

October 31, 2012

**MUELLER LARSON OSTERMAN YUVA LLP**  
**225 E 4TH AVE**  
**EUGENE, OR 97401**  
**(541) 344-1100**

United Way of Lane County  
3171 Gateway Loop  
Springfield, OR 97477

Dear Cathi:

Thank you for using Mueller Larson Osterman Yuva LLP to prepare your exempt organization returns. You should review these returns carefully as you have the final responsibility to ensure that they are complete and accurate. Once you have reviewed the returns, sign them and mail them in the enclosed envelopes as instructed below.

**2011 Federal Return of Organization Exempt from Income Tax** The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before **November 15, 2012** in the enclosed envelope.

**2011 Oregon Form CT-12** The original should be signed and dated at the bottom of page two and mailed in the enclosed envelope no later than November 15, 2012. A check payable to the Oregon Department of Justice in the amount of \$333 should be included with the return.

We have included a Public Disclosure Copy of Form 990 for you to provide to the public upon request.

Please don't hesitate to call if you have any questions or if we can be of additional assistance.

Sincerely,

Rhonda Osterman

CLIENT 790

UNITED WAY OF LANE COUNTY

93-0394142

10/31/12

10:43 AM

	2011	2010	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	4,434,542	4,367,182	67,360
INVESTMENT INCOME.....	5,886	15,921	-10,035
OTHER REVENUE.....	30,309	135,254	-104,945
TOTAL REVENUE.....	4,470,737	4,518,357	-47,620
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	2,507,262	2,591,807	-84,545
SALARIES, OTHER COMPEN., EMP. BENEFITS..	1,168,375	1,008,191	160,184
OTHER EXPENSES.....	696,512	1,042,402	-345,890
TOTAL EXPENSES.....	4,372,149	4,642,400	-270,251
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	98,588	-124,043	222,631
TOTAL ASSETS AT END OF YEAR.....	3,262,626	3,315,603	-52,977
TOTAL LIABILITIES AT END OF YEAR.....	1,315,542	1,451,977	-136,435
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,947,084	1,863,626	83,458

**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)

**2011**

**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 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p><b>UNITED WAY OF LANE COUNTY</b>  <b>3171 GATEWAY LOOP</b>  <b>SPRINGFIELD, OR 97477</b></p> <p><b>F Name and address of principal officer: NOREEN DUNNELLS</b>  <b>SAME AS C ABOVE</b></p>	<p><b>D Employer Identification Number</b> 93-0394142</p> <p><b>E Telephone number</b> 541-741-6000</p> <p><b>G Gross receipts \$</b> 4,533,787.</p>	<p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)</p>
<p><b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J Website:</b> WWW.UNITEDWAYLANE.ORG</p>	
<p><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		<p><b>L Year of Formation:</b> 1946 <b>M State of legal domicile:</b> OR</p>	

**Part I Summary**

	<p>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></p>		
Activities & Governance	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)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	34
	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 4,367,182.	Current Year 4,434,542.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,921.	5,886.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,254.	30,309.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,518,357.	4,470,737.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,591,807.	2,507,262.
	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)	1,008,191.	1,168,375.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 434,162.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,042,402.	696,512.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,642,400.	4,372,149.
19 Revenue less expenses. Subtract line 18 from line 12	-124,043.	98,588.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,315,603.	End of Year 3,262,626.
	21 Total liabilities (Part X, line 26)	1,451,977.	1,315,542.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,863,626.	1,947,084.

**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.

<b>Sign Here</b>	<p>Signature of officer <b>CATHI MCNUTT</b></p>	<p>Date</p>	<p><b>CFO</b></p>	
	<p>Type or print name and title.</p>			
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>RHONDA OSTERMAN</b></p>	<p>Preparer's signature</p>	<p>Date</p>	<p>Check <input type="checkbox"/> if self-employed PTIN <b>P00049690</b></p>
	<p>Firm's name ▶ <b>MUELLER LARSON OSTERMAN YUVA LLP</b></p>			<p>Firm's EIN ▶ <b>26-1589090</b></p>
	<p>Firm's address ▶ <b>225 E 4TH AVE</b> <b>EUGENE, OR 97401</b></p>			<p>Phone no. <b>(541) 344-1100</b></p>

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

4a (Code: ) (Expenses \$ 2,865,644. including grants of \$ 2,507,262.) (Revenue \$ 30,309.)

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: ) (Expenses \$ 524,116. 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: ) (Expenses \$ 171,046. including grants of \$ ) (Revenue \$ )

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.

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

(Expenses \$ 146,890. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,707,696.

**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 <b>Section 501(c)(3) organizations.</b> 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 .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV .....		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 hospital facilities? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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
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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">10</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">34</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand. <span style="float:right">13c</span>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1 a 33		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . .		
	1 b 33		
<b>2</b>	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? . . . . .		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. . . . . SEE SCHEDULE O	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>b</b>	Other officers of key employees of the organization. SEE SCHEDULE O . . . . .	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**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 during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 CATHI MCNUTT 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>CONNIE HEDBERG</u> BOARD MEMBER	1	X					0.	0.	0.	
(2) <u>ANN MARIE MEHLUM</u> BOARD MEMBER	1	X					0.	0.	0.	
(3) <u>GINO GRIMALDI</u> BOARD MEMBER	1	X					0.	0.	0.	
(4) <u>MAURINE CATE</u> BOARD MEMBER	1	X					0.	0.	0.	
(5) <u>BARB BELLAMY</u> BOARD MEMBER	1	X					0.	0.	0.	
(6) <u>COLT GILL</u> PRESIDENT ELECT	1	X		X			0.	0.	0.	
(7) <u>NANCY GOLDEN</u> BOARD MEMBER	1	X					0.	0.	0.	
(8) <u>HANK HOELL</u> BOARD MEMBER	1	X					0.	0.	0.	
(9) <u>TERRY COPLIN</u> BOARD MEMBER	1	X					0.	0.	0.	
(10) <u>BOB HARRIS</u> BOARD MEMBER	1	X					0.	0.	0.	
(11) <u>LINDA DAGG</u> BOARD MEMBER	1	X					0.	0.	0.	
(12) <u>GERRY GAYDOS</u> PRESIDENT ELECT	2	X		X			0.	0.	0.	
(13) <u>JON RUIZ</u> BOARD MEMBER	1	X					0.	0.	0.	
(14) <u>BRAD SMITH</u> TREASURER	2	X		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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MANDY JONES PAST 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.
(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.
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								141,445.	0.	32,717.
<b>d Total (add lines 1b and 1c)</b>								141,445.	0.	32,717.

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

	Yes	No
3 Did the organization list any <b>former</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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			
DIANA ALLDREDGE BOARD MEMBER	1	X						0.	0.	0.
ANETTE SPICKARD BOARD MEMBER	1	X						0.	0.	0.
KEN PROVENCHER BOARD MEMBER	2	X						0.	0.	0.
BOB GARCIA BOARD MEMBER	1	X						0.	0.	0.
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 SECRETARY	1	X			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			80,739.	0.	15,282.
NOREEN DUNNELLS EXECUTIVE DIR.	40				X			0.	0.	0.
CATHI MCNUTT CFO	40				X			0.	0.	0.
DHENUKA HOFFMAN CFO	40				X			60,706.	0.	17,435.

**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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns.....	<b>1 a</b>					
	<b>b</b> Membership dues.....	<b>1 b</b>					
	<b>c</b> Fundraising events.....	<b>1 c</b>					
	<b>d</b> Related organizations.....	<b>1 d</b>					
	<b>e</b> Government grants (contributions).....	<b>1 e</b>	357,347.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above....	<b>1 f</b>	4,077,195.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$		72,010.				
<b>h Total.</b> Add lines 1a-1f.....			4,434,542.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>						
	<b>2 a</b> -----						
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue....						
<b>g Total.</b> Add lines 2a-2f.....							
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts).....		9,742.			9,742.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties.....						
	<b>6 a</b> Gross rents.....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses.....					
		<b>c</b> Rental income or (loss).....					
		<b>d</b> Net rental income or (loss).....					
	<b>7 a</b> Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses.....					
		<b>c</b> Gain or (loss).....					
		<b>d</b> Net gain or (loss).....			-3,856.	-3,856.	
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	<b>a</b>					
		<b>b</b> Less: direct expenses.....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events.....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>a</b>					
		<b>b</b> Less: direct expenses.....	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities.....					
<b>10 a</b> Gross sales of inventory, less returns and allowances.....	<b>a</b>						
	<b>b</b> Less: cost of goods sold.....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory.....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS		624200	30,309.	30,309.			
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> All other revenue.....							
<b>e Total.</b> Add lines 11a-11d.....			30,309.				
<b>12 Total revenue.</b> See instructions.....			4,470,737.	26,453.	0.	9,742.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,507,262.	2,507,262.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,565.	108,721.	29,202.	45,642.
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	822,769.	505,848.	123,649.	193,272.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	23,299.	11,632.	4,552.	7,115.
9 Other employee benefits	63,328.	24,748.	15,052.	23,528.
10 Payroll taxes	75,414.	41,049.	13,408.	20,957.
11 Fees for services (non-employees):				
a Management	101,545.	74,552.	10,548.	16,445.
b Legal				
c Accounting	18,500.	10,176.	3,253.	5,071.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	44,250.	44,250.		
12 Advertising and promotion				
13 Office expenses	66,268.	46,080.	7,889.	12,299.
14 Information technology	31,526.	24,353.	2,803.	4,370.
15 Royalties				
16 Occupancy	22,430.	12,337.	3,944.	6,149.
17 Travel	21,195.	16,046.	2,012.	3,137.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	39,019.	21,462.	6,861.	10,696.
22 Depreciation, depletion, and amortization	21,080.	11,594.	3,707.	5,779.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VENTURE GRANTS	110,762.	110,762.		
b COMMUNITY BUILDING ACTIVITIES	84,476.	84,476.		
c CAMPAIGN EXPENSES	70,116.			70,116.
d PUBLIC EDUCATION	33,265.	33,265.		
e All other expenses	32,080.	19,083.	3,411.	9,586.
25 Total functional expenses. Add lines 1 through 24e	4,372,149.	3,707,696.	230,291.	434,162.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	29,678.	1	11,648.
	2	Savings and temporary cash investments	848,052.	2	827,908.
	3	Pledges and grants receivable, net	1,330,992.	3	1,320,308.
	4	Accounts receivable, net	3,468.	4	10,030.
	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	59,927.	9	51,530.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	949,904.		
	10b	Less: accumulated depreciation	332,760.	10c	617,144.
	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	421,860.	15	424,058.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,315,603.	16	3,262,626.	
LIABILITIES	17	Accounts payable and accrued expenses	167,604.	17	173,469.
	18	Grants payable	615,247.	18	482,782.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	669,126.	25	659,291.
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,451,977.	26	1,315,542.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,637,868.	27	1,612,568.
	28	Temporarily restricted net assets	180,456.	28	271,194.
	29	Permanently restricted net assets	45,302.	29	63,322.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	1,863,626.	33	1,947,084.	
34	<b>Total liabilities and net assets/fund balances</b>	3,315,603.	34	3,262,626.	

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Form 990 (2011)

**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	4,470,737.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,372,149.
3	Revenue less expenses. Subtract line 2 from line 1	3	98,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,863,626.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	-15,130.
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	1,947,084.

**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?

b Were the organization's financial statements audited by an independent accountant?

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?

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?

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

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> UNITED WAY OF LANE COUNTY	<b>Employer identification number</b> 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 (i) 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)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	5,274,858.	4,867,809.	4,384,371.	4,367,182.	4,434,542.	23,328,762.
2 Tax revenues levied for the organization's benefit and either paid to 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 <b>Total.</b> Add lines 1 through 3.	5,274,858.	4,867,809.	4,384,371.	4,367,182.	4,434,542.	23,328,762.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						23,328,762.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	5,274,858.	4,867,809.	4,384,371.	4,367,182.	4,434,542.	23,328,762.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	23,673.	26,320.	20,248.	15,921.	9,742.	95,904.
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.	154,436.	144,977.	110,126.	135,254.	30,309.	575,102.
11 <b>Total support.</b> Add lines 7 through 10.						23,999,768.
12 Gross receipts from related activities, etc (see instructions)					12	575,102.
13 <b>First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	97.20 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	96.84 %

16a **33-1/3% support test – 2011.** 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. ▶

b **33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

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

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add 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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV** **Supplemental Information.** 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.

## PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
FISCAL AGENT REVENUES		81,856.	67,828.	111,216.	127,590.
OTHER	30,309.	53,398.	42,298.	33,761.	26,846.
TOTAL	<u>\$ 30,309.</u>	<u>\$ 135,254.</u>	<u>\$ 110,126.</u>	<u>\$ 144,977.</u>	<u>\$ 154,436.</u>

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

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, total 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 total 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 its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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, 990EZ, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

**Part** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PEACEHEALTH MEDICAL GROUP 1200 HILYARD STREET EUGENE, OR 97401	\$ 238,817.	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	\$ 225,847.	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	\$ 168,406.	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	\$ 119,756.	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	\$ 158,056.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	EUGENE WATER & ELECTRIC BOARD 500 E. 4TH EUGENE, OR 97401	\$ 115,532.	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 II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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 that total 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  
Use duplicate copies of Part III if additional space is needed.

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

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

UNITED WAY OF LANE COUNTY

Employer identification number  
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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
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.....	46,840.	0.	0.	0.	
b Contributions.....	18,020.	45,302.			
c Net investment earnings, gains, and losses.....	-133.	1,722.			
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....	528.	184.			
g End of year balance.....	64,199.	46,840.	0.	0.	

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....		296,000.		296,000.
b Buildings.....		419,000.	155,782.	263,218.
c Leasehold improvements.....				
d Equipment.....				
e Other.....		234,904.	176,978.	57,926.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).....				617,144.

BAA

**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) -----		
<b>Total.</b> (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)		
<b>Total.</b> (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	424,058.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	424,058.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ALLOCATIONS PAYABLE	659,291.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	659,291.

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)	4,470,737.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,372,149.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	98,588.
4	Net unrealized gains (losses) on investments	-15,130.
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	-15,130.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	83,458.

**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	4,551,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-15,130.
b	Donated services and use of facilities	2b	96,195.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	81,065.
3	Subtract line 2e from line 1	3	4,470,737.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,470,737.

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

1	Total expenses and losses per audited financial statements	1	4,468,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	96,195.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	96,195.
3	Subtract line 2e from line 1	3	4,372,149.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,372,149.

**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**

**ACCOUNTING FOR UNCERTAIN TAX POSITIONS:**

UWLC ACCOUNTS FOR UNCERTAIN TAX POSITION IN ACCORDANCE WITH FASB ACCOUNTING

STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, 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

**Part XIV** Supplemental Information (continued)

**PART X - FIN 48 FOOTNOTE (CONTINUED)**

BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE 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, 2012. TAX YEAR RETURNS FOR 2009, 2010 AND 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

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			2,507,262.	0.			
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

3 Enter total number of other organizations listed in the line 1 table. 0

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

**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 MEASURABLE PROGRESS THAT HAS BEEN MADE TOWARD ACHIEVING THE PROGRAM GOALS OUTLINED IN THEIR ORIGINAL GRANT APPLICATION.



## United Way of Lane County - 2011 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
American Red Cross-OR Pacific Chapter PO Box 24528, Eugene OR 97402	53-0196605	501(c)(3)	83,460	program services general support
Arc of Lane County, The 4181 E St, Springfield OR 97478	93-0423965	501(c)(3)	18,294	program services general support
Bethel Education Foundation 4640 Barger Dr, Eugene OR 97402	93-0873078	501(c)(3)	6,285	program services general support
Bethel School District 4640 Barger Dr, Eugene OR 97402	93-6000591	501(c)(3)	35,396	program services general support
Big Brothers Big Sisters of Lane County 935 Oak St, Eugene OR 97401	94-3143502	501(c)(3)	25,410	program services general support
Parenting Now! 86 Centennial Loop, Eugene OR 97401	93-0706557	501(c)(3)	97,595	program services general support
CASA of Lane County 174 Deadmond Ferry Rd, Springfield OR 97477	93-1185120	501(c)(3)	6,212	general support
Catholic Community Services 1025 G St, Springfield OR 97477	93-0409105	501(c)(3)	13,642	program services general support
Centro LatinoAmericano 944 W 5th Ave, Eugene OR 97402	93-0638731	501(c)(3)	35,815	program services general support
Children's Trust Fund of Oregon Foundation 1410 SW Morrison St Ste 501, Portland OR 97205	93-1310666	501(c)(3)	12,228	general support
Community Health Charities of Oregon 5331 SW Macadam Ave Ste 350, Portland OR 97239	23-7081441	501(c)(3)	9,204	general support
Community Sharing PO Box 351, Cottage Grove OR 97424	93-0848793	501(c)(3)	39,002	program services general support
Direction Service Inc. PO Box 51360, Eugene OR 97405	93-0800692	501(c)(3)	28,082	program services general support
Downtown Languages 1035 Willamette St, Eugene OR 97401	20-0646954	501(c)(3)	10,348	program services general support
Earth Share of Oregon PO Box 40333, Portland OR 97240	93-1001285	501(c)(3)	11,378	general support
Eugene Education Fund PO Box 1015, Eugene OR 97440	93-1128220	501(c)(3)	21,408	general support
Eugene Faith Center 1410 W 13th Ave, Eugene OR 97401	93-0588948	501(c)(3)	7,800	general support
Eugene Mission, Inc. PO Box 1149, Eugene OR 97440	93-0563797	501(c)(3)	10,083	general support
Family Relief Nursery PO Box 1207, Cottage Grove OR 97424	93-1133896	501(c)(3)	20,929	program services general support
Florence Food Share PO Box 2514, Florence OR 97439	93-1053932	501(c)(3)	24,285	program services general support
FOOD for Lane County 770 Bailey Hill Rd, Eugene OR 97402	93-0888347	501(c)(3)	157,958	program services general support

United Way of Lane County - 2011 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
Goodwill Industries of Lane & South Coast Counties 855 Seneca Rd, Eugene OR 97402	93-0572370	501(c)(3)	71,714	program services general support
Greenhill Humane Society 88530 Greenhill Rd, Eugene OR 97402	93-0467412	501(c)(3)	18,350	general support
HIV Alliance 1966 Garden Ave, Eugene OR 97403	93-0963546	501(c)(3)	43,355	program services general support
Jasper Mountain 37875 Jasper Lowell Rd, Jasper OR 97438	93-0855920	501(c)(3)	14,579	general support
Junction City Local Aid PO Box 493, Junction City OR 97448	93-1294436	501(c)(3)	11,889	program services general support
Lane Community College Foundation 4000 E 30th Ave, Eugene OR 97405	23-7113266	501(c)(3)	67,846	program services general support
Lane County Legal Aid & Advocacy Center 376 E 11th Ave, Eugene OR 97401	93-1189114	501(c)(3)	13,193	program services general support
Leukemia & Lymphoma Society OR Chapter 9320 SW Barbur Blvd, Portland, OR 97219	93-0982085		15,000	program services general support
Looking Glass Youth & Family Services 72B Centennial Loop Ste 2, Eugene OR 97401	93-0605174	501(c)(3)	81,718	program services general support
Mid-Lane Community Partnerships PO Box 344, Veneta OR 97487	93-0694295	501(c)(3)	7,100	program services general support
Oregon State University Foundation 850 SW 35th St, Corvallis OR 97333	93-6022772	501(c)(3)	5,000	general support
Oregon Trail Council, Boy Scouts 2525 Martin Luther King Jr Blvd, Eugene OR 97401	93-0391555	501(c)(3)	26,391	general support
PeaceHealth - Gerontology Institute 1202 Willamette, Eugene OR 97401	91-0939479	170(b)(1)	40,148	program services
Pearl Buck Center, Inc. 3690 W 1st Ave, Eugene OR 97402	93-0584827	501(c)(3)	95,400	program services general support
Planned Parenthood of Southwestern OR 360 E 10th Ave Ste 104, Eugene OR 97401	93-0573822	501(c)(3)	63,716	program services general support
Relief Nursery 1720 W 25th Ave, Eugene OR 97405	93-0784800	501(c)(3)	89,698	program services general support
Sacred Heart Medical Center Foundation PO Box 10905, Eugene OR 97440	93-6026548	501(c)(3)	18,466	general support
St. Mary's Episcopal Church PO Box 50428, Eugene OR 97405	93-0421473	501(c)(3)	7,200	general support
Salvation Army PO Box 1728, Eugene OR 97440	94-1156347	501(c)(3)	21,025	program services general support
School Based Health Center Council 200 N Monroe St, Eugene, OR 97402	93-1125281	501(c)(3)	10,568	program services general support
Senior & Disabled Services - Lane Council of Governments 1015 Willamette St, Eugene OR 97401	93-6014373	170(c)(1)	11,699	program services general support

United Way of Lane County - 2011 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
Sexual Assault Support Services 591 W 19th Ave, Eugene OR 97401	93-1064520	501(c)(3)	17,796	program services general support
ShelterCare PO Box 23338, Eugene OR 97402	23-7115003	501(c)(3)	79,625	program services general support
Siuslaw Outreach Services PO Box 19000, Florence OR 97439	94-3061005	501(c)(3)	17,285	program services general support
South Lane Mental Health Services Inc. 410 N 9th St, Cottage Grove OR 97424	93-0966461	501(c)(3)	34,275	program services general support
Sponsors Inc. 1756 Willamette St, Eugene OR 97401	93-0639815	501(c)(3)	20,055	program services general support
Springfield Education Foundation PO Box 663, Springfield OR 97477	93-1147979	501(c)(3)	21,267	general support
Springfield Council of PTA's 525 Mill St, Springfield OR 97477	93-6039479	501(c)(3)	6,699	program services general support
St. Vincent de Paul Society PO Box 24608, Eugene OR 97402	93-0454786	501(c)(3)	72,539	program services general support
University of Oregon Foundation 360 E 10th Ave Ste 202, Eugene OR 97401	93-6015767	501(c)(3)	33,836	general support
Upper Willamette Community Development Corp. PO Box 677, Oakridge OR 97463	93-1105185	501(c)(3)	8,688	program services general support
Volunteers in Medicine 3321 W 11th Ave, Eugene OR 97402	93-1276816	501(c)(3)	11,051	program services general support
White Bird Clinic 341 E 12th Ave, Eugene OR 97401	93-0585814	501(c)(3)	102,130	program services general support
Willamette Family, Inc. 687 Cheshire Ave, Eugene OR 97402	93-0569684	501(c)(3)	87,182	program services general support
Womenspace PO Box 50127, Eugene OR 97405	93-0692905	501(c)(3)	60,604	program services general support



	1,981,898
Cash grants less than \$5,000 per organization	168,123
No admin/Pay direct grants	162,268
Cash grants to united way programs and 211	65,759
Cash to accrual	129,214
Total cash grants to line 1(a)(1), Schedule I, Part II	<u>2,507,262</u>

10/31/12

10:43AM

**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 PANELS OF VOLUNTEERS 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.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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.....	X		2,268.	COST
5 Clothing and household goods.....	X		2,000.	COST
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....	X	9	59,327.	HI-LO
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.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ ( <u>SOFTWARE</u> ).....		1	8,415.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?.....

	Yes	No
30a		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?.....

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

32a		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) 2011



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

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.

Open to Public  
Inspection

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**

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.

**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 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.

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

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.



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

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	-15,130.
TOTAL	\$	<u>-15,130.</u>

Form

**CT-12**

For Oregon Charities

**Charitable Activities Section  
Oregon Department of Justice**1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451E-Mail: charitable.activities@doj.state.or.us  
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880

TTY (800) 735-2900

FAX (971) 673-1882

For Accounting Periods Beginning in:

**2011****Section I. General Information**

1.

Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

11287

Registration #:

United Way of Lane County

Organization Name:

3171 Gateway Loop

Address:

Springfield, OR 97477

City, State, Zip:

541-741-6000

Phone:

Fax:

Amended  
Report? 

Email:

Period Beginning: July 1, 2011 Period Ending: June 30, 2012 

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Cathi McNutt	CFO	541-741-6000	3171 Gateway Ln, Springfield, OR 97477 cmcnutt@unitedwaylane.org

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	See attached Form 990		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		

**Form Continued on Reverse Side**

## Section II. Fee Calculation

9.	Total Revenue . . . . . <small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small>	9.	4,470,737.00																		
10.	Revenue Fee . . . . . <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small>	10.	200.00																		
	<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr> <td>\$0 -</td> <td>\$24,999</td> </tr> <tr> <td>\$25,000 -</td> <td>\$49,999</td> </tr> <tr> <td>\$50,000 -</td> <td>\$99,999</td> </tr> <tr> <td>\$100,000 -</td> <td>\$249,999</td> </tr> <tr> <td>\$250,000 -</td> <td>\$499,999</td> </tr> <tr> <td>\$500,000 -</td> <td>\$749,999</td> </tr> <tr> <td>\$750,000 -</td> <td>\$999,999</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$200</td> </tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 -	\$24,999	\$25,000 -	\$49,999	\$50,000 -	\$99,999	\$100,000 -	\$249,999	\$250,000 -	\$499,999	\$500,000 -	\$749,999	\$750,000 -	\$999,999	\$1,000,000 or more	\$200		
Amount on Line 9	Revenue Fee																				
\$0 -	\$24,999																				
\$25,000 -	\$49,999																				
\$50,000 -	\$99,999																				
\$100,000 -	\$249,999																				
\$250,000 -	\$499,999																				
\$500,000 -	\$749,999																				
\$750,000 -	\$999,999																				
\$1,000,000 or more	\$200																				
11.	Net Assets or Fund Balances at End of the Reporting Period . . . . . <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 3 of CT-12 instructions to calculate.)</small>	11.	1,947,084.00																		
12.	Net Fixed Assets Used to Conduct Charitable Activities . . . . . <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing.)</small>	12.	617,144.00																		
13.	Amount Subject to Net Assets or Fund Balances Fee . . . . . <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small>	13.	1,329,940.00																		
14.	Net Assets or Fund Balances Fee . . . . . <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small>	14.	133.00																		
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No . . . . . <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small>	15.																			
16.	Total Amount Due . . . . . <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small>	16.	333.00																		
17.	Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.																				

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
	⇒	_____	_____
Paid Preparer's Use Only	⇒	_____	_____
	Preparer's signature	Date	541-344-1100 Phone
	Mueller Larson Osterman Yuva LLP	225 East 4th Ave	
	Preparer's name	Address Eugene, OR 97401-2429	