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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**A** For the 2013 calendar year, or tax year beginning 7/1/2013, and ending 6/30/2014**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization DESCHUTES UNITED WAYDoing Business As UNITED WAY OF DESCHUTES COUNTY

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

PO BOX 5969

Room/suite

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

BEND

OR

97708-5969**D** Employer identification number93-6012576**E** Telephone number541-389-6507**G** Gross receipts \$ 1590084**F** Name and address of principal officerKEN WILHELMPO BOX 5969BENDOR 97708-5969**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)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: deschutesunitedway.org**H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1953**M** State of legal domicile OR**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF DESCHUTES COUNTY CONNECTS CARING PEOPLE TO IMPROVE LIVES AND SHAPE A BETTER COMMUNITY. SUPPORTING 26 LOCAL HUMAN SERVICE AGENCIES AND MANAGING Central Oregon 2-1-1 and Volunteer Income Tax Assistance VITA.</u>
	2	Check this box <input type="checkbox"/> 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) <u>32</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>32</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) <u>11</u>
	6	Total number of volunteers (estimate if necessary) <u>450</u>
		7a
7b		Net unrelated business taxable income from Form 990-T, line 34 <u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h) <u>1478450</u>
	9	Program service revenue (Part VIII, line 2g) <u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5) <u>10374</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>1800</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>1490624</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 13) <u>1006614</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>304165</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>88566</u>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>104164</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>1414943</u>
	19	Revenue less expenses. Subtract line 18 from line 12 <u>75681</u>
	Net Assets or Fund Balances	20
21		Total liabilities (Part X, line 26) <u>213382</u>
22		Net assets or fund balances Subtract line 21 from line 20 <u>603112</u>

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 Ken Wilhelm Date 3-17-15

Type or print name and title Ken Wilhelm Executive Director

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

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SCANNED MAY 03 2016

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