

Return of Organization Exempt From Income Tax

2008

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

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.

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

Header section containing B (Check if applicable), D (Employer Identification Number), E (Telephone number), F (Name and address of principal officer), G (Gross receipts), H(a) and H(b) (Affiliates), I (Tax-exempt status), J (Website), K (Type of organization), L (Year of Formation), and M (State of legal domicile).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and asset/liability totals.

Part II Signature Block

Sign Here section with declaration text and signature lines for the officer, including fields for signature and date.

Paid Preparer's Use Only section with fields for preparer's signature, firm's name (MUELLER LARSON OSTERMAN YUVA LLP), address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments (see instructions)

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? SEE SCHEDULE O

X Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

Yes X No

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

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

4a (Code: ) (Expenses \$ 3,216,605. including grants of \$ 2,713,856.) (Revenue \$ )

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 \$ 101,364. 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.

4c (Code: ) (Expenses \$ 403,519. 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.

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

(Expenses \$ 223,759. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 3,945,247. (Must equal Part IX, Line 25, column (B).)

**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?	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? If 'Yes,' complete Schedule C, Part II.		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I.		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, Part II.		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, Part III.		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.		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? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.		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? If 'Yes,' complete Schedule L, Part I.		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> 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	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>36 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
<b>37</b> 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

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1 a 17		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1 b 0		
<b>1 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		
	2 a 29		
<b>2 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 this return. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3 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>4 b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and 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>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 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>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A		X
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<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>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body.....		
<b>1 b</b> Enter the number of voting members that are independent.....		
<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? <i>SEE SCHEDULE O</i> .....	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 organizational documents since the prior Form 990 was filed?.....		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
<b>6</b> Does the organization have members or stockholders?.....		X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
<b>7 b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		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 a</b> Does the organization have local chapters, branches, or affiliates?.....		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. <i>SEE SCHEDULE O</i> .....	X	
<b>11</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**

	Yes	No
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. <i>SEE SCHEDULE O</i> .....	X	
<b>13</b> Does the organization have a written whistleblower policy?.....	X	
<b>14</b> Does 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? <i>SEE SCHEDULE O</i> ..... Describe the process in Schedule O. (see instructions)	X	
<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,' has the organization adopted 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. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. *SEE SCHEDULE O*
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
DHENUKA HOFFMAN 3171 GATEWAY LOOP SPRINGFIELD OR 97477 541-741-6000

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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) or 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 the organization did not compensate any officer, director, trustee, or key employee.

(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			
PRISCILLA GOULD EXECUTIVE DIREC	40			X				73,006.	0.	1,609.
CONNIE HEDBERG BOARD MEMBER	1	X						0.	0.	0.
ANN MARIE MEHLUM BOARD MEMBER	1	X						0.	0.	0.
GINO GRIMALDI BOARD MEMBER	1	X						0.	0.	0.
KRISTI BIRD BOARD MEMBER	1	X						0.	0.	0.
TOM DRAGGOO BOARD MEMBER	1	X						0.	0.	0.
COLT GILL BOARD MEMBER	1	X						0.	0.	0.
NANCY GOLDEN BOARD MEMBER	1	X						0.	0.	0.
HANK HOELL BOARD MEMBER	1	X						0.	0.	0.
DAN BRYANT BOARD MEMBER	1	X						0.	0.	0.
MIKE CURTIS BOARD MEMBER	1	X						0.	0.	0.
BOB HARRIS BOARD MEMBER	1	X						0.	0.	0.
BOBBY LEE BOARD MEMBER	1	X						0.	0.	0.
KRISTA PARENT BOARD MEMBER	1	X						0.	0.	0.
JON RUIZ BOARD MEMBER	1	X						0.	0.	0.
BRAD SMITH TREASURER	2	X		X				0.	0.	0.
MANDY JONES BOARD MEMBER	1	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(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			
JEFF TOWERY BOARD PRESIDENT	2	X		X				0.	0.	0.
LINDSEY JOHNSON BOARD MEMBER	1	X						0.	0.	0.
CHRIS MONNETTE BOARD MEMBER	1	X						0.	0.	0.
MARK MOLINA BOARD MEMBER	1	X						0.	0.	0.
MEL PYNE BOARD MEMBER	1	X						0.	0.	0.
FAYE STEWART BOARD MEMBER	1	X						0.	0.	0.
DAN CAMPBELL BOARD MEMBER	1	X						0.	0.	0.
DHENUKA HOFFMAN FIN. DIRECTOR	40			X				50,128.	0.	16,410.
TRACY LAMPMAN PAST PRESIDENT	2	X		X				0.	0.	0.
JENNY ULUM BOARD MEMBER	1	X						0.	0.	0.
KATHY SMITH BOARD MEMBER	1	X						0.	0.	0.
GERRY GAYDOS BOARD MEMBER	1	X						0.	0.	0.
FRANCISCA LEYVA-JOHNSON BOARD MEMBER	1	X						0.	0.	0.
<b>1 b Total</b>								<b>123,134.</b>	<b>0.</b>	<b>18,019.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
HEALTH POLICY RESEARCH NORTHWEST 1800 MILLRACE DR. EUGENE, OR 97403	EVALUATION & METRICS	116,364.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 1



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a	7,672.				
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	366,289.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	4,493,848.				
	g Noncash contribns included in lns 1a-1f:		\$ 150,893.				
	<b>h Total.</b> Add lines 1a-1f		<b>4,867,809.</b>				
	PROGRAM SERVICE REVENUE	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		18,775.			18,775.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		<b>d Net rental income or (loss)</b>					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		<b>d Net gain or (loss)</b>					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		<b>c Net income or (loss) from fundraising events</b>					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		<b>c Net income or (loss) from gaming activities</b>					
	10 a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
<b>c Net income or (loss) from sales of inventory</b>							
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		624200	33,761.	33,761.			
b FISCAL AGENT REVENUE		624200	111,216.	111,216.			
c							
d All other revenue							
<b>e Total.</b> Add lines 11a-11d			<b>144,977.</b>				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			<b>5,031,561.</b>	<b>144,977.</b>	<b>0.</b>	<b>18,775.</b>	

**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).

<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 U.S. See Part IV, line 21	2,713,856.	2,713,856.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,567.	50,386.	42,582.	43,599.
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	744,966.	274,851.	232,284.	237,831.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,665.	14,634.	12,368.	12,663.
9 Other employee benefits	93,639.	34,548.	29,197.	29,894.
10 Payroll taxes	103,116.	38,044.	32,152.	32,920.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,000.	5,855.	4,017.	4,128.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,270.			1,270.
13 Office expenses	26,314.	12,228.	6,946.	7,140.
14 Information technology	9,782.	4,091.	2,806.	2,885.
15 Royalties				
16 Occupancy				
17 Travel	11,527.	6,889.	2,287.	2,351.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,882.	1,623.	1,114.	1,145.
20 Interest				
21 Payments to affiliates	46,225.	19,332.	13,262.	13,631.
22 Depreciation, depletion, and amortization	19,523.	8,165.	5,601.	5,757.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SEE SCHEDULE 2	882,562.	760,745.	17,256.	104,561.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,846,894.	3,945,247.	401,872.	499,775.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing.....	57,707.	1	3,619.
	2	Savings and temporary cash investments.....	947,493.	2	1,103,520.
	3	Pledges and grants receivable, net.....	1,754,852.	3	1,425,419.
	4	Accounts receivable, net.....	24,364.	4	30,876.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.....		6	
	7	Notes and loans receivable, net.....		7	
	8	Inventories for sale or use.....		8	
	9	Prepaid expenses and deferred charges.....	61,327.	9	57,370.
	10a	Land, buildings, and equipment: cost basis.....	10a 928,437.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.....	10b 291,471.	10c	636,966.
	11	Investments — publicly-traded securities.....		11	
	12	Investments — other securities. See Part IV, line 11.....		12	
	13	Investments — program-related. See Part IV, line 11.....		13	
	14	Intangible assets.....		14	
	15	Other assets. See Part IV, line 11.....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	3,470,798.	16	3,257,770.	
LIABILITIES	17	Accounts payable and accrued expenses.....	172,536.	17	188,040.
	18	Grants payable.....	840,922.	18	625,993.
	19	Deferred revenue.....		19	
	20	Tax-exempt bond liabilities.....		20	
	21	Escrow 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.....		24	
	25	Other liabilities. Complete Part X of Schedule D.....	826,128.	25	627,858.
	26	<b>Total liabilities.</b> Add lines 17 through 25.....	1,839,586.	26	1,441,891.
RESTRICTED 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.....	1,200,013.	27	1,201,875.
	28	Temporarily restricted net assets.....	431,199.	28	614,004.
	29	Permanently restricted net assets.....		29	
	<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, and equipment fund.....		31	
	32	Retained earnings, endowment, accumulated income, or other funds.....		32	
	33	<b>Total net assets or fund balances.</b> .....	1,631,212.	33	1,815,879.
	34	<b>Total liabilities and net assets/fund balances.</b> .....	3,470,798.	34	3,257,770.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	X
b	Were the organization's financial statements audited by an independent accountant?.....	2b	X
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....	3a	X
b	If 'Yes,' did the organization undergo the required audit or audits?.....	3b	

BAA

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>UNITED WAY OF LANE COUNTY</b>	Employer identification number <b>93-0394142</b>
--	---

**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: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization,  check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) a family member of a person described in (i) above? .....	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

**h** Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..	5,283,329.	6,309,215.	5,635,843.	5,274,858.	4,859,184.	27,362,429.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. ....						0.
<b>4 Total.</b> Add lines 1-3. ....	5,283,329.	6,309,215.	5,635,843.	5,274,858.	4,859,184.	27,362,429.
<b>5</b> 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) ..						170,512.
<b>6 Public support.</b> Subtract line 5 from line 4. ....						27,191,917.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. ....	5,283,329.	6,309,215.	5,635,843.	5,274,858.	4,859,184.	27,362,429.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	10,532.	26,279.	38,006.	23,673.	18,775.	117,265.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. ....						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. ....	28,478.	4,690.	12,119.	154,436.	144,977.	344,700.
<b>11 Total support.</b> Add lines 7 through 10. ....						27,824,394.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	0.
<b>13 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 stop here. .... ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.7 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f. ....	<b>15</b>	98.1 %
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. .... ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. .... ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. .... ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. .... ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. .... ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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 II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
RENTAL INCOME					21,480.
OTHER	33,761.	26,846.	12,119.	4,690.	6,998.
FISCAL AGENT REVENUES	111,216.	127,590.			
TOTAL	<u>\$ 144,977.</u>	<u>\$ 154,436.</u>	<u>\$ 12,119.</u>	<u>\$ 4,690.</u>	<u>\$ 28,478.</u>

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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ and 990-PF  
▶ See separate instructions.

OMB No. 1545-0047

**2008**

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

Section:

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

Form 990-PF

- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

Name of organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 303,676.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 106,559.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 197,045.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 180,061.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 267,260.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 160,328.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 141,917.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 118,046.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 116,408.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 105,415.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of certified historic structure
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 1 column: Held at the End of the Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

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

3b	
----	--

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		296,000.		296,000.
b Buildings		419,000.	123,551.	295,449.
c Leasehold improvements				
d Equipment				
e Other		213,437.	167,920.	45,517.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				636,966.

BAA





2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 790

UNITED WAY OF LANE COUNTY

93-0394142

11/12/09

10:21AM

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

UNREALIZED INVESTMENT LOSSES..... \$ -67,111.  
TOTAL \$ -67,111.

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

DONOR DESIGNATIONS..... \$ 1,259,901.  
TOTAL \$ 1,259,901.

**SCHEDULE D, PART XIII, LINE 4C  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DONOR DESIGNATIONS..... \$ 1,259,901.  
TOTAL \$ 1,259,901.







**SCHEDULE M  
(Form 990)**

**Non-Cash Contributions**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art.....	X	1	350.	RETAIL COST
2 Art—Historical treasures.....				
3 Art—Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....	X		68,642.	RETAIL COST
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities—Publicly traded.....	X	13	70,075.	FMV
10 Securities—Closely held stock.....				
11 Securities—Partnership, LLC, or trust interests.....				
12 Securities—Miscellaneous.....				
13 Qualified conservation contribution (historic structures).....				
14 Qualified conservation contribution (other).....				
15 Real estate—Residential.....				
16 Real estate—Commercial.....				
17 Real estate—Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (OFFICE SUPPLIES).....		1	1,211.	RETAIL COST
26 Other ► (BANNERS).....		1	1,550.	RETAIL COST
27 Other ► (PAPER).....		1	4,440.	RETAIL COST
28 Other ► (PHC SUPPLIES).....		1	4,625.	RETAIL COST

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

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

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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 2 - NEW SERVICES**

IN ALIGNMENT WITH UNITED WAY OF AMERICA, UWLC ADOPTED A THIRD STRATEGIC EFFORT: INCOME. THE GOAL OF THIS ACTION AREA IS: MOVING FAMILIES FROM POVERTY TO FINANCIAL STABILITY. 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 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.

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT**

BOARD PRESIDENT JEFF TOWERY IS MARRIED TO COO DORIS TOWERY. DORIS TOWERY DOES NOT PASS THE KEY EMPLOYEE TEST. SEE ALSO SCHEDULE L, PART IV.

**FORM 990, PART VI, LINE 10 - 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 C**

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

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

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

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 AND A PAPER COPY IS AVAILABLE ON REQUEST.

## United Way of Lane County - 2008 990

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

(a) Name and address	(b) EIN	(c) IRS section	(d) Amount of Cash Grant	(h) purpose
School Based Health Center Council 200 N Monroe St, Eugene, OR 97402	93-1125281	501(c)(3)	7,850	program services general support
American Red Cross-OR Pacific Chapter PO Box 24528, Eugene OR 97402	53-0196605	501(c)(3)	122,505	program services general support
Arc of Lane County, The 4181 E St, Springfield OR 97478	93-0423965	501(c)(3)	42,714	program services general support
Birth To Three 86 Centennial Loop, Eugene OR 97401	93-0706557	501(c)(3)	73,748	program services general support
Boys & Girls Clubs of Emerald Valley 1545 W 22nd Ave, Eugene OR 97405	93-1264722	501(c)(3)	27,695	program services general support
CASA of Lane County 174 Deadmond Ferry Rd, Springfield OR 97477	93-1185120	501(c)(3)	9,213	general support
Catholic Community Services 1025 G St, Springfield OR 97477	93-0409105	501(c)(3)	114,307	program services general support
Centro LatinoAmericano 944 W 5th Ave, Eugene OR 97402	93-0638731	501(c)(3)	38,957	program services general support
Child Center, The 3995 Marcola Rd, Springfield OR 97477	23-7169042	501(c)(3)	5,533	general support
Children's Trust Fund of Oregon Foundation 1410 SW Morrison St Ste 501, Portland OR 97205	93-1310666	501(c)(3)	13,256	general support
Committed Partners for Youth 935 Oak St, Eugene OR 97401	94-3143502	501(c)(3)	55,281	program services general support
Community Health Charities of Oregon 5331 SW Macadam Ave Ste 350, Portland OR 97239	23-7081441	501(c)(3)	9,146	general support
Community Sharing PO Box 351, Cottage Grove OR 97424	93-0848793	501(c)(3)	43,744	program services general support
Direction Service Inc. PO Box 51360, Eugene OR 97405	93-0800692	501(c)(3)	28,179	program services general support
Downtown Languages 1035 Willamette St, Eugene OR 97401	20-0646954	501(c)(3)	20,213	general support
Earth Share of Oregon PO Box 40333, Portland OR 97240	93-1001285	501(c)(3)	16,113	general support
Emerald Baptist Church 631 E 19th Ave, Eugene OR 97401	93-0461944	501(c)(3)	5,604	general support
Eugene Education Fund PO Box 1015, Eugene OR 97440	93-1128220	501(c)(3)	28,804	general support
Eugene Faith Center 1410 W 13th Ave, Eugene OR 97401	93-0588948	501(c)(3)	11,271	general support
Eugene Family YMCA 2055 Patterson St, Eugene OR 97405	93-0500679	501(c)(3)	72,203	program services general support
Eugene Mission, Inc. PO Box 1149, Eugene OR 97440	93-0563797	501(c)(3)	7,586	general support
Eugene Public Library Foundation 100 W 10th Ave, Eugene OR 97401	93-0873279	501(c)(3)	6,654	general support
Eugene Symphony Association 115 W 8th Ave Ste 115, Eugene OR 97401	93-0556298	501(c)(3)	7,500	general support
Florence Food Share PO Box 2514, Florence OR 97439	93-1053932	501(c)(3)	28,581	program services general support
FOOD for Lane County 770 Bailey Hill Rd, Eugene OR 97402	93-0888347	501(c)(3)	183,271	program services general support

(a) Name and address	(b) EIN	(c) IRS section	(d) Amount of Cash Grant	(h) purpose
Girl Scouts of Oregon & SW Washington 1577 Pearl St Ste 300, Eugene OR 97401	93-0399051	501(c)(3)	70,601	program services general support
Greenhill Humane Society 88530 Greenhill Rd, Eugene OR 97402	93-0467412	501(c)(3)	16,590	general support
HIV Alliance 1966 Garden Ave, Eugene OR 97403	93-0963546	501(c)(3)	38,565	program services general support
Jasper Mountain 37875 Jasper Lowell Rd, Jasper OR 97438	93-0855920	501(c)(3)	57,658	program services general support
John G. Shedd Institute for the Arts PO Box 1497, Eugene OR 97440	93-1045304	501(c)(3)	5,790	general support
Junction City Local Aid PO Box 493, Junction City OR 97448	93-1294436	501(c)(3)	11,154	program services general support
Lane Community College Foundation 4000 E 30th Ave, Eugene OR 97405	23-7113266	501(c)(3)	18,854	general support
Lane County Legal Aid & Advocacy Center 376 E 11th Ave, Eugene OR 97401	93-1189114	501(c)(3)	44,602	program services general support
Laurel Hill Center 2145 Centennial Plz, Eugene OR 97401	23-7256802	501(c)(3)	39,298	program services general support
Looking Glass Youth & Family Services 72B Centennial Loop Ste 2, Eugene OR 97401	93-0605174	501(c)(3)	136,872	program services general support
Mid-Lane Community Chest PO Box 344, Veneta OR 97487	93-0694295	501(c)(3)	10,526	program services general support
National Alliance on Mental Illness 2411 Martin Luther King Jr Blvd, Eugene OR 97401	93-0821866	501(c)(3)	13,436	program services general support
Oregon Bach Festival 1257 University of Oregon, Eugene OR 97403	93-6015767	501(c)(3)	31,350	general support
Oregon Trail Council, Boy Scouts 2525 Martin Luther King Jr Blvd, Eugene OR 97401	93-0391555	501(c)(3)	94,699	program services general support
Pearl Buck Center, Inc. 3690 W 1st Ave, Eugene OR 97402	93-0584827	501(c)(3)	111,384	program services general support
Planned Parenthood of Southwestern OR 360 E 10th Ave Ste 104, Eugene OR 97401	93-0573822	501(c)(3)	79,412	program services general support
Prevention and Recovery Northwest 1188 Olive St, Eugene OR 97401	93-0725301	501(c)(3)	41,435	program services general support
Relief Nursery 1720 W 25th Ave, Eugene OR 97405	93-0784800	501(c)(3)	116,246	program services general support
Sacred Heart Medical Center Foundation PO Box 10905, Eugene OR 97440	93-6026548	501(c)(3)	17,789	general support
Salvation Army PO Box 1728, Eugene OR 97440	94-1156347	501(c)(3)	42,840	program services general support
Senior & Disabled Services - Lane Council of Governments 1015 Willamette St, Eugene OR 97401	93-6014373	170(c)(1)	12,671	program services general support
Sexual Assault Support Services 591 W 19th Ave, Eugene OR 97401	93-1064520	501(c)(3)	45,921	program services general support
ShelterCare PO Box 23338, Eugene OR 97402	23-7115003	501(c)(3)	96,101	program services general support
Siuslaw Outreach Services PO Box 19000, Florence OR 97439	94-3061005	501(c)(3)	23,684	program services general support
Siuslaw Pioneer Museum PO Box 2637, Florence OR 97439	23-7328335	501(c)(3)	5,000	general support
South Lane Wheels 1450 Birch Ave, Cottage Grove OR 97424	93-0818031	501(c)(3)	8,300	program services general support

(a) Name and address	(b) EIN	(c) IRS section	(d) Amount of Cash Grant	(h) purpose
Springfield Education Foundation PO Box 663, Springfield OR 97477	93-1147979	501(c)(3)	10,557	general support
Springfield Council of PTA's 525 Mill St, Springfield OR 97477	93-6039479	501(c)(3)	12,223	program services general support
St. Vincent de Paul Society PO Box 24608, Eugene OR 97402	93-0454786	501(c)(3)	79,489	program services general support
University of Oregon Foundation 360 E 10th Ave Ste 202, Eugene OR 97401	93-6015767	501(c)(3)	44,944	general support
Upper Willamette Community Development Corp. PO Box 677, Oakridge OR 97463	93-1105185	501(c)(3)	6,813	program services general support
Upper Willamette Youth Activities Inc PO Box 802, Oakridge OR 97463	93-1094180	501(c)(3)	18,762	program services general support
Volunteers in Medicine 3321 W 11th Ave, Eugene OR 97402	93-1276816	501(c)(3)	8,117	general support
White Bird Clinic 341 E 12th Ave, Eugene OR 97401	93-0585814	501(c)(3)	93,009	program services general support
Whitman Fund 345 Boyer Ave, Walla Walla WA 99362	91-6526001	501(c)(3)	5,500	general support
Willamette Family, Inc. 687 Cheshire Ave, Eugene OR 97402	93-0569684	501(c)(3)	42,135	program services general support
Womenspace PO Box 50127, Eugene OR 97405	93-0692905	501(c)(3)	92,581	program services general support

Agencies receiving less than \$5,000

Grand Total

129,021

2,713,856

SCHEDULE 2

2008

UNITED WAY OF LANE COUNTY

93-0394142

FORM 990, PART IX, LINE 24  
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
PURCHASED SERVICES	418,542	418,542		
IN-KIND	80,818	74,478		6,340
VENTURE GRANTS	137,907	137,907		
FUNDRAISING; CAMPAIGN EXPENSES	80,483			80,483
EQUIPMENT RENT & MAINTENANCE	65,974	47,702	9,011	9,261
COMMUNITY BUILDING ACTIVITIES	47,909	47,909		
TELEPHONE & UTILITIES	18,034	7,542	5,174	5,318
PROFESSIONAL FEES	13,465	12,590	431	444
PUBLIC EDUCATION	10,223	10,223		
MISCELLANEOUS	6,983	2,921	2,003	2,059
DUES & SUBSCRIPTIONS	2,224	931	637	656
TOTAL	<u>\$ 882,562</u>	<u>\$ 760,745</u>	<u>\$ 17,256</u>	<u>\$ 104,561</u>

Form

**CT-12**

**For Oregon Corporations  
and Certain Trusts**

**Charitable Activities Section  
Oregon Department of Justice**

1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451  
E-Mail: charitable.activities@doj.state.or.us  
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880  
TDD (800) 735-2900  
FAX (971) 673-1882

For Accounting Periods Beginning in:

**2008**

**Section I. General Information**

1.

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

Registration #: 11287

Organization Name: United Way of Lane County

Address: 3171 Gateway Loop

City, State, Zip: Springfield, OR 97477

Phone: 541-741-6000

Fax:

Email:  
Period Beginning: 07/01/08

Period Ending: 06/30/09

Amended  
Report?

United Way of Lane County  
3171 Gateway Loop  
Springfield, OR 97477  
541-741-6000

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 management letters 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 officer, director, trustee, or key employee of the organization ever been involved in a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or in a legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach copies of the agreement and a written explanation.  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 indicating a new or amended 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
Dhenuka Hoffman	Fin. Dir.	541-71-6000	3171 Gateway Loop, Springfield, OR 97477

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 any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this 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

<p>9. Total Revenue. (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.)</p>	9.	5,031,561																				
<p>10. Revenue Fee (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</p> <table style="font-size: small; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">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	10.		200	
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<p>11. Net Assets or Fund Balances at End of the Reporting Period. (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 4 to calculate.)</p>	11.	1,815,879																				
<p>12. Net Fixed Assets Used to Conduct Charitable Activities . . . (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 to calculate. See instructions if organization owns income-producing assets.)</p>	12.	636,966																				
<p>13. Amount Subject to Net Assets or Fund Balances Fee . . . (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</p>	13.	1,178,913																				
<p>14. Net Assets or Fund Balances Fee . . . (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.)</p>	14.		118																			
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No . . . (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.)</p>	15.																					
<p>16. Total Amount Due . . . (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</p>	16.		318																			
<p>17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 &amp; 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, 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 is 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."</p>																						

<b>Please Sign Here</b>	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.
⇒ _____ Signature of officer	_____ Date
⇒ _____ Preparer's signature	_____ Date
⇒ _____ Preparer's name	_____ Address Eugene, OR 97440
⇒ _____ Preparer's name	_____ Phone