See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF LINN COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P.O. BOX 905

Room/suite

City or town, state or province, country, and ZIP or foreign postal code ALBANY, OR 97321

F Name and address of principal officer: GREG ROE
PO BOX 905, ALBANY, OR 97321

D Employer identification number
93-0470252

E Telephone number (541) 926-5432

G Gross receipts $ 833,814.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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.UNITEDWAYOFLINNCOUNTY.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1957 **M** State of legal domicile OR

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ALLOCATION & DISTRIBUTION OF UNITED WAY CONTRIBUTIONS		
	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)	3	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	583
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

RECEIVED
NOV 18 2014
IRS-OSC

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	727,519.	767,337.
	9	Program service revenue (Part VIII, line 2g)	63,237.	54,509.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,122.	<41,214.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<5,615.>	<19,901.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	787,263.	760,731.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	426,088.	452,947.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	185,735.	160,277.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,312.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	271,121.	205,861.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	882,944.	819,085.
	19	Revenue less expenses. Subtract line 18 from line 12	<95,681.>	<58,354.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	727,889.	559,609.
	21	Total liabilities (Part X, line 26)	555,105.	439,558.
	22	Net assets or fund balances. Subtract line 21 from line 20	172,784.	120,051.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

GREG ROE, EXECUTIVE DIRECTOR — 11-13-14

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name DEBRA L. BLASQUEZ	Preparer's signature Debra L. Blasquez	Date NOV 13 2014	Check ☐ if self-employed	PTIN P00134285
Firm's name ▶ KOONTZ, PERDUE, BLASQUEZ & CO., P.C.			Firm's EIN ▶	93-0612582
Firm's address ▶ 920 ELM STREET SW ALBANY, OR 97321-2037			Phone no	(541) 926-5543

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO INCREASE THE CAPACITY OF PEOPLE IN LINN COUNTY TO CARE FOR ONE ANOTHER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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? ☐ Yes ☒ No
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 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 $ 736,442. including grants of $ 452,947.) (Revenue $ 63,936.)
COLLECTION, ALLOCATION, AND DISTRIBUTION OF RESOURCES TO COMMUNITY AGENCIES

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 736,442.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV.*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
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	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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 as charitable contributions?	6a			X
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?	7a			X
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 file Form 8282?	7c			X
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		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

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 36		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . .	1b 36		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? . .	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy? . . .	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . .	15a	X	
b	Other officers or key employees of the organization . . .	15b	X	
	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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

UNITED WAY OF LINN COUNTY - (541) 926-5432
1127 HILL ST SE, ALBANY, OR 97321

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AIMEE ADDISON DIRECTOR	1.00	X						0.	0.	0.
(2) SHELLY BOSHART DIRECTOR	1.00	X						0.	0.	0.
(3) PAT EASTMAN DIRECTOR	1.00	X						0.	0.	0.
(4) ANDY FREY DIRECTOR	1.00	X						0.	0.	0.
(5) DAVE FURTWANGLER DIRECTOR	1.00	X						0.	0.	0.
(6) STEPHANIE HAGERTY DIRECTOR	1.00	X						0.	0.	0.
(7) DR. GREG HAMANN DIRECTOR	1.00	X						0.	0.	0.
(8) DOUGLAS HAMBLEY DIRECTOR	1.00	X						0.	0.	0.
(9) LARRY HARGREAVES DIRECTOR	1.00	X						0.	0.	0.
(10) MOLLY HESSELTINE DIRECTOR	1.00	X						0.	0.	0.
(11) WENDY HIATT DIRECTOR	1.00	X						0.	0.	0.
(12) CINDY HOWARD DIRECTOR	1.00	X						0.	0.	0.
(13) TAMMY JACK DIRECTOR	1.00	X						0.	0.	0.
(14) BECCA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(15) DEB JONES DIRECTOR	1.00	X						0.	0.	0.
(16) JOWL KALBERER DIRECTOR	1.00	X						0.	0.	0.
(17) TRACY LILES DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CRAIG MARTIN DIRECTOR	1.00	X						0.	0.	0.
(19) DAN NIXON DIRECTOR	1.00	X						0.	0.	0.
(20) CARL OHLHAUSEN DIRECTOR	1.00	X						0.	0.	0.
(21) STEVE PARROTT DIRECTOR	1.00	X						0.	0.	0.
(22) TAMMY REEVES DIRECTOR	1.00	X						0.	0.	0.
(23) JUSTIN ROBERTS DIRECTOR	1.00	X						0.	0.	0.
(24) DONNA ROUNSAVELL DIRECTOR	1.00	X						0.	0.	0.
(25) MARILYN SMITH DIRECTOR	1.00	X						0.	0.	0.
(26) TONY SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	685,701.				
	b Membership dues	1b					
	c Fundraising events	1c	57,915.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,444.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,277.				
	g Noncash contributions included in lines 1a-1f $ 11,277.						
	h Total. Add lines 1a-1f ▶			767,337.			
Program Service Revenue		Business Code					
	2a 211 PROGRAM	561000		54,509.	54,509.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			54,509.			
	3 Investment income (including dividends, interest, and other similar amounts) ▶			840.			840.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	1,701.					
	b Less: cost or other basis and sales expenses	0.	43,755.				
	c Gain or (loss)	1,701.	<43,755.>				
	d Net gain or (loss) ▶			<42,054.>			<42,054.>
Other Revenue	8a Gross income from fundraising events (not including $ 57,915. of contributions reported on line 1c). See Part IV, line 18	a	0.				
	b Less: direct expenses	b	29,328.				
	c Net income or (loss) from fundraising events ▶			<29,328.>			<29,328.>
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS	561499		9,427.	9,427.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			9,427.			
	12 Total revenue. See instructions. ▶			760,731.	63,936.	0.	<70,542.>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	452,947.	452,947.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	127,775.	102,220.	6,388.	19,167.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	22,766.	18,212.	1,138.	3,416.
10 Payroll taxes	9,736.	7,788.	486.	1,462.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,700.	11,760.	735.	2,205.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion	2,501.	1,250.		1,251.
13 Office expenses	1,444.	1,155.	72.	217.
14 Information technology	1,350.			1,350.
15 Royalties				
16 Occupancy	19,443.	15,554.	972.	2,917.
17 Travel	5,160.	4,128.	258.	774.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	413.	330.	20.	63.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,122.	11,297.	707.	2,118.
23 Insurance	3,325.	2,660.	166.	499.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SPECIAL EVENTS	50,121.	34,271.	3,972.	11,878.
b PLEDGE LOSS	43,345.	34,676.	2,167.	6,502.
c DENTAL PROGRAM	18,784.	15,027.	939.	2,818.
d CAMPAIGN EVENTS	8,130.	6,504.	406.	1,220.
e All other expenses	23,023.	16,663.	905.	5,455.
25 **Total functional expenses.** Add lines 1 through 24e	819,085.	736,442.	19,331.	63,312.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	107,549.	1	113,797.
	2	Savings and temporary cash investments	256,538.	2	157,182.
	3	Pledges and grants receivable, net	305,716.	3	283,982.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 31,820.			
	b	Less: accumulated depreciation — 10b: 27,172.	58,086.	10c	4,648.
	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)	727,889.	16	559,609.
Liabilities	17	Accounts payable and accrued expenses	8,262.	17	7,049.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	546,843.	25	432,509.
	26	**Total liabilities.** Add lines 17 through 25	555,105.	26	439,558.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	138,071.	27	80,829.
	28	Temporarily restricted net assets	34,713.	28	39,222.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	172,784.	33	120,051.
	34	Total liabilities and net assets/fund balances	727,889.	34	559,609.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	760,731.
2	Total expenses (must equal Part IX, column (A), line 25)	2	819,085.
3	Revenue less expenses. Subtract line 2 from line 1	3	<58,354.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,784.
5	Net unrealized gains (losses) on investments	5	5,621.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,051.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
BOY SCOUTS CASCADE PACI	93-0386792	7		X	X		X		6,182.
BOYS & GIRLS CLUB OF ALB	93-0883338	7		X	X		X		76,540.
BOYS & GIRLS CLUB OF GRE	52-1043668	7		X	X		X		57,472.
BOYS & GIRLS CLUB OF SWE	93-0820322	7		X	X		X		5,321.
CARDV - CENTER AGAIN	93-0792125	7		X	X		X		13,643.
Total 85									452,947.

SEE PART IV FOR LINE 11 CONTINUATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation)

(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	
COMMUNITY AFTER-SCHOOL	93-0979294	7		X	X		X		20,319.
COMMUNITY OUTREACH	93-0602094	7		X	X		X		13,669.
COURT APPOINTED SP	93-0953615	7		X	X		X		14,666.
FISH OF ALBANY	51-0175818	7		X	X		X		32,353.
GIRL SCOUTS SANTIAM COUN	93-0399051	7		X	X		X		4,500.
INREACH SERVICES	93-0712890	7		X	X		X		17,386.
MIGHTY OAKS CHILDREN'S T	93-0838454	7		X	X		X		23,699.
PASTORAL COUNSELING C	93-0692078	7		X	X		X		5,155.
PRE-PRIMARY SPEECH AND L	93-0593474	7		X	X		X		7,108.
RETIRED & SENIOR VOLUN	93-0871537	7		X	X		X		9,030.
SCIO YOUTH CLUB	43-1964348	7		X	X		X		13,092.
SHARING HANDS	93-0810262	7		X	X		X		15,220.
SWEET HOME EMERGENCY MI	32-0183609	7		X	X		X		17,017.
UNITED WAY OF LINN COUN	93-0470252	7		X	X		X		143.
VOLUNTEER CAREGIVERS	93-0956721	7		X	X		X		12,458.
YMCA	93-0479079	7		X	X		X		35,334.
ABC HOUSE	93-1163555	7		X	X		X		8,134.
ALBANY FIREFIGHTERS	93-0909141	7		X	X		X		2,268.
ALBANY HELPING HAND	93-1244271	7		X	X		X		109.
ALS ASSOC. OF OREGON &	68-0516066	7		X	X		X		269.
DOERNBECKER CHILDREN'S H	93-0579589	7		X	X		X		1,042.
FIRST PRESBYTERIAN	93-0520151	1		X	X		X		2,016.
GAPS - GREATER ALBA	93-0881300	7		X	X		X		336.
MEALS ON WHEELS OF LI	93-0584306	7		X	X		X		328.
MID-VALLEY FELLOWSHIP	93-1240331	7		X	X		X		437.
Continuation Total									

Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation)

(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	
OPTIONS PREGNANCY RE	93-0919233	7		X	X		X		554.
PREGNANCY ALTERNATIVES	93-1011604	7		X	X		X		437.
SAVEHAVEN HUMANE SOCIE	93-0676661	7		X	X		X		3,762.
ST. JUDE'S CHILDRENS RE	62-0646012	7		X	X		X		412.
SWEET HOME SINGING CHRI	93-1331392	7		X	X		X		361.
TEEN CHALLENGE IN	93-0844063	7		X	X		X		502.
UNITED WAY OF BENTON &	93-6013898	7		X	X		X		791.
UNITED WAY OF LANE COUN	93-0394142	7		X	X		X		120.
UNITED WAY OF MID-WILLA	93-0395586	7		X	X		X		2,583.
AMERICAN RED CROSS	53-0196605	7		X	X		X		151.
FAMILY TREE RELIEF NURSE	14-1872327	7		X	X		X		7,606.
IT AINT CHEMO INC.	27-1134398	7		X	X		X		1,361.
HEADSTART OF LANE COUNTY	93-0728229	7		X	X		X		328.
FURNITURE SHARE	93-1282723	7		X	X		X		4,000.
AMERICAN CANCER SOCIE	13-1788491	7		X	X		X		840.
LEBANON COMMUNITY HO	93-1260080	7		X	X		X		874.
SUNSHINE INDUSTRIES U	93-0708545	7		X	X		X		1,403.
COURT APPOINTED SP	94-3265415	7		X	X		X		101.
SHRINERS HOSPITAL	36-2193608	1		X	X		X		655.
UNITED WAY OF COLUMBIA	93-0582124	7		X	X		X		120.
FISH OF ALBANY - UTI	51-0175818	7		X	X		X		1,680.
GIRL SCOUNTS OF OREGON &	93-0399051	7		X	X		X		428.
UNITED WAY OF LINN COUN		7		X	X		X		168.
ALBANY CHRISTIAN SC	93-6000001	7		X	X		X		655.
CENTRAL OREGON YOUTH	93-1150392	7		X	X		X		1,092.
Continuation Total									

Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation)

(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	
EKKLESIA - EUGENE	26-1790098	7		X	X		X		1,000.
KIDCO HEAD START	93-0687438	7		X	X		X		328.
LINN CO SHERIFFS MOU	93-1314190	7		X	X		X		546.
SALVATION ARMY - ALBAN	94-1156347	7		X	X		X		963.
ALBANY GENERAL HOSP	93-0712890	2		X	X		X		50.
BOY SCOUTS - BENTON COUN	93-0391555	7		X	X		X		109.
BOYS & GIRLS CLUB OF COR	23-7153987	7		X	X		X		109.
CHILDREN'S FARM HOME -	93-0368966	7		X	X		X		252.
CHURCH OF CHRIST	93-0763733	1		X	X		X		109.
FAITH LUTHERAN PRE	93-0728426	1		X	X		X		44.
FISH OF LEBANON	23-7445032	7		X	X		X		164.
FREE THE CAPTIVES	45-2214142	7		X	X		X		202.
GOD'S STOREHOUSE	93-1078299	1		X	X		X		218.
GRACE CENTER - BENTON CO	93-0839745	1		X	X		X		109.
GREATER ALBANY COUNC	26-1821403	7		X	X		X		185.
GREENHILL HUMANE SOCIE	93-0467412	7		X	X		X		262.
HOPE CENTER	93-1022750	7		X	X		X		218.
JEFFERSON PARK AND REC	93-0835228	7		X	X		X		109.
LEBANON GLEANERS	94-3142053	7		X	X		X		109.
LINN BENTON FOOD SHARE	93-1099406	7		X	X		X		109.
OREGON 4-H FOUNDATION	93-6022772	7		X	X		X		46.
PHILOMATH COMMUNITY SE	93-1092676	7		X	X		X		218.
PHILOMATH YOUTH ACTIVI	93-1127754	7		X	X		X		262.
PREGNANCY CARE CENTER	93-0893338	7		X	X		X		252.
SENIOR CENTER - ALB	93-0717994	7		X	X		X		44.
Continuation Total									

Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation)

(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	
SOCIETY OF WOMEN ENGINE	91-1805486	7		X	X		X		110.
SOUTH LINN SENIOR MEAL	93-0584306	7		X	X		X		109.
SPECIAL OLYMPICS - L	93-0752969	7		X	X		X		218.
ST. MARY'S SOUP KITCHEN	93-0415218	7		X	X		X		45.
GRACE LUTHERAN CHU	93-6009000	1		X	X		X		218.
Continuation Total									293,789.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF LINN COUNTY

Employer identification number
93-0470252

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 can 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 education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	47,395.	43,153.	44,701.	39,811.	30,300.
b Contributions					
c Net investment earnings, gains, and losses	7,484.	4,242.	<1,548.>	4,890.	9,511.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	54,879.	47,395.	43,153.	44,701.	39,811.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations (3a(i))	X	
(ii) related organizations (3a(ii))		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,820.	27,172.	4,648.
e Other				0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,648.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col (b) must equal Form 990, Part X, col. (B) line 12) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	329,350.
(3) DESIGNATIONS PAYABLE	103,159.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	432,509.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	810,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	5,621.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	5,621.
3	Subtract line 2e from line 1			3	804,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<43,755.>		
c	Add lines 4a and 4b			4c	<43,755.>
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	760,731.

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

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

1	Total expenses and losses per audited financial statements			1	862,840.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	43,755.		
e	Add lines 2a through 2d			2e	43,755.
3	Subtract line 2e from line 1			3	819,085.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	819,085.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: MANAGEMENT EVALUATES TAX POSITIONS ANNUALLY BASED ON THE GUIDANCE IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740. FASB SC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING, IN THE FINANCIAL STATEMENTS, TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON TRANSFER OF CAPITAL ASSETS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON TRANSFER OF CAPITAL ASSETS

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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization: UNITED WAY OF LINN COUNTY

Employer identification number: 93-0470252

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ 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.

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

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	29,114.		28,801.	57,915.
	2 Less: Contributions	29,114.		28,801.	57,915.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,472.		11,856.	29,328.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	29,328.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	<29,328.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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. Subtract line 7 from line 1, 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? ☐ Yes ☐ No

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 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF LINN COUNTY

Employer identification number
93-0470252

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? [X] 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOY SCOUTS CASCADE PACIFIC COUNCIL 425 2ND AVE SW, SUITE 103 ALBANY, OR 97321	93-0391555	501(C)(3)	6,182.	0.			TO PROVIDE PROGRAMMING
BOYS & GIRLS CLUB OF ALBANY PO BOX 691 ALBANY, OR 97321	93-0549842	501(C)(3)	76,540.	0.			TO PROVIDE PROGRAMMING
BOYS & GIRLS CLUB OF THE GREATER SANTIAM - 305 S 5TH ST - LEBANON, OR 97355	52-1043668	501(C)(3)	57,472.	0.			TO PROVIDE PROGRAMMING
CARDV PO BOX 914 CORVALLIS, OR 97339	93-0792125	501(C)(3)	13,643.	0.			TO PROVIDE PROGRAMMING
COMMUNITY AFTER-SCHOOL PROGRAM PO BOX 1717 ALBANY, OR 97321	93-0979294	501(C)(3)	20,319.	0.			TO PROVIDE PROGRAMMING
COMMUNITY OUTREACH 865 NW REIMAN AVE CORVALLIS, OR 97330	93-0602094	501(C)(3)	13,669.	0.			TO PROVIDE PROGRAMMING

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 II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COURT APPOINTED SPECIAL ADVOCATES 2730 PACIFIC BLVD SE, SUITE 201 ALBANY, OR 97321	93-0953615	501(C)(3)	14,666.	0.			TO PROVIDE PROGRAMMING
FISH OF ALBANY 1880 HILL ST SE ALBANY, OR 97322	51-0175818	501(C)(3)	32,353.	0.			TO PROVIDE PROGRAMMING
GIRLS SCOUTS SANTIAM COUNCIL 1577 PEARL STREET, SUITE 300 EUGENE, OR 97401	93-0399051	501(C)(3)	4,500.	0.			TO PROVIDE PROGRAMMING
INREACH SERVICES 1046 SIXTH AVE SW ALBANY, OR 97321	93-0712890	501(C)(3)	17,386.	0.			TO PROVIDE PROGRAMMING
MIGHTY OAKS CHILDREN'S THERAPY CENTER - 3615 SPICER - ALBANY, OR 97322	93-0838454	501(C)(3)	23,699.	0.			TO PROVIDE PROGRAMMING
PASTORAL COUNSELING CENTER 602 SW MADISON CORVALLIS, OR 97330	93-0692078	501(C)(3)	5,155.	0.			TO PROVIDE PROGRAMMING
PRE-PRIMARY SPEECH AND LAGUAGE 432 FERRY ST SW ALBANY, OR 97321	93-0593474	501(C)(3)	7,108.	0.			TO PROVIDE PROGRAMMING
RETIRED & SENIOR VOLUNTEER PROGRAM 1400 QUEEN AVE SE ALBANY, OR 97321	93-0871537	501(C)(3)	9,030.	0.			TO PROVIDE PROGRAMMING
SCIO YOUTH CLUB PO BOX 315 SCIO, OR 97374	43-1964348	501(C)(3)	13,092.	0.			TO PROVIDE PROGRAMMING

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHARING HANDS PO BOX 335 BROWNSWILLE, OR 97327	93-0810262	501(C)(3)	15,220.	0.			TO PROVIDE PROGRAMMING
SWEET HOME EMERGENCY MINISTRY PO BOX 694 SWEET HOME, OR 97386	32-0183609	501(C)(3)	17,017.	0.			TO PROVIDE PROGRAMMING
VOLUNTEER CAREGIVERS 930 QUEEN AVE SW ALBANY, OR 97321	93-0956721	501(C)(3)	12,458.	0.			TO PROVIDE PROGRAMMING
YMCA 3311 PACIFIC BLVD SW ALBANY, OR 97321	93-0479079	501(C)(3)	35,334.	0.			TO PROVIDE PROGRAMMING
ABC HOUSE PO BOX 68 ALBANY, OR 97321	93-1163555	501(C)(3)	8,134.	0.			TO PROVIDE PROGRAMMIMG
FAMILY TREE RELIEF NURSERY 1005 NW SPRINGHILL DRIVE ALBANY, OR 97321	14-1872327	501(C)(3)	7,606.	0.			TO PROVIDE PROGRAMMIMG
FURNITURE SHARE 155 SE LILLY AVE CORVALLIS, OR 97333	93-1282723	501(C)(3)	4,000.	0.			TO PROVIDE PROGRAMMIMG
AMERICAN CANCER SOCIETY 2350 OAKMONT WAY, SUITE 200 EUGENE, OR 97401	13-1788491	501(C)(3)	840.	0.			TO PROVIDE PROGRAMMIMG
LEBANON COMMUNITY HOSPITAL FOUNDATION - 525 N SANTIAM HWY - LEBANON, OR 97355	93-1260080	501(C)(3)	874.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SUNSHINE INDUSTRIES UNLIMITED PO BOX 178 SWEET HOME, OR 97386	93-0708545	501(C)(3)	1,403.	0.			TO PROVIDE PROGRAMMIMG
COURT APPOINTED SPECIAL ADVOCATES - BENTON COUNTY - 129 NW 4TH ST, SUITE B - CORVALLIS, OR 97339	94-3265415	501(C)(3)	101.	0.			TO PROVIDE PROGRAMMIMG
SHRINERS HOSPITAL 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	36-2193608	501(C)(3)	655.	0.			TO PROVIDE PROGRAMMIMG
UNITED WAY OF COLUMBIA - WILLAMETTE - 619 SW 11TH, SUITE 300 - PORTLAND, OR 97205	93-0582124	501(C)(3)	120.	0.			TO PROVIDE PROGRAMMIMG
FISH OF ALBANY - UTILITY ASSISTANCE PROGRAM - 1880 HILL ST SE - ALBANY, OR 97321	51-0175818	501(C)(3)	1,680.	0.			TO PROVIDE PROGRAMMIMG
GIRL SCOUTS OF OREGON & SW WASHINGTON - 9620 SW BARBUR BLVD - PORTLAND, OR 97219	93-0399051	501(C)(3)	428.	0.			TO PROVIDE PROGRAMMIMG
UNITED WAY OF LINN COUNTY - DENTAL PROGRAM - PO BOX 905 - ALBANY, OR 97321	93-0470252	501(C)(3)	168.	0.			TO PROVIDE PROGRAMMIMG
ALBANY CHRISTIAN SCHOOL 420 3RD AVE ALBANY, OR 97321	93-6000001	501(C)(3)	655.	0.			TO PROVIDE PROGRAMMIMG
CENTRAL OREGON YOUTH INVESTMENT PO BOX 9069 BEND, OR 97708	93-1150392	501(C)(3)	1,092.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EKKLESIA - EUGENE 2866 CRESCENT AVE, SUITE 107 EUGENE, OR 97408	26-1790098	501(C)(3)	1,000.	0.			TO PROVIDE PROGRAMMIMG
KIDCO HEAD START 300 MARKET STREET, SUITE 200 LEBANON, OR 97355	93-0687438	501(C)(3)	328.	0.			TO PROVIDE PROGRAMMIMG
LINN CO SHERRIFS OFFICE 1115 SE JACKSON ST ALBANY, OR 97321	93-1314190	501(C)(3)	546.	0.			TO PROVIDE PROGRAMMIMG
SALVATION ARMY - ALBANY 345 COLUMBUS SE ALBANY, OR 97321	94-1156347	501(C)(3)	963.	0.			TO PROVIDE PROGRAMMIMG
ALBANY GENERAL HOSPITAL FOUNDATION 1046 6TH AVE SW ALBANY, OR 97321	93-0712890	501(C)(3)	50.	0.			TO PROVIDE PROGRAMMIMG
BOY SCOUTS - BENTON COUNTY PO BOX 1031 CORVALLIS, OR 97330	93-0391555	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG
BOYS & GIRLS CLUB OF CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 97330	23-7153987	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG
CHILDREN'S FARM HOME - TRILLIUM 4455 NORTHEAST HIGHWAY 20 CORVALLIS, OR 97330	93-0368966	501(C)(3)	252.	0.			TO PROVIDE PROGRAMMIMG
CHURCH OF CHRIST 210 E GRANT ST LEBANON, OR 97355	93-0763733	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAITH LUTHERAN PRESCHOOL 930 QUEEN AVE SW ALBANY, OR 97321	93-0728426	501(C)(3)	44.	0.			TO PROVIDE PROGRAMMIMG
FISH OF LEBANON PO BOX 2477 LEBANON, OR 97355	23-7445032	501(C)(3)	164.	0.			TO PROVIDE PROGRAMMIMG
FREE THE CAPTIVES PO BOX 940187 HOUSTON, TX 77094	45-2214142	501(C)(3)	202.	0.			TO PROVIDE PROGRAMMIMG
GOD'S STOREHOUSE PO BOX 98 HARRISBURG, OR 97446	93-1078299	501(C)(3)	218.	0.			TO PROVIDE PROGRAMMIMG
GRACE CENTER - BENTON COUNTY 980 NW SPRUCE AVE CORVALLIS, OR 97330	93-0839745	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG
GREATER ALBANY COUNCIL PTA PO BOX 3366 ALBANY, OR 97321	26-1821403	501(C)(3)	185.	0.			TO PROVIDE PROGRAMMIMG
GREENHILL HUMANE SOCIETY 88530 GREEN HILL RD EUGENE, OR 97402	93-0467412	501(C)(3)	262.	0.			TO PROVIDE PROGRAMMIMG
HOPE CENTER PO BOX 351 SWEET HOME, OR 97386	93-1022750	501(C)(3)	218.	0.			TO PROVIDE PROGRAMMIMG
JEFFERSON PARK & RECREATION DISTRICT - PO BOX 37 - JEFFERSON, OR 97352	93-0835228	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEBANON GLEANERS 2645 S MAIN RD LEBANON, OR 97355	94-3142053	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG
LINN BENTON FOOD SHARE 545 SW 2ND ST CORVALLIS, OR 97333	93-1099406	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG
OREGON 4-H FOUNDATION 850 SW 35TH STREET CORVALLIS, OR 97333	93-6022772	501(C)(3)	46.	0.			TO PROVIDE PROGRAMMIMG
PHILOMATH COMMUNITY SERVICES 360 S 9TH STREET PHILOMATH, OR 97370	93-1092676	501(C)(3)	218.	0.			TO PROVIDE PROGRAMMIMG
PHILOMATH YOUTH ACTIVITIES CLUB PO BOX 1358 PHILOMATH, OR 97370	93-1127754	501(C)(3)	262.	0.			TO PROVIDE PROGRAMMIMG
PREGNANCY CARE CENTER - SWEET HOME PO BOX 5 SWEET HOME, OR 97386	93-0893338	501(C)(3)	252.	0.			TO PROVIDE PROGRAMMIMG
SENIOR CENTER - ALBANY PO BOX 490 ALBANY, OR 97321	93-0717994	501(C)(3)	44.	0.			TO PROVIDE PROGRAMMIMG
SOCIETY OF WOMEN ENGINEERS - WILLAMETTE VALLEY SECT - PO BOX 576 - CORVALLIS, OR 97339	91-1805486	501(C)(3)	110.	0.			TO PROVIDE PROGRAMMIMG
SOUTH LINN SENIOR MEAL PO BOX 658 BROWNSVILLE, OR 97327	93-0584306	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SPECIAL OLYMPICS - LINN CO PO BOX 2313 LEBANON, OR 97355	93-0752969	501(C)(3)	218.	0.			TO PROVIDE PROGRAMMIMG
ST. MARY'S SOUP KITCHEN 706 ELLSWORTH SW ALBANY , OR 97321	93-0415218	501(C)(3)	45.	0.			TO PROVIDE PROGRAMMIMG
GRACE LUTHERAN CHURCH 435 NW 21ST STREET CORVALLIS, OR 97330	93-6009000	501(C)(3)	218.	0.			TO PROVIDE PROGRAMMIMG
BOYS & GIRLS CLUB OF GREATER SANTIAM SWEET HOME - 305 S 5TH ST - LEBANON, OR 97355	52-1043668	501(C)(3)	5,321.	0.			TO PROVIDE PROGRAMMIMG
UNITED WAY OF LINN COUNTY - 211 PO BOX 905 ALBANY, OR 97321	93-0470252	501(C)(3)	143.	0.			TO PROVIDE PROGRAMMIMG
ALBANY FIREFIGHTERS COMMUNITY ASSISTANCE FUND - PO BOX 1864 - ALBANY, OR 97321	93-0909141	501(C)(3)	2,268.	0.			TO PROVIDE PROGRAMMIMG
ALBANY HELPING HANDS 619 9TH AVE SE ALBANY, OR 97322	93-1244271	501(C)(3)	109.	0.			TO PROVIDE PROGRAMMIMG
ALS ASSOCIATION 700 NE MULTNOMAN ST, SUITE 11870 PORTLAND , OR 97232	68-0516066	501(C)(3)	269.	0.			TO PROVIDE PROGRAMMIMG
DOERNBECHER CHILDREN'S HOSPITAL FOUNDATION - 1121 SW SALMON, SUITE 100 - PORTLAND, OR 97205	93-0579589	501(C)(3)	1,042.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST PRESBYTERIAN CHURCH OF CORVALLIS - 114 SW 8TH STREET - CORVALLIS, OR 97333	93-0520151	501(C)(3)	2,016.	0.			TO PROVIDE PROGRAMMIMG
GREATER ALBANY PUBLIC SCHOOL FOUNDATION - PO BOX 1772 - ALBANY, OR 97321	93-0881300	501(C)(3)	336.	0.			TO PROVIDE PROGRAMMIMG
MEALS ON WHEELS OF LINN-BENTON COUNTY - 1400 QUEEN AVE SE, SUITE 201 - ALBANY, OR 97322	93-1213218	501(C)(3)	328.	0.			TO PROVIDE PROGRAMMIMG
MID-VALLEY FELLOWSHIP PO BOX 3141 ALBANY, OR 97321	93-1240331	501(C)(3)	437.	0.			TO PROVIDE PROGRAMMIMG
OPTIONS PREGNANCY RESOURCE CENTERS - ALBANY/CORVALLIS - 1800 16TH AVE SE - ALBANY, OR 97322	93-0919233	501(C)(3)	554.	0.			TO PROVIDE PROGRAMMIMG
PREGNANCY ALTERNATIVES CENTER - LEBANON - 136 VINE STREET - LEBANON, OR 97355	93-1011604	501(C)(3)	437.	0.			TO PROVIDE PROGRAMMIMG
SAFEHAVEN HUMANE SOCIETY 33071 HWY 34 SE ALBANY, OR 97321	93-0676661	501(C)(3)	3,762.	0.			TO PROVIDE PROGRAMMIMG
ST. JUDE'S CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	412.	0.			TO PROVIDE PROGRAMMIMG
SWEET HOME SINGING CHRISTMAS TREE PO BOX 554 SWEET HOME, OR 94386	93-1331392	501(C)(3)	361.	0.			TO PROVIDE PROGRAMMIMG

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TEEN CHALLENGE 31700 FAYATEVILLE RD SHEDD, OR 97377	93-0844063	501(C)(3)	502.	0.			TO PROVIDE PROGRAMMIMG
UNITED WAY OF BENTON & LINCOLN COUNTIES - PO BOX 2499 - CORVALLIS, OR 97339	93-6013898	501(C)(3)	791.	0.			TO PROVIDE PROGRAMMIMG
UNITED WAY OF LANE COUNTY 3171 GATEWAY LOOP SPRINGFIELD, OR 97477	93-0394142	501(C)(3)	120.	0.			TO PROVIDE PROGRAMMIMG
UNITED WAY OF MID-WILLAMETTE VALLEY - 455 BILER ST NE - SALEM, OR 97303	93-0395586	501(C)(3)	2,583.	0.			TO PROVIDE PROGRAMMIMG
AMERICAN RED CROSS 862 BETHEL DRIVE EUGENE, OR 97402	53-0196605	501(C)(3)	151.	0.			TO PROVIDE PROGRAMMIMG
IT AINT CHEMO INC 6308 MARKELHAM AVE LAS VEGAS, NV 89103	27-1134398	501(C)(3)	1,361.	0.			TO PROVIDE PROGRAMMIMG
HEAD START OF LANE COUNTY 221 B STREET SPRINGFIELD, OR 97477	93-0728229	501(C)(3)	328.	0.			TO PROVIDE PROGRAMMIMG

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. Part III can be duplicated 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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: FOR THOSE AGENCIES THAT ARE ALLOCATED FUNDS THEY MUST FILL OUT A FUNDING APPLICATION EVERY TWO YEARS. OUR ORGANIZATION RECEIVES THEIR BUDGET, OUTCOME MEASURES AND OVERALL AGENCY OPERATIONS. WE CLASSIFY THEIR AGENCIES INTO THE AREAS OF INCOME, EDUCATION AND HEALTH. THOSE PROGRAMS THAT ADDRESS ONE OR MORE OF THESE AREAS OF NEED ARE ELIGIBLE FOR FUNDING. WHEN THEY APPLY AGAIN IN TWO YEARS, WE CHECK TO SEE IF THEY HAVE MET THE GOALS OF THEIR PREVIOUS APPLICATION.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: UNITED WAY OF LINN COUNTY

Employer identification number: 93-0470252

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH REVIEWS THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE MEMBERS MUST FILL OUT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR AND APPROVES ANY PROPOSED INCREASES OR ADJUSTMENTS TO THOSE WAGES AND/OR BENEFITS. A MAJORITY OF OFFICERS ARE REQUIRED FOR A QUORUM AND A MAJORITY VOTE TO APPROVE ANY CHANGES.
ALL OTHER WAGES ARE DETERMINED BY THE EXECUTIVE DIRECTOR BASED ON SALARY RANGES ESTABLISHED PER THE PERSONNEL POLICIES. ANNUAL REVIEWS ARE PERFORMED ANNUALLY AND INCREASES ARE BASED ON MERIT AND THE ABILITY TO PAY.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: COPIES OF THE 990 AND THE FORM 1023 ARE AVAILABLE UPON REQUEST.

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

EXPLANATION: FINANCIAL INFORMATION IS POSTED ON THE ENTITY'S WEBSITE AND IS ALSO AVAILABLE PER REQUEST. THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY IS AVAILABLE PER REQUEST.

Name of the organization: UNITED WAY OF LINN COUNTY

Employer identification number: 93-0470252

FORM 990, PART XII, LINE 2C EXPLANATION:

EXPLANATION: THE ORGANIZATION HAS NOT CHANGED ITS PROCESS OF OVERSIGHT OVER THE AUDIT OF ITS FINANCIAL STATEMENTS FROM THE PRIOR YEAR.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) WILL TUCKER DIRECTOR	1.00	X						0.	0.	0.
(28) JOE VINCENT DIRECTOR	1.00	X						0.	0.	0.
(29) TAMI VOLZ DIRECTOR	1.00	X						0.	0.	0.
(30) LESLIE WOOD DIRECTOR	1.00	X						0.	0.	0.
(31) JAN TAYLOR PRESIDENT	1.00			X				0.	0.	0.
(32) WILL SUMMERS PRESIDENT-ELECT	1.00			X				0.	0.	0.
(33) STACY KOOS PAST PRESIDENT	1.00			X				0.	0.	0.
(34) MARY GARNER CAMPAIGN CHAIR	1.00			X				0.	0.	0.
(35) JIM HAGGART SECRETARY	1.00			X				0.	0.	0.
(36) MICHELLE HAWKINS TREASURER	1.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	(D)COMPUTER & NETWORK	12 01 94	SL	5.00	16	4,932.			4,932.	4,932.		0.
2	TOSHIBA PHONE SYSTEM	10 15 96	SL	5.00	16	2,955.			2,955.	2,955.		0.
3	HP LASERJET 5	05 01 97	SL	5.00	16	1,295.			1,295.	1,135.		0.
4	DONATION TRACKER 2000 SOFTWARE	03 31 99	SL	3.00	16	4,850.			4,850.	4,850.		0.
5	COMPUTER UPGRADES	11 01 99	SL	5.00	16	2,195.			2,195.	2,195.		0.
6	SERVER	07 31 02	SL	5.00	16	1,900.			1,900.	1,900.		0.
7	REPLACEMENT HARDWARE 2002	07 31 02	SL	5.00	16	500.			500.	500.		0.
8	FILING CABINET - 4 DRAWER	01 01 04	SL	7.00	16	1,200.			1,200.	1,198.		0.
9	DELL COMPUTER	11 15 05	SL	5.00	16	2,496.			2,496.	2,496.		0.
10	FOLDER/INSERTER	01 20 06	SL	7.00	16	4,344.			4,344.	4,344.		0.
11	250 GB EXTERNAL HARD DRIVE	01 24 06	SL	5.00	16	141.			141.	141.		0.
12	ETHERNET 8-PORT HUB	01 24 06	SL	5.00	16	96.			96.	96.		0.
13	VIEWSONIC PROJECTOR	08 11 08	SL	3.00	16	620.			620.	620.		0.
14	COMPUTER	03 27 07	SL	5.00	16	688.			688.	688.		0.
15	(D)PATTERSON DENTAL EQUIPMENT	03 23 11	SL	5.00	16	81,324.			81,324.	36,596.		10,843.
16	DELL COMPUTER	03 09 10	SL	5.00	16	814.			814.	543.		163.
17	(D)SCAN-X DUE SYSTEM	03 18 11	SL	5.00	16	8,495.			8,495.	3,823.		1,133.
18	EXPERTECH SOLUTIONS COMPUTER	12 31 10	SL	3.00	16	888.			888.	740.		148.

(D) - Asset disposed

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	(D)SURGICAL HANDPIECE	04 13 11	SL	5.00	16	804.			804.	362.		107.
20	(D)SCALER	04 15 11	SL	5.00	16	678.			678.	306.		91.
21	LEATHER COUCH SET	03 01 11	SL	5.00	16	2,399.			2,399.	1,120.		480.
22	(D)DENTAL CLINIC WAITING ROOM (1/2)	12 06 11	SL	27.50	16	5,435.			5,435.	314.		132.
23	(D)HIGH SPEED HANDPIECE	02 02 12	SL	5.00	16	1,242.			1,242.	351.		165.
24	NEW SERVER COMPUTER	10 01 13	SL	3.00	16	1,939.			1,939.			485.
25	ULTREX COPY MACHINE	10 15 13	SL	5.00	16	2,500.			2,500.			375.
	* TOTAL 990 PAGE 10 DEPR					134,730.		0.	134,730.	72,205.	0.	14,122.

328102
05-01-13

(D) - Asset disposed

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