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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED COMMUNITY ACTION NETWORK

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

280 KENNETH FORD DRIVE

Room/suite

City or town, state or country, and ZIP + 4

ROSEBURG, OR 97470

F Name and address of principal officer

DAN MCCUE

280 KENNETH FORD DRIVE

ROSEBURG, OR 97470

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.UCANCAP.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1969

M State of legal domicile

OR

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CREATING SOLUTIONS TO POVERTY IMPROVING LIVES IN OUR COMMUNITY
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 10
	4 Number of independent voting members of the governing body (Part VI, line 1b) 10
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 264
	6 Total number of volunteers (estimate if necessary) 1,450
	7a Total unrelated business revenue from Part VIII, column (C), line 12 15,274
	7b Net unrelated business taxable income from Form 990-T, line 34 0
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) 9,077
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II

Signature Block

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

Sign Here

Signature of officer

DAN MCCUE CFO

Date

2013-02-28

Preparer's signature

Date

Check if self-employed

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

CREATING SOLUTIONS TO POVERTY IMPROVING LIVES IN OUR COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 3,435,341 including grants of \$) (Revenue \$)

CHILD SERVICES PROGRAMDOUGLAS COUNTY HEADSTART - PROVIDES AND EARLY CHILDHOOD EDUCATION FOR LOW-INCOME OR DISABLED THREE- AND FOUR-YEAR-OLD CHILDREN THROUGH CLASSROOM AND HOME-BASED PROGRAMS DESIGNED TO PREPARE CHILDREN FOR THE PUBLIC SCHOOL EXPERIENCE THE PROGRAM PROMOTES PARENT EDUCATION & FAMILY INVOLVEMENT AND PROVIDES MEDICAL AND DENTAL SUPPORT SERVICES FOR ENROLLED CHILDREN IN-KIND PROFESSIONAL SERVICES USAGE \$97,946IN-KIND FACILITIES USAGE \$5,150CHILD CARE FOOD PROGRAM - REGISTERED FAMILY AND CERTIFIED GROUP FAMILY CHILD CARE PROVIDERS ARE REIMBURSED FOR THE COST OF SERVING NUTRITIOUS MEALS AND SNACKS TO CHILDREN UNDER THEIR CARE FUNDED BY THE USDA CHILD CARE FOOD PROGRAM, AN EXTENSION OF THE NATIONAL SCHOOL LUNCH PROGRAM UCAN HEALTHY KIDS - ASSISTS LOW INCOME HOUSEHOLDS APPLY FOR FREE OR LOW-COST HEALTH CARE COVERAGE FOR CHILDREN WHO DON'T HAVE HEALTH INSURANCE COVERAGE IS REQUESTED THROUGH THE OREGON HEALTH PLAN AND ONCE ACCEPTED, INCLUDES DOCTOR VISITS, DENTAL CARE, VISION, AND LASTS AT LEAST ONE YEAR OR LONGER AS LONG AS THE CHILD IS STILL ELIGIBLE

4b

(Code) (Expenses \$ 3,615,228 including grants of \$ 2,905,333) (Revenue \$)

EMERGENCY SERVICES PROVIDES INFORMATION ON CONSERVING ENERGY AND SUPPORT TO LOW-INCOME INDIVIDUALS IN SUPPLYING THEIR ENERGY NEEDS PAYMENTS ARE MADE ON BEHALF OF PERSONS TO THE ENERGY COMPANIES AND HOUSING MAY COME IN THE FORM OF A HOTEL VOUCHER

4c

(Code) (Expenses \$ 2,522,867 including grants of \$) (Revenue \$)

THE WEATHERIZATION PROGRAM PROVIDES ENERGY CONSERVATION INFORMATION, MEASURES, RETROFITS AND UPGRADES TO INCOME-ELIGIBLE FAMILIES DESIGNED TO REDUCE HOME UTILITY USAGE AND COSTS FUNDING IS PROVIDED THROUGH THE US DEPT OF HEALTH AND HUMAN SERVICES' LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND THROUGH STATE OF OREGON'S SENATE BILL 1149, ENERGY DEREGULATION DOLLARS ENTITLED, ENERGY CONSERVATION HELPING OREGONIANS (ECHO) FUNDS

(Code) (Expenses \$ 1,632,462 including grants of \$) (Revenue \$ 1,013,222)

TRANSPORTATION PROGRAM MEDICAID TRANSPORTATION - PROVIDES TRANSPORTATION SERVICES TO ELIGIBLE OREGON HEALTH PLAN AND ELIGIBLE MEDICAID CLIENTS TRAVELING TO AUTHORIZED MEDICAL SERVICES IN DOUGLAS AND JOSEPHINE COUNTIES THE SERVICE IS PROVIDED IN CONJUNCTION WITH TRANSLINK AND IS PROVIDED TO CLIENTS WHO HAVE NO OTHER MEANS TO GET TO THEIR MEDICAL SERVICES U-TRANS - PROVIDES PUBLIC TRANSPORTATION SERVICE IN DOUGLAS COUNTY U-TRANS SERVES THE GREATER ROSEBURG AREA, WITH COMMUTER SERVICES STRETCHING FROM SUTHERLIN, OREGON TO CANYONVILLE, OREGON THE DOUGLAS COUNTY HEALTH DEPARTMENT OVERSEES THE U-TRANS OPERATIONS WITH UCAN CONTRACTING TO PROVIDE THE SERVICE U-TRANS IS FUNDED THROUGH PARTNERSHIPS WITH CITIES, THE COUNTY, STATE AGENCIES, AREA EMPLOYERS AND FARE REVENUE

(Code) (Expenses \$ 1,136,617 including grants of \$) (Revenue \$ 191,334)

VOLUNTEER SERVICES PROGRAM THE AMERICORPS VISTA PROGRAM PROVIDES VISTA TEAM MEMBERS IN DOUGLAS COUNTY THE VISTA (VOLUNTEERS IN SERVICE TO AMERICA) PROGRAM BEGAN IN 1969 TO HELP ERADICATE POVERTY IN AMERICA MEMBERS VOLUNTEER ONE YEAR OF FULL-TIME SERVICE AND THOSE IN DOUGLAS COUNTY WORK WITH A BROAD RANGE OF AGENCIES ADDRESSING MULTIPLE ISSUES RELATED TO POVERTY, FUNDING IS PROVIDED BY COMMUNITY NON-PROFIT AGENCIES RECEIVING SERVICES FROM VISTA VOLUNTEERS JOSEPHINE COUNTY RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) IS PART OF SENIOR CORPS, A NETWORK OF NATIONAL AND COMMUNITY SERVICE PROGRAMS MEMBERS SERVE TO MEET CRITICAL NEEDS IN EDUCATION, ENVIRONMENT, PUBLIC SAFETY, HOMELAND SECURITY, AND OTHER AREAS VOLUNTEERS ORGANIZE NEIGHBORHOOD WATCH PROGRAMS, TUTOR CHILDREN, RENOVATE HOMES, TEACH ENGLISH TO IMMIGRANTS, ASSIST VICTIMS OF NATURAL DISASTERS, AND SERVE THEIR COMMUNITIES IN MANY WAYS RSVP VOLUNTEERS CHOOSE HOW, WHERE, AND HOW OFTEN THEY WANT TO SERVE THE GUARDIANSHIP PROGRAM PROVIDES VARIOUS TYPES OF ASSISTANCE NOT OFFERED IN OTHER PROGRAMS TO LOW-INCOME INDIVIDUALS IN JOSEPHINE COUNTY

(Code) (Expenses \$ 1,059,739 including grants of \$ 656,995) (Revenue \$ 20,047)

TENANT BASED ASSISTANCE (CASE MANAGEMENT PROGRAM) IS A SELF-SUFFICIENCY PROGRAM THAT ASSISTS FAMILIES AND INDIVIDUALS WITH RENTAL ASSISTANCE FOR A PERIOD OF SIX MONTHS UP TO TWO YEARS IN TIME PARTICIPANTS ARE SCHEDULED TO MEET MONTHLY WITH A FAMILY RESOURCE COORDINATOR TO ADDRESS ISSUES SUCH AS BUDGETING, HOUSEKEEPING, EDUCATION, PARENTING, JOB TRAINING AND EMPLOYMENT PARTICIPANTS ESTABLISH AND COMPLETE REALISTIC GOALS DURING THEIR TIME ON THE PROGRAM IN AN EFFORT TO MOVE TOWARDS STABILIZATION PUBLIC SERVICE ANNOUNCEMENTS ARE SENT TO COMMUNITY AGENCIES AND LOCAL NEWSPAPERS THROUGHOUT DOUGLAS COUNTY INFORMING THE PUBLIC OF DATES WHEN UCAN WILL BE ACCEPTING APPLICATIONS FOR THE PROGRAM THIS HAPPENS APPROXIMATELY ONE TO TWO TIMES A YEAR

(Code) (Expenses \$ 4,442,775 including grants of \$) (Revenue \$ 436,950)

FOOD SHARES FOOD PROGRAM - OPERATES A REGIONAL FOOD BANK LOCATED IN DOUGLAS AND JOSEPHINE COUNTIES INDIVIDUALS COLLECT, WAREHOUSE, AND DISTRIBUTE DONATED AND SURPLUS FOOD, INCLUDING USDA AND OREGON FOOD BANK COMMODITIES FOOD IS DISTRIBUTED TO LOCAL EMERGENCY FOOD AGENCIES, COMMUNITY KITCHENS, AND OTHER SUPPLEMENTAL FOOD BANKS

(Code) (Expenses \$ 619,165 including grants of \$) (Revenue \$ 382,138)

THE PROPERTY MANAGEMENT PROGRAM ACCOUNTS FOR REVENUES RECEIVED FOR THE PURPOSE OF PROVIDING SHELTER TO NEEDY FAMILIES THE HOUSING DEVELOPMENT PROGRAM ACCOUNTS FOR GRANT REVENUES USED TO DEVELOP, REHABILITATE, AND CONSTRUCT LOW TO MODERATE-INCOME HOUSING PROJECTS, EITHER INDEPENDENTLY OR IN CONJUNCTION WITH OTHER NON-PROFIT AGENCIES THE TRANSITIONAL HOUSING PROGRAM OWNS AND OPERATES TRANSITIONAL HOUSING FOCUSED ON MOVING FAMILIES TO STABILIZATION THE PARTICIPANTS IN THIS PROGRAM ARE CHARGED A BELOW-MARKET RENTAL RATE AND COMPLETE A TRANSITIONAL PROGRAM TO ASSIST THEM BECOMING SELF-SUFFICIENT LOW-INCOME RESIDENTS ARE ALSO PROVIDED WITH COUNSELING AND INFORMATION ASSISTANCE IS PROVIDED TO INDIVIDUALS IN APPLYING FOR LOW-INTEREST LOANS AND GRANTS FOR HOME REPAIR AND REHABILITATION

(Code) (Expenses \$ 83,199 including grants of \$) (Revenue \$)

THE TRANSITIONS PROGRAM CONSISTS OF A CONFIDENCE CLINIC THAT PROVIDES A SELF-SUFFICIENCY WORKSHOP DESIGNED TO AID MEN AND WOMEN OF ALL AGES IN COMPLETING HIGH SCHOOL THROUGH A GED PROGRAM AND PROMOTING THE DEVELOPMENT OF A STRONG SENSE OF SELF-WORTH AND COMPETENCE THE PROGRAM OFFERS MANY SELF-DEVELOPMENT CLASSES, GROUP PROBLEM-SOLVING SESSIONS, GED CLASSES, AND SOME EMPLOYMENT READINESS TRAINING SESSIONS TWICE ANNUALLY, IN SIXTEEN WEEK PROGRAMS APPROXIMATELY TWENTY PEOPLE ARE ENROLLED IN EACH SESSION INSTRUCTORS FOR ALL TRANSITIONS WORKSHOPS ARE EITHER PART-TIME EMPLOYEES OR ARE PROVIDED BY UMPQUA COMMUNITY COLLEGE, LOCAL BUSINESSES, AND HUMAN SERVICE AGENCIES DONATIONS OF SUPPLIES, MATERIALS, AND LABOR COME FROM ALL PARTS OF THE COMMUNITY FUNDING IS PROVIDED BY THE UNITED WAY OF GREATER DOUGLAS COUNTY, STATE AND NATIONAL FOUNDATIONS, CIVIC GROUPS, AND PRIVATE CONTRIBUTIONS

(Code) (Expenses \$ 137,324 including grants of \$) (Revenue \$)

RESOURCE DEVELOPMENT

4d

Other program services (Describe in Schedule O)

(Expenses \$ 9,111,281 including grants of \$ 656,995) (Revenue \$ 2,043,691)

4e

Total program service expenses \$ 18,684,717

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . .	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . .	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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 sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a171	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a264	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes	
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 or securities account)? .	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aYes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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		
a	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.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ OR
18	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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ DAN MCCUE CFO 280 KENNETH FORD DRIVE ROSEBURG, OR 97470 (541) 492-3508

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICKI BROWN CHAIR	2 00	X		X				0	0	0
(2) MIKE MURPHY VICE CHAIR	2 00	X						0	0	0
(3) SHIRLEY CAIRNS BOARD MEMBER	2 00	X						0	0	0
(4) JEFF KRUSE BOARD MEMBER	2 00	X						0	0	0
(5) TRISH MEHL BOARD MEMBER	2 00	X						0	0	0
(6) MARLA ZOETER BOARD MEMBER	2 00	X						0	0	0
(7) MARIA QUERO BOARD MEMBER	2 00	X						0	0	0
(8) TACY HITE BOARD MEMBER	2 00	X						0	0	0
(9) CAROL SWESSO BOARD MEMBER	2 00	X						0	0	0
(10) ERIC DAHLIN BOARD MEMBER	2 00	X						0	0	0
(11) MICHAEL FIELDMAN EXECUTIVE DIRECTOR	40 00			X				108,717	0	12,075
(12) DAN MCCUE CFO/COO	40 00			X				81,655	0	10,745
(13) KELLY WESSELS COO	40 00			X				68,879	0	10,993

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	259,251	0	33,813

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RE NOAH & COMPANY 241 NE IVAN ST ROSEBURG, OR 97470	CONSTRUCTION	777,060
ALL PHASE WEATHERIZATION 1806 ANTELOPE RD WHITE CITY, OR 97503	RESIDENTIAL HOUSING RETROFITS AND UPGRAD	495,516
SOUTHERN OREGON INSULATION 525 NW F ST GRANTS PASS, OR 97526	RESIDENTIAL HOUSING RETROFITS AND UPGRAD	277,080
ENERGY INDEPENDENCE COMPANY 303 KLAHANIE LANE IDLEYLD PARK, OR 97447	CONSTRUCTION	140,076

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	45,988			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	13,497,511			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,223,773			
	g	Noncash contributions included in lines 1a-1f \$ 3,482,144					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	FEES FOR SERVICES	624200	1,101,403	1,101,403		
	b	FOOD SALES	624200	436,950	436,950		
	c	LOW INCOME HOUSING	624200	341,520	341,520		
	d	AMERICORPS SITE FEES	624200	102,700	102,700		
	e	VISTA PARTNERS	624200	88,634	88,634		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			2,071,207		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,094	1,094		
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses		17,568			
	c	Gain or (loss)		-17,568			
	d	Net gain or (loss)		-17,568	-17,568		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses		17,738	9,011		9,011
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
							a
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	BUSINESS ENERGY TAX CR	624200	38,507	38,507			
b	TRANSIT ADVERTISING	624200	15,274		15,274		
c	ENDOWMENT FUND INCOME	624200	1,515	1,515			
d	All other revenue						
e	Total. Add lines 11a-11d			55,296			
12	Total revenue. See Instructions			19,886,312	2,094,755	15,274	9,011

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,562,328	3,562,328		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	292,498		292,498	
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	4,919,868	4,379,204	536,052	4,612
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,181,757	1,042,604	138,183	970
10	Payroll taxes	590,366	508,357	81,521	488
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,738	1,360	3,378	
c	Accounting	55,785	16,010	39,775	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	29,298	8,409	20,889	
12	Advertising and promotion				
13	Office expenses	327,940	267,566	57,874	2,500
14	Information technology	30,981	8,892	22,089	
15	Royalties				
16	Occupancy	884,881	755,371	129,510	
17	Travel	224,377	199,695	24,682	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	58,122	51,729	6,393	
20	Interest	48,190		48,190	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	619,964	471,296	148,668	
23	Insurance	142,937	137,438	5,499	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	UBIT	2,550	2,550		
b	IN-KIND FOOD	3,482,144	3,482,144		
c	SUBCONTRACT SERVICES	2,297,641	2,291,917	5,724	
d	PROGRAM SPECIFIC EXPENS	709,266	709,203	63	
e					
f	All other expenses	839,505	788,644	50,354	507
25	Total functional expenses. Add lines 1 through 24f	20,305,136	18,684,717	1,611,342	9,077
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			682,752	1	402,399
	2	Savings and temporary cash investments			134,109	2	96,679
	3	Pledges and grants receivable, net			1,136,931	3	787,914
	4	Accounts receivable, net			29,585	4	31,332
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			9,084	8	22,697
	9	Prepaid expenses and deferred charges			3,100	9	6,006
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	17,069,537			
	b	Less: accumulated depreciation	10b	3,315,801	13,658,890	10c	13,753,736
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,654,451	16	15,100,763
Liabilities	17	Accounts payable and accrued expenses			1,190,340	17	905,066
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,138,070	23	1,298,261
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			41,702	25	39,287
	26	Total liabilities. Add lines 17 through 25			2,370,112	26	2,242,614
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,641,998	27	4,528,404
	28	Temporarily restricted net assets			7,642,341	28	8,329,745
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			13,284,339	33	12,858,149
	34	Total liabilities and net assets/fund balances			15,654,451	34	15,100,763

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,886,312
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,305,136
3	Revenue less expenses Subtract line 2 from line 1	3	-418,824
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,284,339
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,366
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,858,149

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization UNITED COMMUNITY ACTION NETWORK	Employer identification number 93-0587136
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,400,209	12,902,210	15,768,229	14,754,124	17,767,272	71,592,044
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,400,209	12,902,210	15,768,229	14,754,124	17,767,272	71,592,044
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						71,592,044

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,400,209	12,902,210	15,768,229	14,754,124	17,767,272	71,592,044
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,486	5,628	3,803	3,634	2,136	47,687
9 Net income from unrelated business activities, whether or not the business is regularly carried on				7,350	15,274	22,624
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	11,699	2,719	11,342	155,202	21,412	202,374
11 Total support (Add lines 7 through 10)						71,864,729

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

126,369,939

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.620 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.400 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization
UNITED COMMUNITY ACTION NETWORK

Employer identification number
93-0587136

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	Yes No	
6	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 for any other purpose conferring impermissible private benefit	
	Yes No	

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

1

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

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	134,109	111,230	100,731	
b	Contributions				
c	Investment earnings or losses	-6,906	23,497	10,499	
d	Grants or scholarships	30,000			
e	Other expenditures for facilities and programs				
f	Administrative expenses	524	619		
g	End of year balance	96,679	134,109	111,230	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 100 000 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,481,701		2,481,701
b Buildings		12,359,529	1,745,303	10,614,226
c Leasehold improvements		37,253	16,515	20,738
d Equipment		2,191,054	1,553,983	637,071
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				13,753,736

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	119,886,312
2	Total expenses (Form 990, Part IX, column (A), line 25)	220,305,136
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-418,824
4	Net unrealized gains (losses) on investments	4-7,366
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	9-7,366
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-426,190

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	119,999,780
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-7,366	
b	Donated services and use of facilities2b103,096	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e95,730	
3	Subtract line 2e from line 13	319,904,050
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b-17,738	
c	Add lines 4a and 4b4c-17,738	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	519,886,312

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	120,425,970
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a103,096	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d17,738	
e	Add lines 2a through 2d2e120,834	
3	Subtract line 2e from line 13	320,305,136
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	520,305,136

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UCAN HOLDS ENDOWMENT FUNDS WITH THE OREGON COMMUNITY FOUNDATION. A PORTION OF THE FUNDS INCLUDES CONTRIBUTIONS FROM THE RICHARD SNELL TRUST. FUNDS ARE TO BE USED FOR UCAN'S GUARDIANSHIP PROGRAM, BUT THE PRINCIPAL MAY BE SPENT IF REVENUES ARE INSUFFICIENT. THE REMAINDER OF THE FUND INCLUDES A BOARD-DESIGNATED GENERAL ENDOWMENT, ESTABLISHED IN 2006. BOTH FUNDS ARE LEGALLY OWNED BY OCF AND ARE NOT DEPOSITORY ACCOUNTS.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSE -17,738
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSE 17,738

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNITED COMMUNITY ACTION NETWORK

Employer identification number
93-0587136

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

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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 ☐ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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	(b) Event #2	(c) Other Events	(d) Total Events
		WINDOWS OF HOPE AUCTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	26,749		26,749
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	26,749		26,749
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	17,738		17,738
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					9,011

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	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) ▶				

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?

☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 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?

☐ 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?

☐ Yes ☐ No
- 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?

☐ Yes ☐ No
- 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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED COMMUNITY ACTION NETWORK

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
93-0587136

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UTILITY ASSISTANCE	20875	2,915,885			
(2) RENT/DEPOSIT PAYMENT ASSISTANCE	836	646,443			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UTILITIES AND RENT ASSISTANCE IS TRACKED THROUGH THE STATE DATA COLLECTION SYSTEM CALLED OPUS IT SHOWS THE AVAILABLE FUNDS AND EVERY TIME THAT ASSISTANCE IS GRANTED, THE BALANCE AVAILABLE DECREASES THOSE EXPENDITURES CAN BE BALANCED TO THE EXPENDITURES MADE IN THE ACCOUNTING SYSTEM EXPENDITURE REVIEW IS DONE REGULARLY, DEPENDING ON THE PROGRAM, BUT AT A MINIMUM, MONTHLY THROUGH THE REVIEW OF THE AGENCY FINANCIAL STATEMENTS BY THE FISCAL OFFICER, CFO , EXECUTIVE DIRECTOR, FINANCE COMMITTEE, BOARD OF DIRECTORS, AND POLICY COUNCIL

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
UNITED COMMUNITY ACTION NETWORK

Employer identification number
93-0587136

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2,769,029	3,482,144	USDA/OFB VALUATION RATES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

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	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	NUMBER OF POUNDS OF FOOD CONTRIBUTED

2011

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization
UNITED COMMUNITY ACTION NETWORK

Employer identification number

93-0587136

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS WAS GIVEN A COPY OF THE 990 FOR REVIEW AT A REGULARLY SCHEDULED BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS ALL STAFF AND BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY AND ATTEST TO COMPLYING WITH IT IN THE POLICY IT STATES THAT STAFF AND BOARD MEMBERS ARE REQUIRED TO INFORM APPROPRIATE INDIVIDUALS IN REASONABLE TIME FRAMES ON ANY CONFLICTS OF INTEREST WHEN THEY ARRIVE
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATIONS'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS WHEN ASKED BY THE BOARD, HUMAN RESOURCES MANAGER WILL PROVIDE SALARY SURVEY INFORMATION OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION AS STATED IN UCAN PERSONNEL POLICIES, UCAN MAINTAINS A COMPENSATION PLAN FOR ALL POSITIONS THE PLAN INCLUDES FOR EACH POSITION A MINIMUM AND A MAXIMUM RATE THE RANGES REFLECT THE RELATIVE RESPONSIBILITIES OF THE CLASS, AVAILABILITY OF LABOR, MARKET RATES OF PAY AND FINANCIAL CONDITIONS OF THE AGENCY THE EXECUTIVE DIRECTOR OR DESIGNEE WILL KEEP THE COMPENSATION PLAN CURRENT BY ARRANGING FOR PERIODIC STUDIES OF MARKET SALARY RATES AND MAKING APPROPRIATE RECOMMENDATIONS TO THE BOARD PERFORMANCE SALARY INCREASES PERFORMANCE SALARY INCREASES ARE NOT AUTOMATICALLY GRANTED TO EMPLOYEES AFTER AN EVALUATION OF INDIVIDUAL WORK PERFORMANCE IS COMPLETED, AN EMPLOYEE IS ELIGIBLE FOR RECOGNITION OF WORK PERFORMANCE THROUGH A PERFORMANCE SALARY INCREASE THE PROGRAM DIRECTOR HAS AUTHORITY TO GRANT INCREASES UP TO FIVE PERCENT INCREASES OF FIVE PERCENT OR MORE MUST BE APPROVED BY THE EXECUTIVE DIRECTOR AND SUPPORTED BY CONTINUOUS EXCEPTIONAL PERFORMANCE AND BE ACCOMPANIED BY DOCUMENTATION FROM PROGRAM DIRECTOR PROGRAM DIRECTORS SHALL USE DISCRETION IN MAKING RECOMMENDATIONS COMPENSATION PLAN ADJUSTMENTS THE COMPENSATION PLAN FOR UCAN PERSONNEL SHALL PROVIDE REASONABLE COMPETITIVE RANGES OF PAY FOR EACH CLASSIFICATION OF EMPLOYMENT THE EXECUTIVE DIRECTOR MAY MAKE ADJUSTMENTS IN A SALARY RANGE OR RANGES AS NECESSARY TO ATTRACT AND HOLD COMPETENT PERSONNEL SUCH SALARY RANGE ADJUSTMENTS ARE TO BE DISTINGUISHED FROM SERVICE ANNIVERSARY SALARY INCREASES AS THEY ARE NOT INTENDED TO GIVE RECOGNITION TO LENGTH OR QUALITY OF SERVICE BUT ARE TO BE BASED SOLELY ON PREVAILING RATES OF PAY FOR THE VARIOUS CLASSES OF WORK AN ADJUSTMENT IN SALARY RANGE DOES NOT, IN AND OF ITSELF, RESULT IN ANY SALRY INCREASE FOR EMPLOYEES WHOSE SALARY IS IN THAT RANGE COST OF LIVING INCREASES WILL ONLY BE GIVEN BY THE UCAN BOARD OF DIRECTORS AT THE REQUEST OF THE EXECUTIVE DIRECTOR AND WITH APPROVAL OF HEAD START POLICY COUNCIL
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE VIA THE FEDERAL AUDIT CLEARINGHOUSE ON-LINE AT HTTP//HARVESTER CENSUS GOV/SAC/DISEM/ASP/INCOMPLETEENTITY ASP USING UCAN'S FIN THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTERST POLICY ARE AVAILABLE UPON REQUEST FROM THE MAIN OFFICE IN ROSEBURG
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENTS -7,366 TOTAL TO FORM 990, PART XI, LINE 5 -7,366

Additional Data

Software ID:
Software Version:
EIN: 93-0587136
Name: UNITED COMMUNITY ACTION NETWORK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code	) (Expenses \$	1,632,462	including grants of \$	) (Revenue \$	1,013,222)
TRANSPORTATION PROGRAM MEDICAID TRANSPORTATION - PROVIDES TRANSPORTATION SERVICES TO ELIGIBLE OREGON HEALTH PLAN AND ELIGIBLE MEDICAID CLIENTS TRAVELING TO AUTHORIZED MEDICAL SERVICES IN DOUGLAS AND JOSEPHINE COUNTIES THE SERVICE IS PROVIDED IN CONJUNCTION WITH TRANSLINK AND IS PROVIDED TO CLIENTS WHO HAVE NO OTHER MEANS TO GET TO THEIR MEDICAL SERVICES U-TRANS - PROVIDES PUBLIC TRANSPORTATION SERVICE IN DOUGLAS COUNTY U-TRANS SERVES THE GREATER ROSEBURG AREA, WITH COMMUTER SERVICES STRETCHING FROM SUTHERLIN, OREGON TO CANYONVILLE, OREGON THE DOUGLAS COUNTY HEALTH DEPARTMENT OVERSEES THE U-TRANS OPERATIONS WITH UCAN CONTRACTING TO PROVIDE THE SERVICE U-TRANS IS FUNDED THROUGH PARTNERSHIPS WITH CITIES, THE COUNTY, STATE AGENCIES, AREA EMPLOYERS AND FARE REVENUE					
(Code	) (Expenses \$	1,136,617	including grants of \$	) (Revenue \$	191,334)
VOLUNTEER SERVICES PROGRAM THE AMERICORPS VISTA PROGRAM PROVIDES VISTA TEAM MEMBERS IN DOUGLAS COUNTY THE VISTA (VOLUNTEERS IN SERVICE TO AMERICA) PROGRAM BEGAN IN 1969 TO HELP ERADICATE POVERTY IN AMERICA MEMBERS VOLUNTEER ONE YEAR OF FULL-TIME SERVICE AND THOSE IN DOUGLAS COUNTY WORK WITH A BROAD RANGE OF AGENCIES ADDRESSING MULTIPLE ISSUES RELATED TO POVERTY, FUNDING IS PROVIDED BY COMMUNITY NON-PROFIT AGENCIES RECEIVING SERVICES FROM VISTA VOLUNTEERS JOSEPHINE COUNTY RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) IS PART OF SENIOR CORPS, A NETWORK OF NATIONAL AND COMMUNITY SERVICE PROGRAMS MEMBERS SERVE TO MEET CRITICAL NEEDS IN EDUCATION, ENVIRONMENT, PUBLIC SAFETY, HOMELAND SECURITY, AND OTHER AREAS VOLUNTEERS ORGANIZE NEIGHBORHOOD WATCH PROGRAMS, TUTOR CHILDREN, RENOVATE HOMES, TEACH ENGLISH TO IMMIGRANTS, ASSIST VICTIMS OF NATURAL DISASTERS, AND SERVE THEIR COMMUNITIES IN MANY WAYS RSVP VOLUNTEERS CHOOSE HOW, WHERE, AND HOW OFTEN THEY WANT TO SERVE THE GUARDIANSHIP PROGRAM PROVIDES VARIOUS TYPES OF ASSISTANCE NOT OFFERED IN OTHER PROGRAMS TO LOW-INCOME INDIVIDUALS IN JOSEPHINE COUNTY					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code	) (Expenses \$	1,059,739	including grants of \$	656,995) (Revenue \$	20,047)
TENANT BASED ASSISTANCE (CASE MANAGEMENT PROGRAM) IS A SELF-SUFFICIENCY PROGRAM THAT ASSISTS FAMILIES AND INDIVIDUALS WITH RENTAL ASSISTANCE FOR A PERIOD OF SIX MONTHS UP TO TWO YEARS IN TIME PARTICIPANTS ARE SCHEDULED TO MEET MONTHLY WITH A FAMILY RESOURCE COORDINATOR TO ADDRESS ISSUES SUCH AS BUDGETING, HOUSEKEEPING, EDUCATION, PARENTING, JOB TRAINING AND EMPLOYMENT PARTICIPANTS ESTABLISH AND COMPLETE REALISTIC GOALS DURING THEIR TIME ON THE PROGRAM IN AN EFFORT TO MOVE TOWARDS STABILIZATION PUBLIC SERVICE ANNOUNCEMENTS ARE SENT TO COMMUNITY AGENCIES AND LOCAL NEWSPAPERS THROUGHOUT DOUGLAS COUNTY INFORMING THE PUBLIC OF DATES WHEN UCAN WILL BE ACCEPTING APPLICATIONS FOR THE PROGRAM THIS HAPPENS APPROXIMATELY ONE TO TWO TIMES A YEAR					
(Code	) (Expenses \$	4,442,775	including grants of \$	) (Revenue \$	436,950)
FOOD SHARES FOOD PROGRAM - OPERATES A REGIONAL FOOD BANK LOCATED IN DOUGLAS AND JOSEPHINE COUNTIES INDIVIDUALS COLLECT, WAREHOUSE, AND DISTRIBUTE DONATED AND SURPLUS FOOD, INCLUDING USDA AND OREGON FOOD BANK COMMODITIES FOOD IS DISTRIBUTED TO LOCAL EMERGENCY FOOD AGENCIES, COMMUNITY KITCHENS, AND OTHER SUPPLEMENTAL FOOD BANKS					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	619,165	including grants of \$ (Revenue \$ 382,138)
THE PROPERTY MANAGEMENT PROGRAM ACCOUNTS FOR REVENUES RECEIVED FOR THE PURPOSE OF PROVIDING SHELTER TO NEEDY FAMILIES THE HOUSING DEVELOPMENT PROGRAM ACCOUNTS FOR GRANT REVENUES USED TO DEVELOP, REHABILITATE, AND CONSTRUCT LOW TO MODERATE-INCOME HOUSING PROJECTS, EITHER INDEPENDENTLY OR IN CONJUNCTION WITH OTHER NON-PROFIT AGENCIES THE TRANSITIONAL HOUSING PROGRAM OWNS AND OPERATES TRANSITIONAL HOUSING FOCUSED ON MOVING FAMILIES TO STABILIZATION THE PARTICIPANTS IN THIS PROGRAM ARE CHARGED A BELOW-MARKET RENTAL RATE AND COMPLETE A TRANSITIONAL PROGRAM TO ASSIST THEM BECOMING SELF-SUFFICIENT LOW-INCOME RESIDENTS ARE ALSO PROVIDED WITH COUNSELING AND INFORMATION ASSISTANCE IS PROVIDED TO INDIVIDUALS IN APPLYING FOR LOW-INTEREST LOANS AND GRANTS FOR HOME REPAIR AND REHABILITATION			
(Code	) (Expenses \$	83,199	including grants of \$ (Revenue \$)
THE TRANSITIONS PROGRAM CONSISTS OF A CONFIDENCE CLINIC THAT PROVIDES A SELF-SUFFICIENCY WORKSHOP DESIGNED TO AID MEN AND WOMEN OF ALL AGES IN COMPLETING HIGH SCHOOL THROUGH A GED PROGRAM AND PROMOTING THE DEVELOPMENT OF A STRONG SENSE OF SELF-WORTH AND COMPETENCE THE PROGRAM OFFERS MANY SELF-DEVELOPMENT CLASSES, GROUP PROBLEM-SOLVING SESSIONS, GED CLASSES, AND SOME EMPLOYMENT READINESS TRAINING SESSIONS TWICE ANNUALLY, IN SIXTEEN WEEK PROGRAMS APPROXIMATELY TWENTY PEOPLE ARE ENROLLED IN EACH SESSION INSTRUCTORS FOR ALL TRANSITIONS WORKSHOPS ARE EITHER PART-TIME EMPLOYEES OR ARE PROVIDED BY UMPQUA COMMUNITY COLLEGE, LOCAL BUSINESSES, AND HUMAN SERVICE AGENCIES DONATIONS OF SUPPLIES, MATERIALS, AND LABOR COME FROM ALL PARTS OF THE COMMUNITY FUNDING IS PROVIDED BY THE UNITED WAY OF GREATER DOUGLAS COUNTY, STATE AND NATIONAL FOUNDATIONS, CIVIC GROUPS, AND PRIVATE CONTRIBUTIONS			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	137,324	including grants of \$	) (Revenue \$
RESOURCE DEVELOPMENT				