor	mation on Grai	nts and Assistance					
Does the organization m the selection criteria use Describe in Part IV the o	ed to award the gram organization's proce	nts or assistance? edures for monitoring th	e use of grant funds ın t	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient reconstruction.	eived more than \$	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistanc	1
See Additional Data Table							
2 Enter total number of sec			•		_	·	28
organizations					-		b

	`	,											
Part III	Grants	and Other	Assistance	to Individu	als in the	United States.	Complete if the	organızatıon	answered '	'Yes" on	Form 990,	Part IV, lır	ne 22.
	Use Sch	hedule I-1 (I	Form 990) if a	dditional spa-	ce is neede	d.							

I -		<u> </u>			
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
					<u> </u>

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
		PROCEDURE FOR MONITORING USE OF GRANT FUNDS - OUTCOMES MEASUREMENT NON-PROFIT AGENCIES SUBMIT A WORKPLAN WITH THEIR APPLICATION FOR FUNDING INDICATING SPECIFIC INPUTS ACTIVITIES OUTPUTS OUTCOME INDICATORS AND HOW OUTCOMES ARE MEASURED A YEAR LATER THE AGENCIES SUBMIT A REPORT THAT DOCUMENTS ACTUAL MEASURED OUTPUTS REALIZED DURING THE PREVIOUS YEAR USING THE WORKPLAN TO COMPARE PLANNED OUTCOMES AND ACTUAL OUTCOMES

Software ID: Software Version:

EIN: 93-6012576

Name: DESCHUTES UNITED WAY

UNITED WAY OF DESCHUTES COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN RED CROSS - OREGON MT RIVER CHAPTER2669 NE TWIN KNOLLS BEND,OR 97701		501(C)(3)	45,146				FOOD CLOTHING AND ASSISTANCE TO DISASTER VICTIMS	
BETHLEHEM INN1036 NE 5TH ST BEND,OR 97701		501(C)(3)	6,095				SHELTER THE HOMELESS	
BOY SCOUTS OF AMERICA - CRATER LAKE COUNCIL 20354 EMPIRE BEND,OR 97701		501(C)(3)	28,813				YOUTH DEVELOPMENT THROUGH CLUB PROGRAMS	
BOYS AND GIRLS CLUBS 500 NW WALL BEND,OR 97701		501(C)(3)	72,225				YOUTH DEVELOPMENT THROUGH ON-SITE PROGRAMS	
CAMP FIRE USA - CENTRAL OREGON204 NE 4TH ST BEND,OR 97701		501(C)(3)	44,391				YOUTH DEVELOPMENT THROUGH CLUB PROGRAMS	
J BAR JCASCADE YOUTH & FAMILY SERVICES62895 HAMBY ROAD BEND,OR 97701		501(C)(3)	46,101				SHELTER HOMELESS YOUTH	
DESCHUTES COUNTY COURT-APPOINTED SPECIAL ADVOCATES 1130 NW HARRIMAN BEND,OR 97701		501(C)(3)	36,108				COURT ADVOCACY FOR ABUSED CHILDREN	
CENTRAL OREGON COUNCIL ON AGING1135 SW HIGHLAND REDMOND,OR 97756		501(C)(3)	62,856				SUPPORT SENIOR INDEPENDENCEMEALS ON WHEELS	
ALL OUTDOORS INC20436 CLAY PIDGEON BEND,OR 97702		501(C)(3)	37,776				SUPPORT THE INDEPENDENCE OF THE DISABLE THROUGH WORK OPPORTUNITIES	
PARENTS ACTIVELY CARING FOR TEENSFAMILY RESOURCE CENTER1130 NW HARRIMAN BEND,OR 97701		501(C)(3)	20,028				HEALTHY PARENTING TRAINING & I&R DATA MANAGEMENT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH OF REDMOND536 SW 10TH ST REDMOND,OR 97756		501(C)(3)	8,023				PROVIDE GROCERIES TO THE HUNGRY
GIRL SCOUTS908 NE 4TH ST BEND,OR 97701		501(C)(3)	31,686				YOUTH DEVELOPMENT THROUGH CLUB PROGRAMS
GRANDMA'S HOUSEPO BOX 6372 BEND,OR 97708		501(C)(3)	32,159				SHELTER AND ASSIST HOMELESS PREGNANT TEENS
DESCHUTES COUNTY HEALTHY BEGINNINGS 1029 NW 14TH BEND,OR 97701		501(C)(3)	24,829				HEALTH SCREENINGS FOR YOUNG CHILDREN
HEALTHYSTARTST CHARLES2500 NE NEFF BEND,OR 97701		501(C)(3)	16,709				PRENATAL HEALTHCARE
HOSPICE OF BENDPARTNERS IN CARE 2075 NE WYATT BEND,OR 97701		501(C)(3)	27,835				MEDICAL SUPPORT AND ASSISTANCE TO TERMINALLY- ILL PATIENTS AND THEIR FAMILIES
INTERACT INC1135 SW HIGHLAND REDMOND,OR 97756		501(C)(3)	6,813				ASSIST SENIOR AND DISABLES WITH DAILY TASKS
KIDS INTERVENTION & DIAGNOSTIC SERVICE CENTER1375 NW KINGSTON BEND,OR 97701		501(C)(3)	73,673				MEDICAL ASSESSMENTS ADVOCACY AND THERAPY TO CHILD ABUSE VICTIMS
PROGRAMA DE AYUDA INCLATINO COMMUNITY ASSOCIATION1130 NW HARRIMAN BEND,OR 97701		501(C)(3)	13,448				ASSISTANCE AND REFERRAL TO LATINO COMMUNITY
MT STAR FAMILY RELIEF NURSERY2125 NE DAGGETTQ BEND,OR 97701		501(C)(3)	5,819				TEACH PARENTING SKILLS AND PROVIDE CHILDCARE FOR HIGH-RISK CHILDREN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORIMPACT2303 SW 1ST ST REDMOND,OR 97756		501(C)(3)	89,618				FOOD UTILITY AND HOUSING ASSISTANCE TO LOW-INCOME CITIZENS
SALVATION ARMY740 NE 1ST BEND,OR 97701		501(C)(3)	9,918				GROCERIES FOR THE HUNGRY
SAVING GRACECENTRAL OREGON BATTERING & RAPE ALLIANCE1425 NW KINGSTON BEND,OR 97701		501(C)(3)	71,562				SAFE SHELTER FOR ABUSE VICTIMS
UNITED SENIOR CITIZENS OF BEND1600 SE REED MKT ROAD BEND,OR 97702		501(C)(3)	5,700				ACTIVITIES MEALS AND SUPPORT FOR SENIOR CITIZENS
ST CHARLES FOUNDATION2500 NE NEFF ROAD BEND,OR 97701		501(C)(3)	13,760				SUPPORT ST CHARLES HOSPITAL
FAMILY KITCHEN469 NW WALL BEND,OR 97701		501(C)(3)	5,410				SERVED MEALS TO THE HUNGRY
SUNRIVER CHRISTIAN FELLOWSHIPPO BOX 507 SUNRIVER, OR 97707		501(C)(3)	8,825				SERVES SUNRIVER COMMUNITY NEEDS

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization DESCHUTES UNITED WAY UNITED WAY OF DESCHUTES COUNTY Employer identification number

93-6012576

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	ļ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "	•	, ,	1b		Νo
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Direct	or, regarding the items checked in line 1a?	2		No
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	-	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	based co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	•	,	7		Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization DESCHUTES UNITED WAY UNITED WAY OF DESCHUTES COUNTY Employer identification number

93-6012576

Pa	Types of Property							
		(a) Check If	(b) Number of Contributions	Form 990, Part VIII, line	(d) Method of de reven	etermı	nıng	
_		applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household	l x		43.658	DET 4 71 . V 4 1 1 1 E			
_	goods			43,030	RETAIL VALUE			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	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							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received	L hy the ora	anization during the tay ve:	ar for contributions for				
	which the organization complete				29			
	Acknowledgement							
							Yes	No
30a	During the year, did the organization hold for at					.		
	least three years from the date of		contribution, and which is	not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
b 31	If "Yes", describe the arrangement of the organization have a gif			review of any non-standard	contributions?	31	Yes	
							163	
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
ь	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a	a) is			
	,							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

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As Filed Data -

DLN: 93493117003090

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► 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 Inspection

Name of the organization
DESCHUTES UNITED WAY
UNITED WAY OF DESCHUTES COUNTY

Employer identification number
93-6012576

Identifier	Return Reference	Explanation
		FORM 990 PART III LINE 2 - SIGNIFICANT NEWLY-UNDERTAKEN PROGRAM SERVICES CENTRAL OREGON 2-1-1 THROUGH COLLABORATION WITH MANY NON-PROFIT AGENCIES UNITED WAY OF DESCHUTES COUNTY WAS ABLE TO LAUNCH A COMPREHENSIVE INFORMATION AND REFERRAL SERVICE AVAILABLE TO ANYONE WITH A PHONE PROVIDING INFORMATION ON HOW TO ACCESS SERVICES OFFERED BY LOCAL NON-PROFIT AGENCIES FOR A VARIETY OF NEEDS FORM 990 PART III LINE 4D - OTHER PROGRAM SERVICES DONATED HOUSEHOLD GOODS PASSED ON TO NON-PROFIT AGENCIES FOR CLIENTS 43658 RESPONSE GRANTS FOR VARIOUS NON- PROFIT AGENCY PROJECTS 28000 COMMUNITY BUILDING SERVICES 11021 FUND DISTRIBUTION SERVICES 16529 DAYS OF CARING PROGRAM AN ANNUAL 2-DAY EVENT THAT CONNECTS VOLUNTEERS TO VARIOUS LOCAL NON-PROFIT AGENCIES TO ACCOMPLISH VARIOUS MAINTENANCE AND SERVICE TASKS FOR THOSE AGENCIES 14901 FORM 990 PART VILINE 19 - UNITED WAY OF DESCHUTES COUNTY MAKES IRS 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE ALL GOVERNING DOCUMENTS CONFICT OF INTEREST AND OTHER POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FORM 990 PART VILINE 10 - IRS 990 REVIEW PROCESS THE DIRECTOR OF FINANCE AND ADMINISTRATION SUBMITS THE DRAFT IRS 990 TO THE EXECUTIVE DIRECTOR FOR INITIAL REVIEW AND SIGNATURE THE TREASURER OF THE BOARD THEN REVIEWS THE IRS 990 AND SUBMITS IT TO THE FINANCE AND OPERATIONS COMMITTEE FOR FINAL REVIEW AND APPROVAL