Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

<u>A</u>	For th	e 2018 calendar year, or tax year beginning $07/01/18$, and ending $06/30/1$			
В	Check if a	pplicable: C Name of organization	D	Employe	r identification number
Ш	Address of	hange UNITED WAY OF LANE COUNTY			
一	Name cha	Doing business as		93 - 0	394142
\vdash		Number and street (or P.O. box if mail is not delivered to street address)			e number
\sqcup	Initial retu		,	041-	741-6000
П	Final return terminated				-
\exists		SPRINGFIELD OR 97477	G	Gross rec	eipts\$ 7,812,397
님	Amended	F Name and address of principal officer:			
Ш	Application	n pending NOREEN DUNNELLS	H(a) Is this a group	return for s	subordinates? Yes X No
		3171 GATEWAY LOOP	H(b) Are all subordi	inates incl	uded? Yes No
		SPRINGFIELD OR 97477	If "No," att	ach a list.	(see instructions)
$\overline{}$	Tay-even	ppt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	1		
÷	Website:		H(c) Group exempti	on numbe	
<u></u>			rear of formation: 194		M State of legal domicile: OR
			rear of formation: 192	± 0	M State of legal domicile: OF
	Part I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
9		WE ENGAGE COMMUNITY MEMBERS FROM ALL SECTORS TO COME T	OGETHER TO	CREA!	TE
lan		POSITIVE CHANGE AND INVEST STRATEGICALLY IN THE PROGRA	MS AND COAL	ITIO	NS
ēr		THAT WILL HAVE A STRONG IMPACT ON CURRENT NEEDS AND FU	TURE CHALLE	NGES	•
Governance	2 (Check this box ▶ if the organization discontinued its operations or disposed of more than 25	5% of its net assets	3.	
ಶ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	21
		Number of independent voting members of the governing body (Part VI, line 1b)		4	21
įį.	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	36
Activities		Fatal words and facilities of Action to 15 man and 1		6	1762
4		Total number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	
	'a	Not unrelated business toyable income from Form 000 T. line 22		-	0
_	D I	Net unrelated business taxable income from Form 990-T, line 38	Prior Year	7b	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	8,656,	650	7,681,923
ne	1	Dunamana agrica marria (Dant VIII lina On)	0,000,	000	7 7 00 1 7 3 2 3 O
Revenue	1	(Det VIII ashma (A) lines (A) and 7.1)	25	220	20,451
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	147,	1 4 0	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			110,023
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,829,		7,812,397
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,300,	729	6,193,147
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0
S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,708,	266	1,803,221
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
be	b	Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 422,415			
ш	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	456,	319	496,541
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,465,		8,492,909
	1	Revenue less expenses. Subtract line 18 from line 12	363,		-680,512
5	§		Beginning of Current		End of Year
Net Assets or	20 ⁻	Total assets (Part X, line 16)	5,537,	653	5,153,242
SS A	21	Fotal liabilities (Part X, line 26)	1,951,	199	2,194,873
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	3,586,	454	2,958,369
	art II	Signature Block	,		<u> </u>
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents and to the hest	of my kr	owledge and belief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		o,	omeage and belief, it is
		<u> </u>			
Sig	n	Signature of officer		Date	
		I .		Date	
He	re	CATHI MCNUTT CFO			
		Type or print name and title	15.	_	DIRTH
ъ	al	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai		KARI YOUNG	02/12/20) self-em	
	parer	Firm's name JONES & ROTH, P.C.	Firm's	s EIN 🕨	93-0819646
Use	Only	PO BOX 10086			
		Firm's address EUGENE, OR 97440	Phon	e no.	541-687-2320
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
_					

Part III Statement of Program Service Accomp	
Check if Schedule O contains a response	or note to any line in this Part III
1 Briefly describe the organization's mission:	
WE ENGAGE COMMUNITY MEMBERS FROM	
POSITIVE CHANGE AND INVEST STRA	
THAT WILL HAVE A STRONG IMPACT	ON CURRENT NEEDS AND FUTURE CHALLENGES.
	POULICITE OOPY
2 Did the organization undertake any significant program service	
	Yes X No
If "Yes," describe these new services on Schedule O.	to the second se
3 Did the organization cease conducting, or make significant characters 2	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	for each of its three lawset we was a wise of a way and by
	for each of its three largest program services, as measured by equired to report the amount of grants and allocations to others,
the total expenses, and revenue, if any, for each program ser	
the total expenses, and revenue, if any, for each program ser	ice reported.
4a (Code:) (Expenses \$ 4,908,636 in	- A DOG 173 \ (December 0)
	occurrence of \$ 4,006,173 (Revenue \$)
	COUNTY STRIVES TO PREPARE CHILDREN TO
SUCCEED IN SCHOOL AND LIFE. EDU	
READINESS, PROVIDE PARENTING SK	
ON-LINE WEBSITE, KITS, KINDERGA	
ALLIANCE; EARLY EDUCATION PROGR	
	DS; REDUCE CHILD ABUSE AND ENGAGE THE ENTIRE
COMMUNITY IN CARING FOR OUR CHI	LDREN.
•	
• • • • • • • • • • • • • • • • • • • •	
•	

4b (Code:) (Expenses \$ 2,632,520 in	
	UNITED WAY OF LANE COUNTY IS THE LARGEST
PRIVATE FUNDER OF HUMAN SERVICE	
*	ITY ISSUES AND INVESTS COLLABORATIVELY IN
COMMUNITY SOLUTIONS; SUPPORTING	PROGRAMS THAT ARE IN ALIGNMENT WITH A
STRATEGIC DIRECTION OF ENSURING	CHILDREN ARE SUCCESSFUL IN SCHOOL AND LIFE.
ADDITIONAL FUNDING IS DIRECTED	TO UNAFFILIATED NON-PROFITS AS REQUESTED BY
UNITED WAY DONORS.	
4c (Code:) (Expenses \$ 254,281 in	cluding grants of \$ 16,922) (Revenue \$
HEALTH: UNITED WAY OF LANE COU	NTY ENDEAVORS TO CREATE HEALTHY AND STABLE
FAMILIES BY INVESTING IN PROGRAI	MS DESIGNED TO INCREASE ACCESS TO STABLE
HOUSING AND ADDRESSING FOOD INS	ECURITIES, SUPPORTING MEDICAL, DENTAL AND
	ESS TO PREVENTIVE CARE.
• • • • • • • • • • • • • • • • • • • •	
•	
•	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of	
4e Total program service expenses ► 7,795,43	

Form 990 (2018) UNITED WAY OF LANE COUNTY

Part IV Checklist of Required Schedules

	<u> </u>		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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		V
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	complete Schedule D, Part III	8		Χ
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	9		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	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			3.7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.0		Х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
u	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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		3.7
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10		18		Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		- 22
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	

93-0394142 Form 990 (2018) UNITED WAY OF LANE COUNTY Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 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 Χ employees? If "Yes," complete Schedule J 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 25a Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 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? Χ If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Χ 26 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 Χ 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): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Χ 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 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 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 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Χ 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Χ 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 Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 36 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ()**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) UNITED WAY OF LANE COUNTY Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)? Χ **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. **a** Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b **c** Enter the amount of reserves on hand Χ Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year?

14b

93-0394142 Form 990 (2018) UNITED WAY OF LANE COUNTY Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ○R Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. X Own website Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records >

CATHI MCNUTT

Form 990 (2018) UNITED WAY OF LANE COUNTY

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RICK KINCADE PRESIDENT	2.00	X		X				0	0	0
(2) RON NEUMANN TREASURER	2.00	X		X				0	0	0
(3) STEPHANIE JENNIN		21		21				0	0	
SECRETARY (4) CHRIS PARRA	0.00	Х		Х				0	0	0
CHAIR ELECT	2.00	Х		Х				0	0	0
(5) JONATHAN MORGAN BOARD MEMBER	2.00	X						0	0	0
(6) BRAD SMITH	1.00	Λ						0	0	<u> </u>
PAST BOARD CHAIR (7) MARY ANNE MCMURI	0.00	Х						0	0	0
BOARD MEMBER	2.00	Х						0	0	0
(8) STEVE MOKROHISKY	1.00	X						0	0	0
(9) ERIC RICHARDSON	1.00							0		0
BOARD MEMBER (10) ZACK BLALACK	1.00	X						0	0	0
BOARD MEMBER (11) NICK FROST	0.00	Х						0	0	0
BOARD MEMBER	1.00	Х						0	0	0

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	of	x, unle	Pos check ess pe nd a d	rson i directo	than or	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimated amount of other compensation from the	1
Pub	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	n Co		organization and related organizations	
(12) SCOTT PURCELI	1.00											
BOARD MEMBER	0.00	Х						0	0			0
(13) BRIDGET BAKER	1.00											
BOARD MEMBER	0.00	X						0	0			0
(14) MARIAN BLANK	ENSHIP											
BOARD MEMBER	1.00	X						0	0			0
(15) GUS BALDERAS												
BOARD MEMBER	1.00	X						0	0			0
(16) JOEL ROSENBUR	RG											
BOARD MEMBER	1.00	X						0	0			0
(17) GAYLE TRUAX		21										
BOARD MEMBER	1.00	X						0	0			0
(18) BEVERLEE POT		21										
NON-VOTING MEMBER	1.00	X						0	0			0
(19) COURTNEY GRI		Λ						0				
DONDD MEMDED	1.00	X						0	0			0
BOARD MEMBER 1b Sub-total	•							0	0			0
c Total from continuation she	ets to Part VII,	Sect	ion A	A				212,106 212,106				,732 ,732
d Total (add lines 1b and 1c) Total number of individuals (in				thos	e list	ted al	bove		\$100,000 of			, 132
reportable compensation from	the organization	<u> </u>	1								Ye	s No
3 Did the organization list any for employee on line 1a? If "Yes,"								-			3	Х
4 For any individual listed on lin	e 1a, is the sum	of r	eport	able	con	npens	atio		from the			21
organization and related organ											4	Х
5 Did any person listed on line for services rendered to the o	1a receive or acc	crue	com	pens	atior	n fron	n ar	ny unrelated organization o	r individual		5	X
Section B. Independent Contracto	ors											
1 Complete this table for your fi compensation from the organi										ear.		
Name and	(A) d business address							Descrip	(B) tion of services		(C Comper	sation
2 Total number of independent	contractors (incl.	ıdina	hut	not I	imito	ed to	the	se listed above) who				
received more than \$100,000								se listed above) WIIO	0			

Pa	irt V	Check if Schedule O contains a	a response d	or note to any line	in this Part VIII		
		D 11:		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b	Ins	pec	lion	Cop	
Gifts, ilar A	d	Fundraising events 1c Related organizations 1d	000 211				
utions, her Sin	e f	All other contributions, gifts, grants,	3,453,612				
Contrib and Ot	g h		178 , 776	7,681,923			
enne/	2a		Busn. Code				
ce Re	b						
Servi	d						
rogran	e f	All other program service revenue					
_	9	Total. Add lines 2a–2f					
	4	and other similar amounts) Income from investment of tax-exempt bond	proceeds >	20,451			20,451
	5 6a	Royalties (i) Real (ii) Gross rents	i) Personal				
	b	Less: rental exps. Rental inc. or (loss)					
	d	Net rental income or (loss)					
		sales of assets other than inventory	(ii) Other				
		Less: cost or other basis & sales exps.					
	ı	Gain or (loss) Net gain or (loss)					
enue		Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a					
Othe		Less: direct expenses b Net income or (loss) from fundraising events	. •				
	l	Gross income from gaming activities.	,				
	b	See Part IV, line 19 a Less: direct expenses b					
	l	Net income or (loss) from gaming activities gross sales of inventory, less					
		returns and allowances a					
	ı	Less: cost of goods sold b					
		Miscellaneous Revenue	Busn. Code				
	11a	SERVICE REVENUE AND OTHER		110,023	110,023		
	b						
	c d	All other revenue					
	ı	Total. Add lines 11a–11d		110,023			
		Total revenue. See instructions.		7,812,397	110,023	0	20,451

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).

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 or note to any line in this Part IX											
Do n	ot include amounts reported on lines 6b,	(A)		(C)	(D)						
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations	nen	otior		h)/						
	and domestic governments. See Part IV, line 21	6,193,147	6,193,147								
2	Grants and other assistance to domestic		3,47,3								
_	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
Ŭ	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
5	-	247,981	120,091	91,842	36,048						
•	trustees, and key employees	247,901	120,091	91,042	30,040						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	1 010 700	0.65 0.50	0.4.00.4	170 046						
7	Other salaries and wages	1,219,798	965,258	84,294	170,246						
8	Pension plan accruals and contributions (include	01 006	4.6. 505	0.1.0	4 050						
	section 401(k) and 403(b) employer contributions)	21,896	16,725	819	4,352						
9	Other employee benefits	199,757	137,373	25,252	4,352 37,132 16,778						
10	Payroll taxes	113,789	83,319	13,692	16 , 778						
11	Fees for services (non-employees):										
а	Management										
	Legal										
С	Accounting	22,576	15,711	3,085	3,780						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
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.)	1,715	1,194	234	287						
12	Advertising and promotion	173,464	1,194 88,097	-	287 85,367						
13	Office expenses	45,880	24,819	9,464	11,597						
14	Information technology	51,495	36,427	6,771	8,297						
15	Royalties	02/100	00/12/	0, 1, 1	0/201						
16		30,793	15,500	6,872	8,421						
17	Occupancy	13,630	11,095	1,139	1,396						
18	Travel Payments of travel or entertainment expenses	13/030	11/033	1/100	1,000						
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	31,548	24,487	3,173	3,888						
20		J1, J10	24,407	5,175	<u> </u>						
	Interest	41,522	20,062	9,643	11,817						
21	Payments to affiliates	21,035	10,164	4,885	5,986						
22	Depreciation, depletion, and amortization	10,744	6,213	2,036	2,495						
23	Insurance	10,744	0,213	2,030	2,495						
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.)	05 050	10 401	6 000	7 256						
a	REPAIRS AND MAINTENANCE	25,850	12,491	6,003	7,356						
b	CREDIT CARD PROCESSING	10,889	5,261	2,529	3,099						
С	DUES AND SUBSCRIPTIONS	9,671	4,724	2,223	2,724						
d	MEALS AND ENTERTAINMENT	3,607	2,254	608	745						
е	All other expenses	2,122	1,025	493	604						
25	Total functional expenses. Add lines 1 through 24e	8,492,909	7,795,437	275,057	422,415						
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 ▶ if										
DAA	following SOP 98-2 (ASC 958-720)				Farm 990 (2018)						

P	art)	K Balance Sheet					
		Check if Schedule O contains a response or note	e to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		4 1	400	1	400
	2	Savings and temporary cash investments	en	OCTI	2,447,060		2,079,851
	3	Pledges and grants receivable, net	310		1,578,047		1,495,591
	4	Accounts receivable not			4	7	
	5	Loans and other receivables from current and former of		ctors.			
	•	trustees, key employees, and highest compensated en					
		Complete Part II of Schodule I	-			5	
	6	Loans and other receivables from other disqualified pe					
	•	4958(f)(1)), persons described in section 4958(c)(3)(B)	•				
		sponsoring organizations of section 501(c)(9) voluntary		- · · · ·			
(0		organizations (see instructions). Complete Part II of So		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	47,541	9	50,936		
	*	Land, buildings, and equipment: cost or			,		23,300
			10a	1,016,293			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	490,592	536,646	10c	525,701
	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	927 , 959	15	1,000,763		
	16	Total assets. Add lines 1 through 15 (must equal line	5,537,653		5,153,242		
	17	Accounts payable and accrued expenses		692,945	17	728,591	
	18	Grants payable		842,004	18	1,100,000	
	19	Deferred revenue	[19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV	of Schedule	D D		21	
Ø	22	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated employees	yees, and				
abi		disqualified persons. Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated this	ird parties			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables	to related t	hird			
		parties, and other liabilities not included on lines 17-24	l). Complete	Part X			
		of Schedule D			416,250	25	366,282
	26	Total liabilities. Add lines 17 through 25			1,951,199	26	2,194,873
"		Organizations that follow SFAS 117 (ASC 958), che		X and			
Š		complete lines 27 through 29, and lines 33 and 34.					1 001 010
alar	27	Unrestricted net assets			2,228,987	27	1,994,810
B	28	Temporarily restricted net assets			1,019,145	28	572,029
Fund Balances	29	Permanently restricted net assets			338,322	29	391,530
Ϋ́		Organizations that do not follow SFAS 117 (ASC 98	b8), check h	nere 🕨 🔲 and			
ts c		complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
t A	31	Paid-in or capital surplus, or land, building, or equipme				31	
Ne	32	Retained earnings, endowment, accumulated income,			3,586,454	32	2 050 260
	33				5,537,653	33	2,958,369 5,153,242
_	34	Total liabilities and net assets/fund balances			5,551,053	34	000

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,49		
3		3		30,5	
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,58	36,4	454
5	Net unrealized gains (losses) on investments	5	V.	52 ,	427
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	2,95	58,3	369
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		
				Yes	No
1	Accounting method used to prepare the Form 990:				
	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?		 2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		 2b	Χ	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		 2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		 3a		X
b	If "Yes," did the organization undergo the required audit or audits? 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.		 3b		

Form **990** (2018)

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	bo off	x, unle ficer a	Pos check ess pe	rson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
Pub	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	n Co	organization and related organizations
(20) AJ JACKSON	1 00									
BOARD MEMBER (21) LISA SMITH	1.00	Х						0	0	0
BOARD MEMBER						0				
(22) NOREEN DUNNE	LLS 40.00 0.00			X				124,041	0	15,411
(23) CATHI MCNUTT				21				124,041	0	15,411
CFO	40.00			Х				88,065	0	13,321
1b Sub-total								212,106		28,732
c Total from continuation she	ets to Part VII, S	Secti	ion A	١						
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
3 Did the organization list any for	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empl	oyee, or highest compensa	ated	Yes No
employee on line 1a? <i>If</i> "Yes," 4 For any individual listed on line	e 1a, is the sum	of r	eport	able	con	npens	satic	n and other compensation	from the	3
organization and related organ	-									4
5 Did any person listed on line of for services rendered to the or	1a receive or acc	crue	com	pens	atio	n fror	n ar	ny unrelated organization oi	r individual	
Section B. Independent Contracto										
1 Complete this table for your five compensation from the organization.	zation. Report co							lar year ending with or with	nin the organization's tax ye	
Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent received more than \$100,000								se listed above) who		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF LANE COUNTY 93-0394142 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	tion A. Public Support	, ,		· · ·		,	
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,906,602	5,188,769	8,887,680	8,656,650	7,681,923	35,321,624
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	4,906,602	5,188,769	8,887,680	8,656,650	7,681,923	35,321,624
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 tion B. Total Support						35,321,624
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		· · ·					
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,906,602 7,409	5,188,769	8,887,680 15,348	8,656,650 25,220	7,681,923	35,321,624 80,051
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 VI.)	7,610	111,185	96,307	147,140	110,023	472,265
11	Total support. Add lines 7 through 10						35,873,940
12	Gross receipts from related activities, etc.						
13	First five years. If the Form 990 is for the	•	, second, third, fou	ırth, or fifth tax yea	ar as a section 501	(c)(3)	
200	organization, check this box and stop her						P
	tion C. Computation of Public St			(5)		1 1	
14	Public support percentage for 2018 (line 6		4.4			4 -	98.46%
15	Public support percentage from 2017 Sche						98.57 %
108	33 1/3% support test—2018. If the organ			tion			▶ 🗓
b	box and stop here . The organization qual 33 1/3% support test—2017 . If the organ					oro chock	× 🔼
D	this box and stop here . The organization						▶ □
17a	10%-facts-and-circumstances test—201					1 <i>d</i> ie	
17a	10% or more, and if the organization mee	_					
	Part VI how the organization meets the "fa						
			_	•			▶ □
b	organization 10%-facts-and-circumstances test—201						г ⊔
5	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization m				•		
	supported organization			•		•	▶ □
18	Private foundation. If the organization did	d not check a box of	n line 13. 16a. 16l	b, 17a, or 17b. che	eck this box and se	ee	······································
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Sec	tion A. Public Support	quality diluci ti	ic tests listed t	ociow, picase c	ompicio i art ii	•)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2014		CTIO	(d) 2011	(e) 2010	(i) Total
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			Ouo			y
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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	st, second, third, for	-			▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2018 (line 8,	column (f), divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2017 Sche						%
Sec	tion D. Computation of Investment	nt Income Pe	rcentage				
17	Investment income percentage for 2018 (lin	ne 10c, column (f), divided by line 1:	3, column (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2018. If the organ	nization did not ch					
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization	qualifies as a publi	cly supported orga	anization	▶ ∐
b	33 1/3% support tests—2017. If the organ						
	line 18 is not more than 33 1/3%, check this	s box and stop h	ere. The organizat	tion qualifies as a p	oublicly supported	organization	▶ ∐
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

r		Yes	No
4	$\mathcal{I}\Lambda$	V	
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
۹ (Fo	orm 99	0 or 990-	EZ) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	V	
	on B. Type I Supporting Organizations		7	
	y y an in the second se		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Seci	on c. Type if Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
04	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard. On E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	*		
b	The organization satisfied the Additional Peach of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
·	The organization capported a governmental oracly. December 11 art 17 how you capported a government critical control of the co			
2 /	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 ON TIED WAT OF LAME COUNTI		93-0394	142 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>aniza</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	See
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Filor real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
4 Assuments fair resolutively, of all year assument up a sector (see			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	40		
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other	1d		
Ÿ			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	١		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type II	II supporting organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 **a** From 2013 **b** From 2014 **d** From 2016 **e** From 2017 f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 ... c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Forr	m 990 or 990-EZ) 2018	UNITED	WAY O	F LANE	COUNT	'Y	93-0394142	Page 8
Part VI	Supplemental	Information . Pr	ovide the	explanatio	ns require	ed by Part II, lin	e 10; Part II, line 17a or	
							a, 11b, and 11c; Part IV,	
							Part IV, Section E, lines	
							5, 6, and 8; and Part V,	
_								Section L,
	lines 2, 5, and 6	. Also complete	tilis part	ioi arry au	iuilionai in	ionnation. (See	e instructions.)	
					7(,,			\/
PART I	I, LINE 10	- OTHER I	NCOME	DETAIL				
OTHER	REVENUES			\$	<u>, </u>	172,265		
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*								
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•								
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Schedule B

(Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

Organization type (check one	one moposition copy
Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 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
, ,	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under secti 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nat received from any one contributor, during the year, total contributions of the greater of (1) are amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) stead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an of General Rule applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions addring the year
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PAGE 1 OF 1

Name of organization

Employer identification number

UNIT	ED WAY OF LANE COUNTY	93	-0394142
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 200,000	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2		\$ 3,662,415	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number WAY OF LANE COUNTY UNITED 93-0394142 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Part III Organization	s Maintaining Colle				or Similar A	esats /	'continu		age z
3 Using the organization's ac			·				COTTUTE	icu)	
collection items (check all		Outor records	, official drift of the folio	wing that are a sign	illioant age of its				
a Public exhibition		d \square I	Loan or exchange prog	ırams					
b Scholarly research		— H	Other						
c Preservation for future	generations					N	1		
4 Provide a description of the		e and evolain	how they further the o	rganization's evemn	t nurnose in Par	,) (
XIII.	c organization 3 concolon	3 and explain	now they further the o	rgariization's exemp	t pulpose ili i ai				
5 During the year, did the or	raanization solicit or receiv	e donations o	■ of art_historical treasure	es or other similar					
assets to be sold to raise f	-						Ye	. $ abla$	No
	Custodial Arrange		dit of the organization	5 CONCOLOTT:					1 110
	ne organization answ		on Form 990 Par	t IV line 9 or re	norted an am	ount or	n Form	i	
990, Part X, I	-	0.00	on romi oco, ran		portou air air	iourit or	1 1 0111		
1a Is the organization an age		ther intermedi	iary for contributions or	other assets not					
included on Form 990, Par							☐ Ye	, [No
b If "Yes," explain the arrang							□ .•	, r]
2 ii ree, explain the alrang	omone in rait 7till and 50		iowing table.				Amount		
c Beginning balance					1c				
d Additions during the year									
e Distributions during the year	ar				1e				
					1f				
2a Did the organization includ	e an amount on Form 99						Ye	\Box	No
b If "Yes," explain the arrang							_ `	′ ├	
Part V Endowment			this seem but						
	ne organization answ	ered "Yes"	on Form 990. Par	t IV. line 10.					
		urrent year	(b) Prior year	(c) Two years back	(d) Three years	s back	(e) Four	years 1	back
1a Beginning of year balance		927,959	867,136	770,555		7,778			281
h Canduila diana		53,208	331,123	770700		5,000			000
c Net investment earnings, of		,				, , , ,			
losses	·	61 , 051	83,429	100,661	ı	3,288		1,	715
		- ,	,	,		, , ,			
e Other expenditures for faci									
programs		36 , 785	18,015		10	,543		10.	543
f Administrative expenses		4,670	4,591	4,080		3,392			675
g End of year balance		000,763	927,959	867,136		,555	-		778
2 Provide the estimated perc						7000			
a Board designated or guasi		43 %	· (g, (a,) .	.5.2 45.					
b Permanent endowment ▶		.7.7							
c Temporarily restricted end		-) %							
The percentages on lines 2									
3a Are there endowment fund			tion that are held and a	administered for the					
organization by:		g					Γ	Yes	No
(i) unrelated organization	s						3a(i)	X	
(ii) related organizations							3a(ii)		Х
b If "Yes" on line 3a(ii), are t	he related organizations l	isted as requir	red on Schedule R?				3b		
4 Describe in Part XIII the in									
	ngs, and Equipmer								
•	ne organization answ		on Form 990. Parl	t IV. line 11a. Se	e Form 990.	Part X.	line 1	0.	
Description of prope		(a) Cost or other b) Accumulated	T	(d) Book		
		(investment)	(other	1 ''	, depreciation				
1a Land			2.0	96,000			20	6,0	000
b D. 9.00.00				9,000	230,987	7			013
c Leasehold improvements				- ,	=30,301	1		- / \	
d Equipment			30	1,293	259,605	5		1.1	688
e Other								-/	
Total. Add lines 1a through 1e. (orm 990, Part	X, column (B), line 10d	c.)		<u> </u>	<u>5</u> 2	5,	701

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	form 990 Part IV line	e 11h. See Form 990. Pa	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year r	market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				\cup \vee
(A)		_		
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
2 0.11 0 2 1.11	Complete if the organization answered "Yes" on F	orm 990. Part IV. line	e 11c. See Form 990. Pa	rt X. line 13.
-	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year r	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	orm 000 Dort IV line	. 11d Coo Form 000 Do	rt V line 1F
	Complete if the organization answered "Yes" on F	OIIII 990, Pait IV, IIIR	e Tiu. See Foiiii 990, Fa	(b) Book value
(1)	LONG-TERM INVESTMENTS			1,000,763
(2)	HONG ILITH INVESTMENTS			1,000,700
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			1,000,763
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	form 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value	-	
	income taxes	266 200	-	
	R DESIGNATIONS	366,282	_	
(3)			-	
(4)			-	
(5)			_	
(6)			-	
(7) (8)			-	
(9)			-	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	366,282	-	
	uncertain tax positions. In Part XIII, provide the text of the foot		financial statements that reports	s the
-	liability for uncertain tax positions under FIN 48 (ASC 740). Che			

	art XI Reconciliation of Revenue per Audited Financial S		•	tuiii.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	6 , 849 , 720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а		2a	52,427		10 \ /
b		2b			
С		2c	1 015 104		\mathcal{O} y
d	(···- ···· · ····· · ···· · · ·		-1,015,104		060 677
е				2e	<u>-962,677</u>
3	Subtract line 2e from line 1			3	7,812,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a					
b	· · · · · · · · · · · · · · · · ·	4b			
c	Add lines 4a and 4b			4c	7 010 207
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	7,812,397
Pa	Reconciliation of Expenses per Audited Financial S			Return	i.
	Complete if the organization answered "Yes" on Form	990, Part IV, line	12a.		
1				1	7,477,805
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11			
a	***************************************				
b	• • • • • • • • • • • • • • • • • • • •				
C					
d	(
е				2e	7 477 005
3	Subtract line 2e from line 1			3	7,477,805
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a			1 015 104		
b	· · · · · · · · · · · · · · · · ·	4b	1,015,104		1 01 5 1 0 4
_	Add lines 4a and 4b			4c	1,015,104
5 D		5.)		5	8,492,909
	art XIII Supplemental Information.	D (D (P)	101 5 11/11 4 5		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			art X, III	е
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			ОПІІТ	7.0
P.	ART XI, LINE 2D - REVENUE AMOUNTS INCLU	NHTH TIMETI	IANCIALS -	OTHE	rK
Г	ONOD DECICNATIONS		<u> </u>	1	015 104
בי	ONOR DESIGNATIONS		٢٩		L,015,104
·	ADM VII IINE AD EVDENCE AMOUNDS INCL	OED ON DI	······································		
P	ART XII, LINE 4B - EXPENSE AMOUNTS INCI	LUDED ON RE	TURN - OTH		
	ONOD DEGLOVATIONS		Ċ	IER	015 104
	ART XII, LINE 4B - EXPENSE AMOUNTS INCI		Ċ	IER	L,015,104
	ONOD DEGLOVATIONS		Ċ	IER	.,015,104
	ONOD DEGLOVATIONS		Ċ	IER	.,015,104
	ONOD DEGLOVATIONS		Ċ	IER	_,015,104
	ONOD DEGLOVATIONS		Ċ	IER	,015,104
	ONOD DEGLOVATIONS		Ċ	IER	L,015,104
	ONOD DEGLOVATIONS		Ċ	IER	L,015,104
	ONOD DEGLOVATIONS		Ċ	IER	L,015,104
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	ONOD DEGLOVATIONS		Ċ	IER	L,015,104
	ONOD DEGLOVATIONS		Ċ	IER	L,015,104
	ONOD DEGLOVATIONS		Ċ	IER	L,015,104

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047 2018

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▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection critical used to award the grants or assistance?	Name of the organization	Employer identification number
Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance? X Yes	UNITED WAY OF LANE COUNTY	93-0394142
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?		
the selection criteria used to award the grants or 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	[
	: 5	

ב ב ב		idili idildə	il tile Ullited States.		رمين وطه عز مهوام	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	000 000 1 00 000 000
Far ii Crains and Other Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered Test on Point 390, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	received more t	zauons han \$5,0(onesus solution of the contract of the contrac	duplicated if additi	piete ii tire orga onal space is n	anization answ ieeded.	ged res on rolli 990,
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash		(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
) LINE 11830		, , , , , , , , , , , , , , , , , , ,	(PROGRAM SERVICES
	93-0/84380	20T (C)	967,02				
(2) ALL OTHER GRANTS <\$5,000							PROGRAM SERVICE
			716,795				
(3) AMERICAN RED CROSS-OR PACIFIC CHAPT	Id						
PO BOX 24528							PROGRAM SERVICES
EUGENE OR 97402	53-0196605	501(C)	6,130				
(4) ARC OF LANE COUNTY, THE							
) 7 ()	L (PROGRAM SERVICES
SPRINGFIELD OR 97478	93-0423965	501 (C)	6,285				
(5) BETHEL EDUCATION FOUNDATION							
4640 BARGER DR	. 03-0873078	, L C L	7 7 0 7 7 1				PROGRAM SERVICES
THE TREET	+	100	1 1 7 7 0 1 1				
4640 BARGER DR EUGENE OR 97402		170(C)	16,855				PROGRAM SERVICES
(7) BETHEL SCHOOL DISTRICT							
4640 BARGER DR							PROGRAM SERVICES
OR 97402		170(C)	118,929				
(8) BOYS AND GIRLS CLUB OF EMERALD VAL	1						
1545 W 22ND AVE							PROGRAM SERVICES
	93-0873078	501(C)	13,368				
(9) CASA OF LANE COUNTY							
174 DEADMOND FERRY ROAD							PROGRAM SERVICES
SPRINGFIELD OR 97477	93-0409105	501 (C)	25,023				
2 Enter total number of section 501(c)(3) and government organizations listed in	organizations listed	in the line 1 table	1 table				\

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

Schedule I (Form 990) (2018)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection OMB No. 1545-0047 2018

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

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

COUNTY

LANE

OF

UNITED WAY

Employer identification number

93-0394142

		H H H H H H H H H H H H H H H H H H H							
Part I Gel	General Information on Grants and Assistance	1 Assistance							
	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?	he amount of the gince?	rants or ass	sistance, the grantees'	eligibility for the grant	s or assistance, and		Yes	Š
ediz	art IV the organizations procedures for mor	intoring the use of	grant lunds	in the United States.	- 1				
Part II Gra	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizatio Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	omestic Organ received more t	izations than \$5,0	and Domestic Go 00. Part II can be	vvernments. Com duplicated if additi	Complete if the orga additional space is n	organization answered is needed.	ered "Yes" on Form 990,	
1 (a) Nam	(a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	
	บ		(if applicable)	מונו	Casil assistance	other)	noncash assistance	OI ASSISTANCE	
(1) CATHOLIC (1) 1025 G ST SPRINGFIELD	COMMUNITY SERVICES OR 97477	93-0409105	501(C)	8,129				PROGRAM SERVICES	
(2) CENTRO LA 944 W 5TH EUGENE	TINOAMERICANO AVE OR	93-0638731	501(C)	. 9				PROGRAM SERVICES	
(3) CHILDREN'S 1410 SW MOI PORTLAND	TRUST FUND OF	ou 93-1310666	501(C)	8,175				PROGRAM SERVICES	
(4) CHRISTIANS 921 COUNTE EUGENE	(4) CHRISTIANS AS FAMILY ADVOCATES 921 COUNTRY CLUB RD #222 EUGENE OR 97401	91-1787129	501(C)	6,240				PROGRAM SERVICES	
(5) COMMUNITY PO BOX 351 COTTAGE GRO	TY SHARING 351 GROVE OR 97424	93-0848793	501(C)	31,307				PROGRAM SERVICES	
(6) CORNERSTONE PO BOX 1192 EUGENE	CORNERSTONE COMMUNITY HOUSING PO BOX 11923 GENE OR 97401	93-1078543	501(C)	35,826				PROGRAM SERVICES	
(7) CRESWELL 968 WEST A	CRESWELL SCHOOL DISTRICT 968 WEST A STREET CSWELL		170(C)	56,688				PROGRAM SERVICES	
(8) DIRECTION SERVICE PO BOX 51360 EUGENE	INC.	93-0800692	501(C)	17,143				PROGRAM SERVICES	
(9) DOWNTOWN LANGUAGES 1035 WILLAMETTE ST EUGENE	LANGUAGES AMETTE ST OR 97401	20-0646954	501(C)	39,622				PROGRAM SERVICES	
2 Enter total nur	Enter total number of section 501(c)(3) and government organizations listed	organizations listed	in the line 1 table	1 table				•	

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

Schedule I (Form 990) (2018)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047

> ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

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Name of the	Name of the organization	Employer identification number
	UNITED WAY OF LANE COUNTY	93-0394142
Part I	I General Information on Grants and Assistance	
1 Do	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	the selection criteria used to award the grants or assistance?	Yes
2 De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.]

	जी कि वहुंद्र की जी है।	אמוני ומומס	III the office office.		3		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Organ	izations	and Domestic Go	vernments. Com	plete if the orga	anization answ	ered "Yes" on 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	t received more t	han \$5,0	00. Part II can be	duplicated if additi	onal space is n	eeded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		section (if applicable)	grant		(book, riviv, appraisal, other)	noncash assistance	or assistance
(1) EARLY EDUCATION PROGRAM							
99 WEST 10TH AVE. STE 340							PROGRAM SERVICES
EUGENE OR 97401	93-1059602	501 (C)	531,638				
(2) EARTH SHARE OF OREGON							
PO BOX 40333	-						PROGRAM SERVICES
OR 9724	93-1001285	501 (C)	8,927				
(3) ELLIE'S PRESCHOOL & DAYCARE							
PO BOX 1315							PROGRAM SERVICES
CRESWELL OR 97426		501(C)	101,368				
(4) EMERALD KIDSPORTS							
2190 POLK ST							PROGRAM SERVICES
EUGENE OR 97405	93-0472773	501 (C)	7,603				
(5) EUGENE EDUCATION FUND							
PO BOX 1015							PROGRAM SERVICES
EUGENE OR 97440	93-1128220	501 (C)	171,830				
(6) EUGENE FAITH CENTER							
1410 W 13TH AVE							PROGRAM SERVICES
EUGENE OR 97401	93-0588948	501 (C)	7,692				
(7) EUGENE FAMILY YMCA							
2055 PATTERSON STREET							PROGRAM SERVICES
OR 97405		501 (C)	11,569				
(8) EUGENE MISSION, INC.							
PO BOX 1149							PROGRAM SERVICES
EUGENE OR 97440	93-0563797	501 (C)	14,062				
(9) EUGENE PUBLIC SCHOOLS							
W. 4TH AVENUE							PROGRAM SERVICES
OR 9740		170(C)	355,041				
		:					

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 7

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

Schedule I (Form 990) (2018)

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

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

Open to Public Inspection OMB No. 1545-0047 2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Go to www.irs.gov/Form990 for the latest information.

å Yes 93-0394142 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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance COUNTY LANE OF UNITED WAY

			20101		,		;	: , ; ; ; ;
Part II Grants al Part IV, Iir	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	mestic Organis eceived more the	zations	and Domestic Go 00. Part II can be	wernments. Com duplicated if additi	plete it tne orga ional space is n	anization answ eeded.	ered "Yes" on Form 990,
1 (a) Name and a or g	(a) Name and address of organization or govemment	(p) 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 noncash assistance	(h) Purpose of grant or assistance
(1) EUGENE SYMPHONY 115 W. 8TH AVE. STE 115 EUGENE OR	Y: STE 115 OR 97401	93-0556298	501(C)	6,750				PROGRAM SERVICES
(2) FAMILY RELIEF PO BOX 1207 COTTAGE GROVE	RELIEF NURSERY 1207 GROVE OR 97424	93-1133896	501(C)	7,478				PROGRAM SERVICES
(3) FERN RIDGE SCHOOL DISTRIC 88834 TERRITORIAL RD ELMIRA OR 9	SCHOOL DISTRICT 38J TORIAL RD OR 97437		170(C)	12,378				PROGRAM SERVICES
(4) FOOD FOR LANE COUNTY 770 BAILEY HILL RD EUGENE	COUNTY L RD OR 97402	93-0888347	501(C)	158,653				PROGRAM SERVICES
(5) GOODWILL INDUSTRIES C 855 SENECA RD EUGENE	TRIES OF LANE & SOUTH OR 97402	3-0572370	501(C)	22,585				PROGRAM SERVICES
(6) GREENHILL HUMANE S 88530 GREENHILL RD EUGENE	NE SOCIETY L RD OR 97402	93-0467412	501(C)	15,887				PROGRAM SERVICES
(7) HIV ALLIANCE 1966 GARDEN AVE EUGENE	正 OR 97403	93-0963546	501(C)	31,691				PROGRAM SERVICES
(8) HUERTO DE LA FAMILIA 3575 DONALD ST STE 240 EUGENE OI	FAMILIA T STE 240 OR 97405	04-3765788	501(C)	17,931				PROGRAM SERVICES
(9) JUNCTION CITY PO BOX 493 JUNCTION CITY	ITY LOCAL AID Y OR 97448	93-1294436	501(C)	17,048				PROGRAM SERVICES
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed	in the line	1 table				•

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\mathsf{DAA}}$

Schedule I (Form 990) (2018)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

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

2018
Open to Public Inspection

► Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part I

UNITED WAY OF LANE

COUNTY

Employer identification number 93-0394142

the sele	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of	ice? itorina the use of c	arant funds	grant funds in the United States.						Z
ज	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	mestic Organ	izations	and Domestic Go	vernments. Con	plete if the orga	anization answe	ered "Yes"	on Form 990,	1
	Part IV, line 21, for any recipient that received more		than \$5,0	than \$5,000. Part II can be duplicated if additional space is needed.	duplicated if addit	ional space is n	eeded.			ı
-	(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 noncash assistance	(f)	(h) Purpose of grant or assistance	
(1) LANE (FRESCHOOL PR		(ii depiloadio)							
4000 E	OO E 30TH AVE							PROGRAM	SERVICES	
EUGENE	OR 97405		170(C)	502,022						
(2) LANE (COMMUNITY COLLEGE FOUNDATION									
:	E 30TH AVE							PROGRAM	SERVICES	
EUGENE	OR 97405	23-7113266	501(C)	17,506						
(3) LANE	EDUCATION FOUNDATION									
1200	HIGHWAY 99N							PROGRAM	SERVICES	
EUGENE	OR 97402		501 (C)	328,880						
(4) LAUREL	L HILL CENTER									
2145	2145 CENTENNIAL PLAZA							PROGRAM	SERVICES	
EUGENE	OR 97401	23-7256802	501 (C)	21,534						
(5) LITTLE	E WONDERS CHILDCARE									
630 W	I STREET	1		4				PROGRAM	PROGRAM SERVICES	
SPRINGFIELD	OR	47-1144065		186,884						- 1
(e) LOOKING	NG GLASS YOUTH & FAMILY SERVI	7)								
72B C	72B CENTENNIAL LOOP STE 2							PROGRAM	SERVICES	
EUGENE	OR 97401	93-0605174	501 (C)	79,765						
(7) LOWELL	L SCHOOL DISTRICT									
65 S.	65 S. PIONEER ST							PROGRAM	SERVICES	
LOWELL			170(C)	6,947						
(8) MARCOLA	LA SCHOOL DISTRICT									l
38300	RCC							PROGRAM	SERVICES	
SPRINGFI	SPRINGFIELD OR 97454		170(C)	20,090						
(9) MCKENZIE	ZIE RIVER TRUST									
120 S	120 SHELTON MCMURPHEY BLVD, STE 270	0						PROGRAM	SERVICES	
EUGENE	OR 97401	93-1029808	501(C)	7,852						
2 Enter to	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed	in the line	1 table				A		:

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

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

Schedule I (Form 990) (2018)

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Department of the Treasury Internal Revenue Service Name of the organization

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

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

2018
Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information.

COUNTY

General Information on Grants and Assistance

Part I

UNITED WAY OF LANE

Employer identification number 93-0394142

1 Does the the selection 2 Describ	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e amount of the gree?	rants or assi	stance, the grantees' or the United States.	eligibility for the grant	s or assistance, an		No Ves No	_
ā	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	mestic Organi	izations a	ind Domestic Go	vernments. Com	plete if the orga	anization answ	ered "Yes" on Form 990,	ı
	Part IV, line Z1, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	eceived more t	than \$5,00	νυ. Part II can be ο	dupiicated ir addit	ional space is r	leeded.		- 1
-	(a) Name and address of organization or government	(p)	(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 noncash assistance	(h) Purpose of grant or assistance	
(1) MCKENZIE	ZIE SCHOOL DISTRICT								ı
MCKENZIE SPRINGFIELD	ZIE IELD OR 97454		170(C)	12,536				PROGRAM SERVICES	
(2) MID-LANES PO BOX 34 VENETA	MID-LANES CARES PO BOX 344 FINETA OR 97487	93-0694295	501 (C)	8,206				PROGRAM SERVICES	I
(3) NATIONAL	INDIAN CHILD WI								1
5100 S 	W MACADAM AVE #3000 OR 97239	93-0951531	501 (C)	5,741				PROGRAM SERVICES	
(4) NEDCO									ı
212 MAIN SPRINGFIELD	AIN STREET OR 97477 IELD	93-0739188	501 (C)	25,658				PROGRAM SERVICES	
(5) OAKRIDGE	DGE SCHOOL DISTRICT								
47997 OAKRIDGE	47997 W. 1ST STREET OR 97401		170(C)	13,011				GENERAL SUPPORT	
(6) OAKRIDGE	DGE SCHOOL DISTRICT								ı
47997 OAKRIDGE	97 W. 1ST STREET OGE 07401		170(C)	13,681				PROGRAM SERVICES	ı
(7) OREGON	N LAW CENTER								
522 SW PORTLAND	W 5TH AVE #812 ND OR 97204		501 (C)	15,000				PROGRAM SERVICES	
(8) OREGOI	(8) OREGON SOCIAL LEARNING CENTER DEVE	. 7							1
10 SH EUGENE	10 SHELTON MCMURPHEY BLVD. EUGENE OR 97401	26-0423551	501 (C)	424,498				PROGRAM SERVICES	1
(9) PARENTING	TING NOW!								ı
86 CEI EUGENE	CENTENNIAL LOOP OR 97401	93-0706557	501 (C)	54,470				PROGRAM SERVICES	1
2 Enter to	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations 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.
DAA

Schedule I (Form 990) (2018)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2018

> ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

> > COUNTY

LANE

OF

UNITED

OMB No. 1545-0047

Employer identification number 93-0394142

Fart I General Information on Grants and Assistance	d 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 celection criteria used to award the grants or assistance?	the amount of the g	grants or ass	istance, the grantees'	eligibility for the grant	s or assistance, and		200
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	onitoring the use of	grant funds	in the United States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered	omestic Organ	izations	and Domestic Go	vernments. Com	plete if the orga	anization answe	ered "Yes" on Form 990,
Part IV, line Z1, for any recipient that received more the	received more	than \$5,00	ian \$ɔ,∪∪∪. Part II can be duplicated it additional space is needed.	duplicated it addit	ional space is n	eeded.	
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
ַ ן ⊔		(if applicable)	dali	כמסון מססוסומווכם	other)	HOHICASH ASSISTANCE	OI desistation
,							
V 1ST AVE	(i i	ı				PROGRAM SERVICES
EUGENE OR 97402	93-0584827	501 (C)	35,212				
2) PICKET FENCE PRESCHOOL							
977 WEST 17TH AVE							PROGRAM SERVICES
JUNCTION CITY OR 97448	61-1690643		110,505				
3) PLANNED PARENTHOOD OF SOUTHWESTERN	7.						
360 E 10TH AVE STE 104							PROGRAM SERVICES
EUGENE OR 97401	93-0573822	501(C)	44,151				
4) PLEASANT HILL SCHOOL DISTRICT							
38336 HIGHWAY 58							PROGRAM SERVICES
T HILL		170(C)	6,021				
5) PORTLAND STATE UNIVERSITY							
PO BOX 751 MAIL CODE SPA							PROGRAM SERVICES
PORTLAND OR 97207			90,005				
6) RELIEF NURSERY							
1720 W 25TH AVE							PROGRAM SERVICES
	93-0784800	501 (C)	199,662				
7) SACRED HEART MEDICAL CENTER FOUNDA	T V						
PO BOX 10905							PROGRAM SERVICES
OR 9744	93-6026548	501(C)	8,685				
8) SCHOOL BASED HEALTH CENTER COUNCIL	ت						
200 N MONROE ST							PROGRAM SERVICES
EUGENE OR 97402	93-1125281	501 (C)	20,489				
9) SEXUAL ASSAULT SUPPORT SERVICES							
591 W 19TH AVE							PROGRAM SERVICES
EUGENE OR 97401	93-1064520	501(C)	7,339				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	in the line					A
3 Enter total number of other organizations listed in the line 1 table	ne 1 table						A

Schedule I (Form 990) (2018)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

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

2018
Open to Public Inspection

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

General Information on Grants and Assistance

Part I

UNITED WAY OF LANE

COUNTY

Employer identification number 93-0394142

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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s amount of the gree?	rants or ass grant funds	istance, the grantees' in the United States.	eligibility for the grant	s or assistance, and	3	Yes No
sistance to Dc / recipient that	mestic Organ eceived more t	izations attent than \$5,00	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizatic Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	vernments. Com duplicated if addit	iplete if the orga ional space is n	anization answ eeded.	Complete if the organization answered "Yes" on Form 990, additional space is needed.
(a) Name and address of organization or govemment	(p) 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 noncash assistance	(h) Purpose of grant or assistance
OR 97402	23-7115003	501(C)	54,917				PROGRAM SERVICES
HEALTH SERVICES OR 97424	93-0966461	501 (C)	18,477				PROGRAM SERVICES
455 ADAMS AVE. OR 97424		170(C)	562,877				PROGRAM SERVICES
OR 97401	93-0639815	501(C)	998,49				PROGRAM SERVICES
PTA'S 97477	93-6039479	501 (C)	5,349				PROGRAM SERVICES
FOUNDATION 97477	93-1147979	501 (C)	9,502				PROGRAM SERVICES
SCHOOLS OR 97477		501 (C)	218,748				PROGRAM SERVICES
SOCIETY OR 97402	93-0454786	501(C)	61,096				PROGRAM SERVICES
RAUMA HEALING PROJECT 2222 COBURG RD., STE 300 ENE OR 97401	20-5593328	501(C)	11,195				PROGRAM SERVICES
Enter total number of section $501(c)(3)$ and government organizations listed	rganizations listed	in the line 1 table	1 table				A

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

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

Schedule I (Form 990) (2018)

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六	5
×	Ľ,

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 Inspection

> ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

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SERVICES

PROGRAM

PROGRAM SERVICES

15,788

501 (C)

93-1276816

97402

OR

10,903

501 (C)

93-1105185

97463

(3) VOLUNTEERS IN MEDICINE

3321 W 11TH AVE

EUGENE

PO BOX 677

OAKRIDGE

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, SERVICES (h) Purpose of grant or assistance Employer identification number Yes 93-0394142 PROGRAM noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 22,543 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) 501(C) 93-6015767 General Information on Grants and Assistance (p) EIN UNITED WAY OF LANE COUNTY the selection criteria used to award the grants or assistance? .. (2) UPPER WILLAMETTE COMMUNITY DEVELOPM OF OREGON FOUNDATION 97401 (a) Name and address of organization 360 E 10TH AVE STE 202 or government (1) UNIVERSITY Name of the organization Part II EUGENE Part I

SERVICES SERVICES SERVICES SERVICES PROGRAM PROGRAM PROGRAM PROGRAM 45,535 7,109 18,337 48,588 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(C) 501(C) 501 (C) 170(C) 93-0692905 93-0585814 93-0909097 93-0569684 RECREATION 97478 97402 97405 OR 97401 OR OR OR INC. FAMILY, (4) WHITE BIRD CLINIC STREET (5) WILLAMALANE PARK 687 CHESHIRE AVE 12TH AVE PO BOX 50127 250 S 32ND (6) WILLAMETTE (7) WOMENSPACE SPRINGFIELD 341 E EUGENE EUGENE EUGENE 0 8 <u>6</u>

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{
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Schedule I (Form 990) (2018)

Page 2	line 22.	(f) Description of noncash assistance								ormation.									Schedule I (Form 990) (2018)
	d "Yes" on Form 990, Part IV,	(e) Method of valuation (book, (f	2); and any other additional information.									
93-0394142	organization answered	(d) Amount of noncash assistance	3							2; Part III, column (b);									
	luals. Complete if the	(c) Amount of cash grant								required in Part I, line	N WORKSHEET								
OF LANE COUNTY	to Domestic Individitional space is neede	(b) Number of recipients	2							ovide the information	SUPPLEMENTAL INFORMATION								
Schedule I (Form 990) (2018) UNITED WAY (Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance								Part IV Supplemental Information. Provide the information required in Part I, line	SEE SCHEDULE I SUPPLEMENTA								
Sched	Ра		-	7	က	4	ro	9	7	Pa	Ω. ⊞.	 :	:	:	:	:	:	:	

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Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

2018

Employer identification number

Name of the organization

UNITED WAY OF LANE COUNTY

93-0394142

- 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 PERIOD.
- 3. FOR BASIC NEEDS GRANTS 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
- B. AN ASSESSMENT AS TO WHETHER THE MEASUREMENT SYSTEMS THAT WERE PROPOSED TO MONITOR PROGRESS IN THE ORIGINAL APPLICATION ARE BEING USED, AND IF SO, ARE THEY STILL EFFECTIVE.
- ALL PROGRESS REPORTS ARE REVIEWED BY PANELS OF VOLUNTEERS IN EACH OF THE THREE STRATEGIC AREAS (EDUCATION, INCOME AND HEALTH) AND BY THE COMMUNITY INVESTMENT STEERING COMMITTEE (CISC) IN THE CASE OF BASIC NEEDS REPORTS. ANY QUESTIONS ARISING FROM THE REVIEWS ARE COLLECTED AND SUBMITTED TO THE PROGRAM MANAGERS FOR RESPONSE. SITE VISITS OCCUR WHENEVER DEEMED NECESSARY. THE CISC HAS THE AUTHORITY TO SUSPEND ANY GRANT AWARD IF THE PROGRAM FAILS TO SUBMIT A REPORT IN A TIMELY FASHION, FAILS TO FULLY COMPLETE THE

Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

	Employer identification number
Name of the organization UNITED WAY OF LANE COUNTY	93-0394142
PROGRESS REPORT, OR FAILS TO RESPOND TO QUESTIONS FROM THE	CODV
SATISFACTORY WAY.	

Noncash Contributions

OMB No. 1545-0047

Open To Public

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number

D-	UNITED WA	AY OF	LANE COUNTY	$\frac{1}{2}$	1 93-039414	4		
Pa	art I Types of Property							
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	X	11	178 , 776	FMV AT DATE OF D	CANO	IOL	<u>1</u>
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►())						
26	Other ►()							
27	Other ►())						
28	Other ►(
29	Number of Forms 8283 received by							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization		• • • •	• .	-			
	28, that it must hold for at least thre							
	to be used for exempt purposes for		nolding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	cceptance p	policy that requires the re	eview of any nonstandard				7.7
						31		X
32a	Does the organization hire or use the	nird parties	or related organizations	to solicit, process, or sell n	oncash			7.7
_						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	mount in co	olumn (c) for a type of pr	operty for which column (a) is checked,			
	doccribo in Dart II							

04048			
Schedule M (Fo	(Form 990) 2018 UNITED WAY OF LANE COUNTY 93-0394142 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
	Public Inspection Copy		

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2018

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization 93-0394142 WAY OF LANE FORM 990, PART I, LINE 6 VOLUNTEERS PROVIDE GOVERNANCE, COMMUNITY ACTIVITIES AND SUPPORT, AND VARIOUS SERVICES BOTH WITHIN THE ORGANIZATION AND EXTERNALLY. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 CFO IS A CPA AND THERE ARE THREE CPA'S ON THE FINANCE COMMITTEE WHO WILL REVIEW THE DRAFT 990 BEFORE IT IS RECOMMENDED FOR APPROVAL TO THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL STAFF AND BOARD MEMBERS ARE ASKED TO DISCLOSE RELATIONSHIPS ANNUALLY AND ANY ARE REVIEWED BY THE LEADERSHIP TEAM. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE REVIEWS THE CEO AND MAKES REPORTS TO THE BOARD WHERE COMPENSATION IS APPROVED. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE INTERNAL OPERATIONS COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS APPROVAL OF SALARY RANGES. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Page 2 Employer identification number			
	WAY OF LANE COUNTY	93-0394142	
DONOR	DESIGNATIONS	\$ -1,015,104	
DONOR	DESIGNATIONS C INSPECTION	\$ 1,015,104	
		PAGE 1 OF 1	