

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

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

UNITED WAY OF LANE COUNTY
3171 GATEWAY LOOP
SPRINGFIELD, OR 97477

D Employer identification number: 93-0394142

E Telephone number: 541-741-6000

G Gross receipts \$ 4,518,357.

F Name and address of principal officer: PRISCILLA GOULD
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.UNITEDWAYLANE.ORG

H(c) Group exemption number: _____

K Form of organization: Corporation Trust Association Other _____

L Year of formation: 1946 **M** State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF LANE COUNTY'S (UWLC) MISSION STATEMENT IS "IMPROVING LIVES THROUGH THE CARING POWER OF COMMUNITY." IN AN EFFORT TO ADVANCE THE COMMON GOOD, UWLC WORKS TO MOBILIZE THE COMMUNITY TO ADDRESS SERIOUS HUMAN NEEDS ISSUES.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	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 35
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)..... 5 36
	6 Total number of volunteers (estimate if necessary)..... 6 1,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34..... 7b 0.
	Revenue
8 Contributions and grants (Part VIII, line 1h).....	Prior Year: <u>4,384,371.</u> Current Year: <u>4,367,182.</u>
9 Program service revenue (Part VIII, line 2g).....	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	<u>20,248.</u> <u>15,921.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	<u>110,126.</u> <u>135,254.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	<u>4,514,745.</u> <u>4,518,357.</u>
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	<u>2,874,482.</u> <u>2,591,807.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4).....	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	<u>1,043,966.</u> <u>1,008,191.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e).....	
b Total fundraising expenses (Part IX, column (D), line 25) <u>446,052.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	<u>765,440.</u> <u>1,042,402.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	<u>4,683,888.</u> <u>4,642,400.</u>
19 Revenue less expenses. Subtract line 18 from line 12.....	<u>-169,143.</u> <u>-124,043.</u>
Net Assets or Fund Balances	
20 Total assets (Part X, line 16).....	Beginning of Current Year: <u>3,519,097.</u> End of Year: <u>3,315,603.</u>
21 Total liabilities (Part X, line 26).....	<u>1,589,856.</u> <u>1,451,977.</u>
22 Net assets or fund balances. Subtract line 21 from line 20.....	<u>1,929,241.</u> <u>1,863,626.</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: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: RHONDA OSTERMAN Preparer's signature: _____ Date: _____

Check if self-employed PTIN: N/A

Firm's name: MUELLER LARSON OSTERMAN YUVA LLP Firm's EIN: N/A

Firm's address: 225 E 4TH AVE Phone no.: (541) 344-1100

EUGENE, OR 97401-2429

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 to any question in this Part III. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code: [REDACTED]) (Expenses \$ 3,014,537. including grants of \$ 2,591,807.) (Revenue \$ 136,911.)

ALLOCATIONS AND COMMUNITY SERVICES

UNITED WAY OF LANE COUNTY IS THE LARGEST PRIVATE FUNDER OF HUMAN CARE SERVICES IN LANE COUNTY, OREGON. UWLC IDENTIFIES AND RESPONDS TO CRITICAL COMMUNITY ISSUES AND FINANCIALLY SUSTAINS A COLLABORATIVE COUNTY-WIDE SAFETY NET OF MORE THAN 60 SERVICES AND PROGRAMS. ADDITIONAL FUNDING IS DIRECTED TO UNAFFILIATED NON-PROFITS AS REQUESTED BY UNITED WAY DONORS.

4b (Code: [REDACTED]) (Expenses \$ 400,258. including grants of \$) (Revenue \$)

HEALTH: ENSURING PEOPLE HAVE ACCESS TO BASIC HEALTH CARE.

HEALTH PROGRAMS ARE DESIGNED TO INCREASE ENROLLMENT OF ELIGIBLE PEOPLE TO EXISTING HEALTH CARE PROGRAMS; PROVIDE FREE OR LOW-COST MEDICAL, DENTAL AND MENTAL HEALTH SERVICES; INCREASE ACCESS TO PREVENTIVE CARE; AND OPEN DOORS TO SERVICES FOR DISABLED CHILDREN. THE 100% ACCESS COALITION IS A COLLABORATIVE PARTNERSHIP OF LANE COUNTY'S LEADING INSTITUTIONS AND COMMUNITY LEADERS.

4c (Code: [REDACTED]) (Expenses \$ 330,479. including grants of \$) (Revenue \$)

INCOME

INCOME PROGRAMS AIM TO INCREASE FINANCIAL LITERACY THAT LEADS TO SELF-SUFFICIENCY, HELP LOW-WAGE WORKERS RECEIVE THE TAX CREDITS THEY ARE DUE, PROVIDE RENT AND UTILITY ASSISTANCE, REDUCE HOMELESSNESS, AND REDUCE TEEN PREGNANCY AND DOMESTIC VIOLENCE.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 99,794. including grants of \$) (Revenue \$)

4e Total program service expenses 3,845,068.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		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		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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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	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		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		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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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 (see instructions)		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		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		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checkiist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
28c	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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	7		
b	0		
c		X	
2 a	36		
b		X	
3 a			X
3 b			
4 a			X
4 b			
5 a			X
5 b			X
5 c			
6 a			X
6 b			
7			
a			X
b			
c			X
d			
e			X
f			X
g			
h			
8			
9			
a			
b			
10			
a			
b			
11			
a			
b			
12 a			
b			
13			
a			
b			
c			
14 a			X
b			

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 to any question in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year.		
	1 a		36
b	Enter the number of voting members included in line 1a, above, who are independent.		
	1 b		35
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? SEE SCHEDULE O	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or 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.		X

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

	Yes	No
10 a		X
b		
10 b		
11 a	X	
b		
12 a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16 a		X
b		
16 b		

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► DHENUKA HOFFMAN 3171 GATEWAY LOOP SPRINGFIELD OR 97477 541-741-6000

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

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

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

1 a 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 (describe hours for related organizations in Schedule O)	(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			
(1) CONNIE HEDBERG BOARD MEMBER	1	X					0.	0.	0.	
(2) ANN MARIE MEHLUM BOARD MEMBER	1	X					0.	0.	0.	
(3) GINO GRIMALDI BOARD MEMBER	1	X					0.	0.	0.	
(4) MAURINE CATE BOARD MEMBER	1	X					0.	0.	0.	
(5) BARB BELLAMY BOARD MEMBER	1	X					0.	0.	0.	
(6) COLT GILL BOARD MEMBER	1	X					0.	0.	0.	
(7) NANCY GOLDEN BOARD MEMBER	1	X					0.	0.	0.	
(8) HANK HOELL BOARD MEMBER	1	X					0.	0.	0.	
(9) TERRY COPLIN BOARD MEMBER	1	X					0.	0.	0.	
(10) BOB HARRIS BOARD MEMBER	1	X					0.	0.	0.	
(11) LINDA DAGG BOARD MEMBER	1	X					0.	0.	0.	
(12) GERRY GAYDOS PRESIDENT ELECT	2	X		X			0.	0.	0.	
(13) JON RUIZ SECRETARY	1	X		X			0.	0.	0.	
(14) BRAD SMITH TREASURER	2	X		X			0.	0.	0.	
(15) MANDY JONES PRESIDENT	2	X		X			0.	0.	0.	
(16) JEFF TOWERY BOARD MEMBER	1	X					0.	0.	0.	
(17) DEAN HANSEN BOARD MEMBER	1	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) JAN LARIVIERE BOARD MEMBER	1	X					0.	0.	0.	
(19) MEL PYNE BOARD MEMBER	1	X					0.	0.	0.	
(20) FAYE STEWART BOARD MEMBER	1	X					0.	0.	0.	
(21) JARED MASON-GERE BOARD MEMBER	1	X					0.	0.	0.	
(22) TRACY LAMPMAN BOARD MEMBER	1	X					0.	0.	0.	
(23) JUDY NEWMAN BOARD MEMBER	1	X					0.	0.	0.	
(24) JENNY ULUM BOARD MEMBER	1	X					0.	0.	0.	
(25) HECTOR RIOS BOARD MEMBER	1	X					0.	0.	0.	
(26) DIANA ALLDREDGE BOARD MEMBER	1	X					0.	0.	0.	
(27) ANETTE SPICKARD BOARD MEMBER	1	X					0.	0.	0.	
(28) KEN PROVENCHER PAST PRESIDENT	2	X			X		0.	0.	0.	
(29) BOB GARCIA BOARD MEMBER	1	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							131,016.	0.	27,147.	
d Total (add lines 1b and 1c)							131,016.	0.	27,147.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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? <i>If 'Yes,' complete Schedule J for such individual</i>	3	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? <i>If 'Yes' complete Schedule J for such individual</i>	4	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? <i>If 'Yes,' complete Schedule J for such person</i>	5	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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Department of the Treasury
Internal Revenue Service

Name of the Organization
UNITED WAY OF LANE COUNTY

Employer Identification number
93-0394142

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
ROGER GRAY BOARD MEMBER	1	X						0.	0.	0.
BRUCE HELDT BOARD MEMBER	1	X						0.	0.	0.
GRACE SERBU BOARD MEMBER	1	X						0.	0.	0.
ROBIN HOLMES BOARD MEMBER	1	X						0.	0.	0.
MELANIE OOMMEN BOARD MEMBER	1	X						0.	0.	0.
KIM TARDIE BOARD MEMBER	1	X						0.	0.	0.
BEN SAPPINGTON BOARD MEMBER	1	X						0.	0.	0.
SUJATA SANGHVI BOARD MEMBER	1	X						0.	0.	0.
PRISCILLA GOULD EXECUTIVE DIREC	40			X				78,073.	0.	10,730.
DHENUKA HOFFMAN CFO	40			X				52,943.	0.	16,417.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a 7,588.				
	b Membership dues.....	1b				
	c Fundraising events.....	1c				
	d Related organizations.....	1d				
	e Government grants (contributions).....	1e 220,049.				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f 4,139,545.				
	g Noncash contributions included in lns 1a-1f: \$	163,519.				
	h Total. Add lines 1a-1f.▶	4,367,182.				
PROGRAM SERVICE REVENUE	Business Code					
	2a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue.....					
g Total. Add lines 2a-2f.▶						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....▶		15,921.		15,921.	
	4 Income from investment of tax-exempt bond proceeds.....▶					
	5 Royalties.....▶					
	6a Gross Rents.....	(i) Real	(ii) Personal			
		b Less: rental expenses.....				
		c Rental income or (loss).....				
		d Net rental income or (loss).....▶				
	7a Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses.....				
		c Gain or (loss).....				
		d Net gain or (loss).....▶				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	a				
		b Less: direct expenses.....	b			
		c Net income or (loss) from fundraising events.....▶				
	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 FISCAL AGENT REVENUE	624200	81,856.	81,856.			
b MISCELLANEOUS	624200	53,398.	53,398.			
c -----						
d All other revenue.....						
e Total. Add lines 11a-11d.▶		135,254.				
12 Total revenue. See instructions.▶		4,518,357.	135,254.	0.	15,921.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	2,591,807.	2,591,807.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	158,162.	61,582.	47,201.	49,379.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	686,638.	266,818.	205,175.	214,645.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	18,951.	8,773.	4,974.	5,204.
9 Other employee benefits.	71,345.	24,329.	22,977.	24,039.
10 Payroll taxes.	73,095.	31,043.	20,552.	21,500.
11 Fees for services (non-employees):				
a Management.	56,732.	54,610.	1,039.	1,083.
b Legal.				
c Accounting.	27,927.	17,123.	5,292.	5,512.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	411,006.	411,006.		
12 Advertising and promotion.				
13 Office expenses.	51,161.	23,752.	13,425.	13,984.
14 Information technology.	41,301.	35,320.	2,929.	3,052.
15 Royalties.				
16 Occupancy.	22,707.	10,280.	6,087.	6,340.
17 Travel.	6,913.	4,365.	1,248.	1,300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,330.	3,337.	976.	1,017.
20 Interest.				
21 Payments to affiliates.	40,749.	18,448.	10,923.	11,378.
22 Depreciation, depletion, and amortization.	20,639.	9,344.	5,532.	5,763.
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a VENTURE GRANTS	196,476.	196,476.		
b CAMPAIGN EXPENSES	74,896.			74,896.
c IN-KIND SUPPORT	44,743.	40,637.	106.	4,000.
d COMMUNITY BUILDING ACTIVITIES	18,410.	18,410.		
e PUBLIC EDUCATION	12,805.	12,805.		
f All other expenses.	10,607.	4,803.	2,844.	2,960.
25 Total functional expenses. Add lines 1 through 24f.	4,642,400.	3,845,068.	351,280.	446,052.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing	900.	1	29,678.
	2	Savings and temporary cash investments	1,119,424.	2	848,052.
	3	Pledges and grants receivable, net	1,424,744.	3	1,330,992.
	4	Accounts receivable, net	4,452.	4	3,468.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	63,096.	9	59,927.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	949,237.		
		10a			
	b	Less: accumulated depreciation	327,611.		
		10b			
			622,498.	10c	621,626.
	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	283,983.	15	421,860.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,519,097.	16	3,315,603.	
LIABILITIES	17	Accounts payable and accrued expenses	203,858.	17	167,604.
	18	Grants payable	655,840.	18	615,247.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	730,158.	25	669,126.
	26	Total liabilities. Add lines 17 through 25	1,589,856.	26	1,451,977.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	1,507,457.	27	1,637,868.
	28	Temporarily restricted net assets	421,784.	28	180,456.
	29	Permanently restricted net assets		29	45,302.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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.	1,929,241.	33	1,863,626.
34	Total liabilities and net assets/fund balances.	3,519,097.	34	3,315,603.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,518,357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,642,400.
3	Revenue less expenses. Subtract line 2 from line 1	3	-124,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,929,241.
5	Other changes in net assets or fund balances (explain in Schedule O) .SEE. SCHEDULE O	5	58,428.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,863,626.

Part XII Financial Statements and Reporting

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

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? Yes No

b Were the organization's financial statements audited by an independent accountant? Yes No

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? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization UNITED WAY OF LANE COUNTY	Employer identification number 93-0394142
--	---

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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III — Functionally integrated d Type III — Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that 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?.....	11 g (i)	
(ii) A family member of a person described in (i) above?.....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	5,635,843.	5,274,858.	4,867,809.	4,384,371.	4,367,182.	24,530,063.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	5,635,843.	5,274,858.	4,867,809.	4,384,371.	4,367,182.	24,530,063.
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)						116,277.
6 Public support. Subtract line 5 from line 4						24,413,786.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,635,843.	5,274,858.	4,867,809.	4,384,371.	4,367,182.	24,530,063.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,006.	23,673.	26,320.	20,248.	15,921.	124,168.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	12,119.	154,436.	144,977.	110,126.	135,254.	556,912.
11 Total support. Add lines 7 through 10						25,211,143.
12 Gross receipts from related activities, etc (see instructions)					12	556,912.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.8%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.2%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2009. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lns 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 2010 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33-1/3% support tests – 2010. 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 – 2009. 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.** Complete this part to 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).

Area with horizontal dashed lines for supplemental information.

11/07/11

04:23PM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
FISCAL AGENT REVENUES	81,856.	67,828.	111,216.	127,590.	
OTHER	53,398.	42,298.	33,761.	26,846.	12,119.
TOTAL	<u>\$ 135,254.</u>	<u>\$ 110,126.</u>	<u>\$ 144,977.</u>	<u>\$ 154,436.</u>	<u>\$ 12,119.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PEACEHEALTH MEDICAL GROUP 1200 HILYARD STREET EUGENE, OR 97401	\$ 326,102.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BI-MART CORPORATION 220 SENECA EUGENE, OR 97402	\$ 230,600.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF EUGENE 777 PEARL STREET EUGENE, OR 97401	\$ 158,375.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PACIFIC SOURCE HEALTH PLANS 110 INTERNATIONAL WAY SPRINGFIELD, OR 97477	\$ 122,514.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	UNIVERSITY OF OREGON 1217 UNIVERSITY OF OREGON EUGENE, OR 97403	\$ 229,466.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE REGISTER GUARD 3500 CHAD DRIVE EUGENE, OR 97408	\$ 101,242.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	EUGENE WATER & ELECTRIC BOARD 500 E. 4TH EUGENE, OR 97401	\$ 119,844.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	SIUSLAW FINANCIAL GROUP 260 COUNTRY CLUB RD. STE 230 EUGENE, OR 97401	\$ 94,782.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization: UNITED WAY OF LANE COUNTY
 Employer identification number: 93-0394142

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a 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 XIV, 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 XIV.

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
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 XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.	0.	0.		
b Contributions	45,302.				
c Net investment earnings, gains, and losses	1,722.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	184.				
g End of year balance	46,840.	0.	0.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		296,000.		296,000.
b Buildings		419,000.	145,038.	273,962.
c Leasehold improvements				
d Equipment				
e Other		234,237.	182,573.	51,664.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				621,626.

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(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) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) LONG TERM INVESTMENTS	421,860.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	421,860.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) AGENCY ALLOCATIONS PAYABLE	669,126.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	669,126.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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). SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,518,357.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,642,400.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-124,043.
4	Net unrealized gains (losses) on investments	58,428.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	58,428.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-65,615.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,471,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	58,428.
b	Donated services and use of facilities	2b	125,417.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	183,845.
3	Subtract line 2e from line 1	3	3,287,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)... SEE. PART XIV	4b	1,230,979.
c	Add lines 4a and 4b	4c	1,230,979.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,518,357.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,536,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	125,417.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	125,417.
3	Subtract line 2e from line 1	3	3,411,421.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)... SEE. PART XIV	4b	1,230,979.
c	Add lines 4a and 4b	4c	1,230,979.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,642,400.

Part XIV Supplemental Information

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

PART X - FIN 48 FOOTNOTE

UWLC ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10,

INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS ON JULY 1, 2009,

WHICH HAD NO SIGNIFICANT FINANCIAL STATEMENT IMPACT TO UWLC. UWLC RECOGNIZES THE TAX

BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE

TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST

BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

Part XIV Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

SETTLEMENT. UWLC WAS INCORPORATED AND OPERATES IN THE STATE OF OREGON WHICH
 RECOGNIZES THE 501(C)(3) NONPROFIT STATUS FOR STATE TAX PURPOSES. UWLC IS NOT AWARE
 OF ANY ACTIVITIES WHICH WOULD TERMINATE ITS TAX EXEMPT STATUS. UWLC RECOGNIZES
 INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES.
 MANAGEMENT HAS CONCLUDED THAT THERE WERE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,
 2011. TAX YEAR RETURNS FOR 2008, 2009 AND 2010 ARE OPEN TO EXAMINATION BY FEDERAL
 AND STATE TAXING AUTHORITIES.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 790

UNITED WAY OF LANE COUNTY

93-0394142

11/07/11

04:23PM

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATIONS \$ 1,230,979.
TOTAL \$ 1,230,979.

SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATIONS \$ 1,230,979.
TOTAL \$ 1,230,979.

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

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
(1) SEE ATTACHED SCHEDULE I			2,591,807.	0.			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations **1**

3 Enter total number of other organizations **0**

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

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
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ALL UWLC PROGRAM GRANT AWARDS ARE BASED ON FULL FINANCIAL DISCLOSURES SUBMITTED AT THE TIME OF INITIAL APPLICATION. DURING THE PERIOD OF THEIR AWARD, ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT SEMI-ANNUAL PROGRESS REPORTS TO UWLC WHICH INCLUDE THE FOLLOWING INFORMATION:

1. THE AMOUNT OF UWLC GRANT FUNDING RECEIVED AND EXPENDED BY THE PROGRAM DURING THE REPORTING PERIOD.
2. THE NUMBER OF CLIENTS SERVED BY UWLC FUNDING DURING THE REPORT PERIOD.
3. FOR BASIC NEEDS GRANT RECIPIENTS, THE MEASUREABLE PROGRESS THAT HAS BEEN MADE TOWARD ACHIEVING THE PROGRAM GOALS OUTLINED IN THEIR ORIGINAL GRANT APPLICATION.

11/08/11

08:30AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

4. FOR STRATEGIC IMPACT GRANT RECIPIENTS:

- A. THE MEASUREABLE PROGRESS THAT HAS BEEN MADE TOWARD ACHIEVING THE STRATEGIC OUTCOMES OUTLINED IN THEIR ORIGINAL GRANT APPLICATION; AND
- B. AN ASSESSMENT AS TO WHETHER THE MEASUREMENT SYSTEMS THAT WERE PROPOSED TO MONITOR PROGRESS IN THE ORIGINAL APPLICATION ARE BEING USED, AND IF SO, ARE THEY STILL EFFECTIVE.

ALL PROGRESS REPORTS ARE REVIEWED BY VOLUNTEER PANELS OF EXPERTS IN EACH OF THE THREE STRATEGIC AREAS (EDUCATION, INCOME AND HEALTH) AND BY THE COMMUNITY INVESTMENT STEERING COMMITTEE (CISC) IN THE CASE OF BASIC NEEDS REPORTS. ANY QUESTIONS ARISING FROM THE REVIEWS ARE COLLECTED AND SUBMITTED TO THE PROGRAM MANAGERS FOR RESPONSE. SITE VISITS OCCUR WHENEVER DEEMED NECESSARY.

THE CISC HAS THE AUTHORITY TO SUSPEND ANY GRANT AWARD IF THE PROGRAM FAILS TO SUBMIT A REPORT IN A TIMELY FASHION, FAILS TO FULLY COMPLETE THE PROGRESS REPORT, OR FAILS TO RESPOND TO QUESTIONS FROM THE PANELS IN A SATISFACTORY WAY.

United Way of Lane County - 2010 990

Schedule I - Grants and Other Assistance to Organizations...

(a) Name and address	(b) EIN	(c) IRS section	(d) Amount of Cash Grant	(h) purpose
School Based Health Center Council 200 N Monroe St, Eugene, OR 97402	93-1125281	501(c)(3)	12,697	program services general support
American Red Cross-OR Pacific Chapter PO Box 24528, Eugene OR 97402	53-0196605	501(c)(3)	86,798	program services general support
Arc of Lane County, The 4181 E St, Springfield OR 97478	93-0423965	501(c)(3)	21,010	program services general support
Bethel School District 4640 Barger Dr, Eugene OR 97402	93-6000591	501(c)(3)	34,260	program services general support
Big Brothers Big Sisters of Lane County 935 Oak St, Eugene OR 97401	94-3143502	501(c)(3)	36,348	program services general support
Birth To Three 86 Centennial Loop, Eugene OR 97401	93-0706557	501(c)(3)	104,247	program services general support
Boys & Girls Clubs of Emerald Valley 1545 W 22nd Ave, Eugene OR 97405	93-1264722	501(c)(3)	12,929	general support
CASA of Lane County 174 Deadmond Ferry Rd, Springfield OR 97477	93-1185120	501(c)(3)	9,631	general support
Catholic Community Services 1025 G St, Springfield OR 97477	93-0409105	501(c)(3)	64,661	program services general support
Centro LatinoAmericano 944 W 5th Ave, Eugene OR 97402	93-0638731	501(c)(3)	37,523	program services general support
Child Center, The 3995 Marcola Rd, Springfield OR 97477	23-7169042	501(c)(3)	5,110	general support
Children's Trust Fund of Oregon Foundation 1410 SW Morrison St Ste 501, Portland OR 97205	93-1310666	501(c)(3)	11,258	general support
Community Health Charities of Oregon 5331 SW Macadam Ave Ste 350, Portland OR 97239	23-7081441	501(c)(3)	8,296	general support
Community Sharing PO Box 351, Cottage Grove OR 97424	93-0848793	501(c)(3)	43,834	program services general support
Direction Service Inc. PO Box 51360, Eugene OR 97405	93-0800692	501(c)(3)	26,263	program services general support
Downtown Languages 1035 Willamette St, Eugene OR 97401	20-0646954	501(c)(3)	10,062	program services general support
Earth Share of Oregon PO Box 40333, Portland OR 97240	93-1001285	501(c)(3)	9,618	general support
Eugene Education Fund PO Box 1015, Eugene OR 97440	93-1128220	501(c)(3)	22,360	general support
Eugene Faith Center 1410 W 13th Ave, Eugene OR 97401	93-0588948	501(c)(3)	6,663	general support
Eugene Family YMCA 2055 Patterson St, Eugene OR 97405	93-0500679	501(c)(3)	7,395	general support
Eugene Mission, Inc. PO Box 1149, Eugene OR 97440	93-0563797	501(c)(3)	5,773	general support
Family Relief Nursery PO Box 1207, Cottage Grove OR 97424	93-1133896	501(c)(3)	21,009	program services general support
Florence Food Share PO Box 2514, Florence OR 97439	93-1053932	501(c)(3)	24,723	program services general support
FOOD for Lane County	93-0888347	501(c)(3)	211,948	program services

United Way of Lane County - 2010 990

Schedule I - Grants and Other Assistance to Organizations...

(a) Name and address	(b) EIN	(c) IRS section	(d) Amount of Cash Grant	(h) purpose
770 Bailey Hill Rd, Eugene OR 97402				general support
Girl Scouts of Oregon & SW Washington 1577 Pearl St Ste 300, Eugene OR 97401	93-0399051	501(c)(3)	7,118	general support
Goodwill Industries of Lane & South Coast Counties 855 Seneca Rd, Eugene OR 97402	93-0572370	501(c)(3)	72,069	program services general support
Greenhill Humane Society 88530 Greenhill Rd, Eugene OR 97402	93-0467412	501(c)(3)	16,046	general support
HIV Alliance 1966 Garden Ave, Eugene OR 97403	93-0963546	501(c)(3)	50,817	program services general support
Jasper Mountain 37875 Jasper Lowell Rd, Jasper OR 97438	93-0855920	501(c)(3)	27,882	general support
John G. Shedd Institute for the Arts PO Box 1497, Eugene OR 97440	93-1045304	501(c)(3)	5,063	general support
Junction City Local Aid PO Box 493, Junction City OR 97448	93-1294436	501(c)(3)	13,574	program services general support
Lane Community College Foundation 4000 E 30th Ave, Eugene OR 97405	23-7113266	501(c)(3)	73,438	program services general support
Lane County Legal Aid & Advocacy Center 376 E 11th Ave, Eugene OR 97401	93-1189114	501(c)(3)	13,185	program services general support
Looking Glass Youth & Family Services 72B Centennial Loop Ste 2, Eugene OR 97401	93-0605174	501(c)(3)	87,985	program services general support
Mid-Lane Community Partnerships PO Box 344, Veneta OR 97487	93-0694295	501(c)(3)	6,172	program services general support
Oregon State University Foundation 850 SW 35th St, Corvallis OR 97333	93-6022772	501(c)(3)	5,100	general support
Oregon State University - Lane County Extension 783 Grant St, Eugene OR 97402	93-6001786	501(c)(3)	15,000	general support
Oregon Trail Council, Boy Scouts 2525 Martin Luther King Jr Blvd, Eugene OR 97401	93-0391555	501(c)(3)	30,755	general support
PeaceHealth - Gerontology Institute 1202 Willamette, Eugene OR 97401	91-0939479	170(b)(1)	40,033	program services
Pearl Buck Center, Inc. 3690 W 1st Ave, Eugene OR 97402	93-0584827	501(c)(3)	115,579	program services general support
Planned Parenthood of Southwestern OR 360 E 10th Ave Ste 104, Eugene OR 97401	93-0573822	501(c)(3)	96,540	program services general support
Relief Nursery 1720 W 25th Ave, Eugene OR 97405	93-0784800	501(c)(3)	122,934	program services general support
Sacred Heart Medical Center Foundation PO Box 10905, Eugene OR 97440	93-6026548	501(c)(3)	10,100	general support
St. Mary's Episcopal Church PO Box 50428, Eugene OR 97405	93-0421473	501(c)(3)	6,000	general support
Salvation Army PO Box 1728, Eugene OR 97440	94-1156347	501(c)(3)	22,811	program services general support
Senior & Disabled Services - Lane Council of Governments 1015 Willamette St, Eugene OR 97401	93-6014373	170(c)(1)	17,082	program services general support
Sexual Assault Support Services 591 W 19th Ave, Eugene OR 97401	93-1064520	501(c)(3)	21,264	program services general support

United Way of Lane County - 2010 990

Schedule I - Grants and Other Assistance to Organizations...

(a) Name and address	(b) EIN	(c) IRS section	(d) Amount of Cash Grant	(e) purpose
ShelterCare PO Box 23338, Eugene OR 97402	23-7115003	501(c)(3)	86,614	program services general support
Siuslaw Outreach Services PO Box 19000, Florence OR 97439	94-3061005	501(c)(3)	17,945	program services general support
South Lane Mental Health Services Inc. 410 N 9th St, Cottage Grove OR 97424	93-0966461	501(c)(3)	31,311	program services general support
Sponsors Inc. 1756 Willamette St, Eugene OR 97401	93-0639815	501(c)(3)	19,772	program services general support
Springfield Education Foundation PO Box 663, Springfield OR 97477	93-1147979	501(c)(3)	17,853	general support
Springfield Council of PTA's 525 Mill St, Springfield OR 97477	93-6039479	501(c)(3)	9,302	program services general support
St. Vincent de Paul Society PO Box 24608, Eugene OR 97402	93-0454786	501(c)(3)	102,886	program services general support
University of Oregon Foundation 360 E 10th Ave Ste 202, Eugene OR 97401	93-6015767	501(c)(3)	46,638	general support
Upper Willamette Community Development Corp. PO Box 677, Oakridge OR 97463	93-1105185	501(c)(3)	8,347	program services general support
Volunteers in Medicine 3321 W 11th Ave, Eugene OR 97402	93-1276816	501(c)(3)	33,380	program services general support
White Bird Clinic 341 E 12th Ave, Eugene OR 97401	93-0585814	501(c)(3)	102,478	program services general support
Willamette Family, Inc. 687 Cheshire Ave, Eugene OR 97402	93-0569684	501(c)(3)	84,943	program services general support
Womenspace PO Box 50127, Eugene OR 97405	93-0692905	501(c)(3)	69,949	program services general support

	2,342,381
Cash to accrual	42,136
Cash grants less than \$5,000 per organization	207,290
Total cash grants to line 1(a)(1), Schedule I, Part II	<u>2,591,807</u>

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$						

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications			4,000.	RETAIL COST
5 Clothing and household goods			1,247.	RETAIL COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded		7	118,776.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies		2	39,390.	RETAIL COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MULCH		1	106.	RETAIL COST
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

UNITED WAY OF LANE COUNTY'S (UWLC) MISSION STATEMENT IS "IMPROVING LIVES THROUGH THE CARING POWER OF COMMUNITY." IN AN EFFORT TO ADVANCE THE COMMON GOOD, UWLC WORKS TO MOBILIZE THE COMMUNITY TO ADDRESS SERIOUS HUMAN NEEDS ISSUES.

AS A NON-PARTISAN ORGANIZATION, UWLC HAS THE UNIQUE ABILITY TO FORM PARTNERSHIPS WITH ALL SEGMENTS OF THE COMMUNITY - INDIVIDUALS, BUSINESS, CHARITIES, LABOR, THE FAITH COMMUNITY AND GOVERNMENTAL ENTITIES - TO SOLVE IDENTIFIED LOCAL PROBLEMS. THROUGH A COUNTY-WIDE NETWORK CONSISTING OF HUNDREDS OF PARTNERS AND OTHER NOT-FOR-PROFIT AGENCIES, UWLC HELPS PROVIDE BASIC NEEDS WHILE WORKING TO CHANGE CONDITIONS THAT ALLOW THESE PROBLEMS TO EXIST IN THE FIRST PLACE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EDUCATION: PREPARING CHILDREN TO SUCCEED IN LIFE. EDUCATION PROGRAMS WORK TO IMPROVE SCHOOL READINESS, PROVIDE PARENTS AND CAREGIVERS WITH TRAINING AND SUPPORT, INCREASE CHILDHOOD NUTRITION, REDUCE CHILD ABUSE, AND ENGAGE THE ENTIRE COMMUNITY IN CARING FOR OUR CHILDREN. UWLC CONTINUES TO SUPPORT THE PARENT HELPLINE - A FREE, CONFIDENTIAL TELEPHONE RESOURCE FOR PARENTS AND CAREGIVERS OF CHILDREN UP TO 6 YEARS OLD.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOARD MEMBER JEFF TOWERY IS MARRIED TO COO DORIS TOWERY. DORIS TOWERY DOES NOT PASS THE KEY EMPLOYEE TEST AND NO LONGER WORKS FOR UNITED WAY OF LANE COUNTY AS OF NOVEMBER 29, 2010. SEE ALSO SCHEDULE L, PART IV.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

AN ELECTRONIC VERSION OF THE 990 IS SENT TO THE BOARD PRIOR TO A MONTHLY MEETING. A QUESTION AND ANSWER SESSION IS HELD AT THAT MEETING, AND THE BOARD VOTES TO APPROVE

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

THE TAX RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THEY:

- A) HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY.
- B) HAVE READ AND UNDERSTAND THE POLICY.
- C) HAVE AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

EXECUTIVE COMMITTEE OF BOARD REVIEWS THE ORGANIZATION'S COMPENSATION DATA AS PART OF ANNUAL REVIEW AND SALARY ADJUSTMENTS. COMPENSATION AGREEMENTS AND BENEFITS ARE REVIEWED FOR REASONABLENESS, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE, CHARITY NAVIGATOR AND A PAPER COPY IS AVAILABLE ON REQUEST.

11/07/11

04:23PM

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	58,428.
TOTAL	\$	<u>58,428.</u>