

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

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

B Check if applicable: <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	C Name of organization <p align="center">UNITED WAY OF LANE COUNTY</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3171 GATEWAY LOOP City, town or post office, state, and ZIP code SPRINGFIELD OR 97477	D Employer identification number <p align="center">93-0394142</p> E Telephone number <p align="center">541-741-6000</p> G Gross receipts\$ 4,316,557
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F Name and address of principal officer: NOREEN DUNNELLS 3171 GATEWAY LOOP SPRINGFIELD OR 97477	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <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	J Website: ▶ WWW.UNITEDWAYLANE.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1946	M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p>		
	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	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,434,542	4,286,374
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,886	14,087
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,309	16,096
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,470,737	4,316,557
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,507,262	2,565,717
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,168,375	1,311,769
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 402,069		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	696,512	490,861
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,372,149	4,368,347	
19 Revenue less expenses. Subtract line 18 from line 12	98,588	-51,790	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,262,626	3,205,081
	22 Net assets or fund balances. Subtract line 21 from line 20	1,315,542	1,277,658
		1,947,084	1,927,423

Part II Signature Block

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

Sign Here	Signature of officer <p align="center">CATHI MCNUTT</p>	Date
	Type or print name and title <p align="center">CFO</p>	

Paid Preparer Use Only	Print/Type preparer's name RICHARD MAXWELL	Preparer's signature RICHARD MAXWELL	Date 04/18/14	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN P00333459	
	Firm's name ▶ RICHARD MAXWELL CPA LLC	Firm's EIN ▶			
	Firm's address ▶ EUGENE, OR 97401	Phone no. 541-334-4498			

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

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 No

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

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

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

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

4a (Code:) (Expenses \$ **2,919,637** including grants of \$ **2,565,717**) (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 FOR MORE THAN 60 SERVICES AND PROGRAMS. ADDITIONAL FUNDING IS DIRECTED TO UNAFFILIATED NON-PROFITS AS REQUESTED BY UNITED WAY DONORS.

4b (Code:) (Expenses \$ **503,043** including grants of \$) (Revenue \$)

HEALTH: ENSURING PEOPLE HAVE ACCESS TO BASIC HEALTHCARE. HEALTH PROGRAMS ARE DESIGNED TO INCREASE ENROLLMENT OF ELIGIBLE PEOPLE TO EXISTING HEALTHCARE 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 \$ **249,120** 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.)

(Expenses \$ **111,914** including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 3,783,714**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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 and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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
20a	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 any government or organization in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	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 [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BARNHARDT	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) BARB BELLAMY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) MAURINE CATE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) TERRY COPLIN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) BOB GARCIA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) GERRY GAYDOS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) COLT GILL	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(8) ROGER GRAY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) GINO GRIMALDI	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) DEAN HANSEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) BOB HARRIS	1.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BRUCE HELDT	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) HANK HOELL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) ROBIN HOLMES	2.00									
SECRETARY	0.00	X		X			0	0	0	
(15) MANDY JONES	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) TRACY LAMPMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) KELLI MATTHEWS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) JUDY NEWMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) MELANIE OOMMEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							137,210		22,449	
d Total (add lines 1b and 1c)							137,210		22,449	

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KEN PROVENCHER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) LIAN RICHARDSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) HECTOR RIOS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) JON RUIZ	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) SUJATA SANGHVI	2.00									
PRESIDENT ELECT	0.00	X		X			0	0	0	
(17) BEN SAPPINGTON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) GRACE SERBU	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) BRAD SMITH	2.00									
TREASURER	0.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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 of compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ANETTE SPICKARD BOARD MEMBER	1.00 0.00	X						0	0	0
(13) FAYE STEWART BOARD MEMBER	1.00 0.00	X						0	0	0
(14) JEFF TOWERY BOARD MEMBER	1.00 0.00	X						0	0	0
(15) JENNY ULUM BOARD MEMBER	1.00 0.00	X						0	0	0
(16) NOREEN DUNNELLS EXECUTIVE DIRECTOR	40.00 0.00			X				84,532	0	12,091
(17) CATHI MCNUTT CHIEF FINANCIAL OFFI	40.00 0.00			X				52,678	0	10,358
(18)										
(19)										
1b Sub-total								137,210		22,449
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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	3	
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	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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 of compensation from the organization

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 391,772				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,894,602				
	g Noncash contributions included in lines 1a-1f: \$	3,162				
	h Total. Add lines 1a-1f		4,286,374			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,540		6,540	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7,547			
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	7,547				
	d Net gain or (loss)		7,547	7,547		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a MISCELLANEOUS		16,096	16,096			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		16,096				
12 Total revenue. See instructions.		4,316,557	23,643	0	6,540	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,565,717	2,565,717		
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	159,659	94,562	25,399	39,698
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	917,714	639,170	97,586	180,958
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,909	15,678	4,631	8,600
9 Other employee benefits	117,449	69,605	16,870	30,974
10 Payroll taxes	88,038	55,226	11,714	21,098
11 Fees for services (non-employees):				
a Management	23,967	23,033	334	600
b Legal				
c Accounting	22,458	13,096	3,349	6,013
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,672	32,672		
12 Advertising and promotion				
13 Office expenses	43,272	29,764	4,832	8,676
14 Information technology	32,902	28,651	1,521	2,730
15 Royalties				
16 Occupancy	56,834	45,289	4,130	7,415
17 Travel	20,567	18,168	858	1,541
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,877	14,140	264	473
20 Interest				
21 Payments to affiliates	35,907	20,940	5,354	9,613
22 Depreciation, depletion, and amortization	19,894	11,602	2,966	5,326
23 Insurance	6,419	3,743	957	1,719
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 CAMPAIGN EXPENSES	70,237			70,237
b PUBLIC EDUCATION	52,695	52,695		
c COMMUNITY BLDG ACTIVITIES	44,442	44,442		
d CONTRACT SERVICES	6,101	2,922	1,135	2,044
e All other expenses	7,617	2,599	664	4,354
25 Total functional expenses. Add lines 1 through 24e	4,368,347	3,783,714	182,564	402,069
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	11,648	1	400
	2 Savings and temporary cash investments	827,908	2	811,619
	3 Pledges and grants receivable, net	1,320,308	3	1,267,746
	4 Accounts receivable, net	10,030	4	4,449
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	51,530	9	49,347
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 958,579		
	b Less: accumulated depreciation	10b 352,800	617,144	10c 605,779
	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	424,058	15	465,741
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,262,626	16	3,205,081	
Liabilities	17 Accounts payable and accrued expenses	173,469	17	93,602
	18 Grants payable	482,782	18	539,500
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	659,291	25	644,556
	26 Total liabilities. Add lines 17 through 25	1,315,542	26	1,277,658
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,612,568	27	1,606,723
	28 Temporarily restricted net assets	271,194	28	257,378
	29 Permanently restricted net assets	63,322	29	63,322
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,947,084	33	1,927,423	
34 Total liabilities and net assets/fund balances	3,262,626	34	3,205,081	

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	4,316,557
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,368,347
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,947,084
5	Net unrealized gains (losses) on investments	5	32,129
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,927,423

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,867,809	4,384,371	4,367,182	4,434,542	4,286,374	22,340,278
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,867,809	4,384,371	4,367,182	4,434,542	4,286,374	22,340,278
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						22,340,278

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,867,809	4,384,371	4,367,182	4,434,542	4,286,374	22,340,278
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,320	20,248	15,921	9,742	6,540	78,771
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	144,977	110,126	135,254	30,309	16,096	436,762
11 Total support. Add lines 7 through 10						22,855,811

12 Gross receipts from related activities, etc. (see instructions) 12 436,762

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.74%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.20%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support test—2011. 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—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. 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).

PART II, LINE 10 - OTHER INCOME DETAIL

FISCAL AGENT REVENUES OTHER **\$ 436,762**

Schedule of Contributors

2012

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

Name of the organization

Employer identification number

UNITED WAY OF LANE COUNTY

93-0394142

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 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).

Name of organization UNITED WAY OF LANE COUNTY	Employer identification number 93-0394142
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BI-MART CORPORATION 220 SENECA EUGENE OR 97402	\$ 226,764	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PEACEHEALTH OREGON REGION 1200 HILYARD ST EUGENE OR 97401	\$ 170,795	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 ST EUGENE OR 97403	\$ 164,893	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PACIFICSOURCE HEALTH PLANS 110 INTERNATIONAL WAY EUGENE OR 97477	\$ 85,923	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	EUGENE WATER & ELECTRIC BOARD 500 E 4TH AVE EUGENE OR 97401	\$ 102,874	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNIVERSITY OF OREGON 777 PEARL ST EUGENE OR 97403	\$ 163,783	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 1-8 regarding 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.

Table with 2 columns: Question, Amount. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,199	46,840			
b Contributions		18,020	45,302		
c Net investment earnings, gains, and losses	6,880	-133	1,722		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	569	528	184		
g End of year balance	70,510	64,199	46,840		

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 ▶ **100.00** %
- 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 XIII 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	164,781	254,219
c Leasehold improvements				
d Equipment		243,579	188,019	55,560
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **605,779**

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

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) LONG-TERM INVESTMENTS	465,741
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	465,741

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY ALLOCATIONS PAYABLE	644,556	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	644,556	

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,426,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	32,129
b	Donated services and use of facilities	2b	78,025
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	110,154
3	Subtract line 2e from line 1	3	4,316,557
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	4,316,557

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

1	Total expenses and losses per audited financial statements	1	4,446,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	78,025
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	78,025
3	Subtract line 2e from line 1	3	4,368,347
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,368,347

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

UWLC ACCOUNTS FOR UNCERTAIN TAX POSITION IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES.

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, 2013. TAX YEAR RETURNS FOR 2010, 2011 AND 2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS-OR PACIFIC CHAPT PO BOX 24528 EUGENE OR 97402	53-0196605	501 (C)	56,170				PROGRAM SERVICES
(2)	ARC OF LANE COUNTY, THE 4181 E ST SPRINGFIELD OR 97478	93-0423965	501 (C)	15,102				PROGRAM SERVICES
(3)	BETHEL SCHOOL DISTRICT 4640 BARGER DR EUGENE OR 97402	93-6000591	501 (C)	21,422				PROGRAM SERVICES
(4)	BIG BROTHERS BIG SISTERS OF LANE CO 935 OAK ST EUGENE OR 97401	94-3143502	501 (C)	5,497				PROGRAM SERVICES
(5)	BOYS & GIRLS CLUBS OF EMERALD VALLE 1545 W. 22ND AVE EUGENE OR 97405	93-1264722	501 (C)	19,395				PROGRAM SERVICES
(6)	CATHOLIC COMMUNITY SERVICES 1025 G ST SPRINGFIELD OR 97477	93-0409105	501 (C)	7,498				PROGRAM SERVICES
(7)	CENTRO LATINOAMERICANO 944 W 5TH AVE EUGENE OR 97402	93-0638731	501 (C)	35,541				PROGRAM SERVICES
(8)	CHILDREN'S TRUST FUND OF OREGON FOU 1410 SW MORRISON ST STE 501 PORTLAND OR 97205	93-1310666	501 (C)	11,143				PROGRAM SERVICES
(9)	CHRISTIANS AS FAMILY ADVOCATES 921 COUNTRY CLUB ROAD STE 222 EUGENE OR 97401	91-1787129	501 (C)	8,742				PROGRAM SERVICES

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY HEALTH CHARITIES OF OREGON 5331 SW MACADAM AVE STE 350 PORTLAND OR 97239	23-7081441	501 (C)	8,052				PROGRAM SERVICES
(2)	COMMUNITY SHARING PO BOX 351 COTTAGE GROVE OR 97424	93-0848793	501 (C)	25,508				PROGRAM SERVICES
(3)	DIRECTION SERVICE INC. PO BOX 51360 EUGENE OR 97405	93-0800692	501 (C)	25,486				PROGRAM SERVICES
(4)	DOWNTOWN LANGUAGES 1035 WILLAMETTE ST EUGENE OR 97401	20-0646954	501 (C)	31,429				PROGRAM SERVICES
(5)	EARTH SHARE OF OREGON PO BOX 40333 PORTLAND OR 97240	93-1001285	501 (C)	10,039				PROGRAM SERVICES
(6)	EUGENE EDUCATION FOUNDATION PO BOX 1015 EUGENE OR 97440	93-1128220	501 (C)	11,551				PROGRAM SERVICES
(7)	EUGENE EDUCATION FUND PO BOX 1015 EUGENE OR 97440	93-1128220	501 (C)	21,434				PROGRAM SERVICES
(8)	EUGENE FAITH CENTER 1410 W 13TH AVE EUGENE OR 97401	93-0588948	501 (C)	6,425				PROGRAM SERVICES
(9)	EUGENE MISSION, INC. PO BOX 1149 EUGENE OR 97440	93-0563797	501 (C)	8,629				PROGRAM SERVICES

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAMILY RELIEF NURSERY PO BOX 1207 COTTAGE GROVE OR 97424	93-1133896	501 (C)	5,168				PROGRAM SERVICES
(2)	FLORENCE FOOD SHARE PO BOX 2514 FLORENCE OR 97439	93-1053932	501 (C)	17,158				PROGRAM SERVICES
(3)	FOOD FOR LANE COUNTY 770 BAILEY HILL RD EUGENE OR 97402	93-0888347	501 (C)	171,067				PROGRAM SERVICES
(4)	GOODWILL INDUSTRIES OF LANE & SOUTH 855 SENECA RD EUGENE OR 97402	93-0572370	501 (C)	65,683				PROGRAM SERVICES
(5)	GREENHILL HUMANE SOCIETY 88530 GREENHILL RD EUGENE OR 97402	93-0467412	501 (C)	13,593				PROGRAM SERVICES
(6)	HIV ALLIANCE 1966 GARDEN AVE EUGENE OR 97403	93-0963546	501 (C)	45,856				PROGRAM SERVICES
(7)	JASPER MOUNTAIN 37875 JASPER LOWELL RD JASPER OR 97438	93-0855920	501 (C)	12,128				PROGRAM SERVICES
(8)	JUNCTION CITY LOCAL AID PO BOX 493 JUNCTION CITY OR 97448	93-1294436	501 (C)	11,622				PROGRAM SERVICES
(9)	LANE COMMUNITY COLLEGE FOUNDATION 4000 E 30TH AVE EUGENE OR 97405	23-7113266	501 (C)	63,372				PROGRAM SERVICES

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LANE COUNCIL OF GOVERNMENTS - SENIO 1015 WILLAMETTE ST EUGENE OR 97401	93-6014373	170 (C)	6,852				PROGRAM SERVICES
(2)	LANE COUNTY DEPT OF CHILDREN & FAM 2727 MLK BLVD. EUGENE OR 97401	93-6002303	170 (C)	20,496				PROGRAM SERVICES
(3)	LANE COUNTY LEGAL AID & ADVOCACY 376 E 11TH AVE EUGENE OR 97401	93-1189114	501 (C)	11,184				PROGRAM SERVICES
(4)	LAUREL HILL CENTER 2145 CENTENNIAL PLAZA EUGENE OR 97405	23-7256802	501 (C)	31,457				PROGRAM SERVICES
(5)	LOOKING GLASS YOUTH & FAMILY SERVIC 72B CENTENNIAL LOOP STE 2 EUGENE OR 97401	93-0605174	501 (C)	107,346				PROGRAM SERVICES
(6)	MID-LANE COMMUNITY PARTNERSHIPS PO BOX 344 VENETA OR 97487	93-0694295	501 (C)	6,114				PROGRAM SERVICES
(7)	NEDCO 212 MAIN STREET SPRINGFIELD OR 97477	93-0739188	501 (C)	20,004				PROGRAM SERVICES
(8)	OPELIA'S PLACE 1577 PEARL ST STE 100 EUGENE OR 97401	27-4675345	501 (C)	6,284				PROGRAM SERVICES
(9)	OREGON SOCIAL LEARNING CENTER DEVEL 10 SHELTON MCMURPHEY BLVD. EUGENE OR 97401	26-0423551	501 (C)	47,004				PROGRAM SERVICES

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

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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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OREGON TRAIL COUNCIL, BOY SCOUTS 2525 MARTIN LUTHER KING JR BLVD EUGENE OR 97401	93-0391555	501 (C)	24,625				PROGRAM SERVICES
(2)	PARENTING NOW! 86 CENTENNIAL LOOP EUGENE OR 97401	93-0706557	501 (C)	97,486				PROGRAM SERVICES
(3)	PEARL BUCK CENTER, INC. 3690 W 1ST AVE EUGENE OR 97402	93-0584827	501 (C)	86,183				PROGRAM SERVICES
(4)	PLANNED PARENTHOOD OF SOUTHWESTERN 360 E 10TH AVE STE 104 EUGENE OR 97401	93-0573822	501 (C)	70,638				PROGRAM SERVICES
(5)	RELIEF NURSERY 1720 W 25TH AVE EUGENE OR 97405	93-0784800	501 (C)	79,396				PROGRAM SERVICES
(6)	SACRED HEART MEDICAL CENTER FOUNDAT PO BOX 10905 EUGENE OR 97440	93-6026548	501 (C)	19,641				PROGRAM SERVICES
(7)	SCHOOL BASED HEALTH CENTER COUNCIL 200 N MONROE ST EUGENE OR 97402	93-1125281	501 (C)	12,504				PROGRAM SERVICES
(8)	SEXUAL ASSAULT SUPPORT SERVICES 591 W 19TH AVE EUGENE OR 97401	93-1064520	501 (C)	13,913				PROGRAM SERVICES
(9)	SHELTERCARE PO BOX 23338 EUGENE OR 97402	23-7115003	501 (C)	97,457				PROGRAM SERVICES

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SIUSLAW OUTREACH SERVICES PO BOX 19000 FLORENCE OR 97439	94-3061005	501 (C)	16,937				PROGRAM SERVICES
(2)	SOUTH LANE MENTAL HEALTH SERVICES I 410 N 9TH ST COTTAGE GROVE OR 97424	93-0966461	501 (C)	26,279				PROGRAM SERVICES
(3)	SOUTH LANE WHEELS 1450 BITCH AVE COTTAGE GROVE OR 97424	93-0818031	501 (C)	5,472				PROGRAM SERVICES
(4)	SPONSORS INC. 1756 WILLAMETTE ST EUGENE OR 97401	93-0639815	501 (C)	16,616				PROGRAM SERVICES
(5)	SPRINGFIELD COUNCIL OF PTA'S 525 MILL ST SPRINGFIELD OR 97477	93-6039479	501 (C)	6,725				PROGRAM SERVICES
(6)	SPRINGFIELD EDUCATION FOUNDATION PO BOX 663 SPRINGFIELD OR 97477	93-1147979	501 (C)	17,455				PROGRAM SERVICES
(7)	ST. MARY'S EPISCOPAL CHURCH PO BOX 50428 EUGENE OR 97405	93-0421473	501 (C)	21,200				PROGRAM SERVICES
(8)	ST. VINCENT DE PAUL SOCIETY PO BOX 24608 EUGENE OR 97402	93-0454786	501 (C)	63,715				PROGRAM SERVICES
(9)	THE CHILD CENTER 3955 MARCOLA RD. SPRINGFIELD OR 97477	23-7169042	501 (C)	23,045				PROGRAM SERVICES

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF OREGON FOUNDATION 360 E 10TH AVE STE 202 EUGENE OR 97401	93-6015767	501 (C)	50,299				PROGRAM SERVICES
(2)	UPPER WILLAMETTE COMMUNITY DEVELOPM PO BOX 677 OAKRIDGE OR 97463	93-1105185	501 (C)	7,200				PROGRAM SERVICES
(3)	VOLUNTEERS IN MEDICINE 3321 W 11TH AVE EUGENE OR 97402	93-1276816	501 (C)	34,310				PROGRAM SERVICES
(4)	WHITE BIRD CLINIC 341 E 12TH AVE EUGENE OR 97401	93-0585814	501 (C)	85,801				PROGRAM SERVICES
(5)	WILLAMALANE PARK & RECREATION 250 S 32ND STREET SPRINGFIELD OR 97478	93-0909097	170 (C)	18,697				PROGRAM SERVICES
(6)	WILLAMETTE FAMILY, INC. 687 CHESHIRE AVE EUGENE OR 97402	93-0569684	501 (C)	77,897				PROGRAM SERVICES
(7)	WOMENSPACE PO BOX 50127 EUGENE OR 97405	93-0692905	501 (C)	61,302				PROGRAM SERVICES
(8)								
(9)								

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

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

Schedule I (Form 990) (2012)

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, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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 REPORTING

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, Part III, column (b), and any other additional information.

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.

.....

4. FOR STRATEGIC IMPACT GRANT RECIPIENTS:

.....

A. THE MEASURABLE PROGRESS THAT HAS BEEN MADE TOWARD ACHIEVING THE STRATEGIC OUTCOMES OUTLINED IN THEIR ORIGINAL GRANT APPLICATION; AND

.....

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, Part III, column (b), and any other additional information.

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 THE 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.

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, Part III, column (b), and any other additional information.

.....
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 O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No. 1545-0047

2012**Open to Public
Inspection****UNITED WAY OF LANE COUNTY**

Employer identification number

93-0394142**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

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 - ALL OTHER ACCOMPLISHMENT

INCOME: INCOME PROGRAMS AIME 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 - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE RETURN IS REVIEWED BY THE INTERNAL OPERATIONS COMMITTEE THEN RECOMMENDED FOR APPROVAL TO THE BOARD. BOARD MEMBERS ARE PART OF THE INTERNAL OPERATIONS COMMITTEE.

Name of the organization

UNITED WAY OF LANE COUNTY

Employer identification number

93-0394142

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE INTERNAL OPERATIONS COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS AND APPROVAL OF SALARY RANGES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE INTERNAL OPERATIONS COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS AND APPROVAL OF SALARY RANGES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS AVAILABLE UPON REQUEST

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
I	BOOK DEP	6/30/13	19,894			19,894	0 -- Land	0	0
	Total Other Depreciation		<u>19,894</u>			<u>19,894</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>19,894</u>			<u>19,894</u>		<u>0</u>	<u>0</u>
	Grand Totals		19,894			19,894		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>19,894</u>			<u>19,894</u>		<u>0</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
	1 BOOK DEP	6/30/13	0			0	0 HY	0	0
	Total Other Depreciation		0			0		0	0
	Total ACRS and Other Depreciation		0			0		0	0
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		0			0		0	0

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Future Depreciation Report **FYE: 6/30/14**

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	BOOK DEP	6/30/13	19,894	0	0
	Total Other Depreciation		<u>19,894</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>19,894</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>19,894</u>	<u>0</u>	<u>0</u>

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 6,540		14			
TOTAL	<u>\$ 6,540</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PURCHASED SERVICES	\$ 32,672	\$ 32,672	\$	\$
TOTAL	\$ 32,672	\$ 32,672	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MISCELLANEOUS	\$ 4,455	\$ 2,599	\$ 664	\$ 1,192
IN-KIND SUPPORT	3,162			3,162
TOTAL	\$ 7,617	\$ 2,599	\$ 664	\$ 4,354

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 391,772
	2,696,797
BI-MART CORPORATION CASH CONTRIBUTION	226,764
PEACEHEALTH OREGON REGION CASH CONTRIBUTION	170,795
CITY OF EUGENE CASH CONTRIBUTION	164,893
PACIFICSOURCE HEALTH PLANS CASH CONTRIBUTION	85,923
EUGENE WATER & ELECTRIC BOARD CASH CONTRIBUTION	102,874
PACIFIC CONTINENTAL BANK CASH CONTRIBUTION	78,179
COSTCO WHOLESALE CASH CONTRIBUTION	77,260
OREGON COMMUNITY CREDIT UNION CASH CONTRIBUTION	55,630
WELLS FARGO BANK CASH CONTRIBUTION	71,704
UNIVERSITY OF OREGON CASH CONTRIBUTION	163,783
TOTAL	<u>\$ 4,286,374</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 6,540
TOTAL	<u>\$ 6,540</u>

U94142 UNITED WAY OF LANE COUNTY
93-0394142
FYE: 6/30/2013

Federal Statements

4/18/2014 10:12 AM

Schedule A, Part II, Line 12

Description	Amount
MISCELLANEOUS	\$ 16,096
TOTAL	\$ 16,096