Form 990
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 black lung benefit trust or private foundation)



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

Α	For th	e 2012 calendar year, or tax year beginning $ m JUL1,2012$ and e	ending J	UN 30, 2013			
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number		
	Addre	^{ss} United Way of Jackson County, Inc.					
	Name		93-0576632				
	Initial return		Room/suite	E Telephone numbe	r		
	 ated	769 Spring Street		541-	773-5339		
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	875,799.		
	Appli tion pendi	Medioid, OK 97904		H(a) Is this a group re			
	penu	F Name and address of principal officer: Dee Anne Everson		for affiliates?	Yes X No		
		same as C above		H(b) Are all affiliates inc			
		empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or	r 🛄 527		list. (see instructions)		
		te: • www.unitedwayofjacksoncounty.org		H(c) Group exemptio			
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1969	State of legal domicile: OR		
Pa	T	Summary	iaaia	n ia to imp	morro livrog		
e	1	Briefly describe the organization's mission or most significant activities: Our m by mobilizing the caring power of Jackson					
Activities & Governance							
ver		Check this box limit if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)			27		
ŝ	3	Number of independent voting members of the governing body (Part VI, line 1a)			27		
s S	-	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5		
itie	6	Total number of volunteers (estimate if necessary)			1426		
cti∕		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
ð	8	Contributions and grants (Part VIII, line 1h)		827,560.	863,782.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,595.	12,017.		
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		830,155.	875,799.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		282,465.	303,173.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm}$		342,758.	331,470.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 105,65	5.	212 446	226 050		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		312,446. 937,669.	336,950. 971,593.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-107,514.			
- 2	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year			
ets o	20	Total acasts (Dart V, line 10)		799,277.	End of Year 750,347.		
Net Assets or Fund Balances	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		170,181.	148,253.		
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		629,096.	602,094.		
P	art II	Signature Block		0_0,000			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of white			- /		

Sign	Signature of officer		Date
Here	Diane Mathews, Deputy	Director	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	CAROLYN M. RYDER		if self-employed P00033827
Preparer	Firm's name 🕒 ISLER MEDFORD, L	LC	Firm's EIN 20-4749363
Use Only	Firm's address 839 ALDER CREEK	DR.	
	MEDFORD, OR 9750	4	Phone no. (541)779-7641
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			- 000 (111)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2012) United Way of Jackson County, Inc. 93-0576632 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The mission of the United Way of Jackson County, Inc. is to improve
	lives by mobilizing the caring power of Jackson County Communities.
2	Did the exception undertake any elemificant program convises during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 590, 596. including grants of \$ 303, 173.) (Revenue \$ 841, 141.)
	The United Way administers the annual fundraising campaign to collect
	donations to invest in education, income, health, and transportation
	programs delivered by fifty-three programs helping one in two people in
	Jackson County. Additionally, the United Way administers the annual
	fundraising campaign to collect donations that allow donors to choose
	where their contribution goes. These designated funds are passed through to the other not-for-profit organizations, after incurring
	appropriate administrative fundraising and pledge loss costs. Finally,
	United Way collects donor dollars to fund community impact work in
	education, income, health, and transportation.
4b	(Code:) (Expenses \$ 181,522. including grants of \$) (Revenue \$ 12,014.)
	The United Way partners in community initiatives to help mobilize
	caring and to effect change via promoting volunteerism, community
	philanthropy and community building. Current initiatives include
	launching the Big Idea, administering HOPE Chest (rapid response fund
	for emergency needs), partnering with the Southern Oregon Meth Project,
	convening Jackson County CAN (Child Abuse Network), WiLL (Women Living
	Leadership), Day of Caring, co-convening Building a Learning Community,
	CASH (Creating Assets, Savings, and Hope) Southern Oregon, FamilyWize Prescription Assistance, and serving with Community Organizations
	Active in Disaster, Jackson County Community Services Consortium,
	Homeless Task Force and Project Homeless Connect.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 772, 118.
	Form 990 (2012)
23200: 12-10-	12
2 ⊑ 1	2 115 759688 11381008 2012.05090 United Way of Jackson Count 11381071
ココエ	TTO TOTOTO TTOTOTO ZUIZ.UJUJU UHILEU WAY UL UACKSUH CUUHL IIJOIU/I

14

чy

Form	990	(2012)	
------	-----	--------	--

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, VII, VII, IX, or X as applicable. 10 X a) 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 b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X 11d X 11d X 11d X 11d <td< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>				Yes	No
2 Is the organization enqueed to complete Schedule <i>B</i> , Schedule <i>C</i> Contributors 2 X 3 Did the organization enquee in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public office? <i>II</i> 'Yes,' complete Schedule <i>C</i> , Part <i>II</i> 3 X 4 Section 501(c)(3) organizations. Did the organization angue in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization as doring in Newnew Procedure of somplete Schedule <i>C</i> , Part <i>II</i> 6 X 6 Did the organization ascent soft bi(k) organization that receives membership dues, assessments, or similar amounts as doring in assay, or thators atorutures <i>II</i> 'Yes,' complete Schedule <i>D</i> , Part <i>II</i> 6 X 7 Did the organization receive or hold a conservation essement, including assemants to preserve open space, the environment, histoci ain ease, or historic ain creative, or onlive Schedule <i>D</i> , Part <i>II</i> 7 X 8 Did the organization singers an amourt In Part X, line 21, for secrow or custodial account liability serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability. Pare Assay, assay, assay, assay, assay, and assets in Part X, line 127/ II 'Yes,' complete Schedule <i>D</i> , Part <i>V</i> 9 X 10 Did the organization report an amourt for investments. The secret proper an ordeb the golatinaton serves? <i>III</i> 11 <t< th=""><th>1</th><th></th><th>1</th><th>х</th><th></th></t<>	1		1	х	
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? II" "se," complete Schedule C, Part II 4 X 5 Did the organization marking any door adviced 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? II "Yes," complete Schedule D, Part II 6 X 7 Did the organization marking any door adviced funds or any similar funds or accounts? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability: serve as a custodiant in emounts in table in Part X, or provide credit conginization, report an amount in Part X, line 21, for secrow or custodial account liability: serve as a custodiant in end works of an, historical treasures, or other similar asset? II" Yes," complete Schedule D, Part II 8 X 9 Did the organization memory II Part X, line 21, for secrow or custodial account liability: serve as a custodiant in end works of an, historical treasures, or other similar asset? II" Yes," complete Schedule D, Part X 9 X X 9 Did the organization, directry for works are secret the management, credit repair, or debt n	2		2	Х	
public office <i>III</i> 'res,' complete Schedule <i>C</i> , Part <i>I</i> 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? <i>II</i> 'res,' complete Schedule <i>C</i> , Part <i>II</i> 4 X 5 Is the organization ascelon 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Nervone Procedure B1971 'res,' complete Schedule <i>C</i> , Part <i>II</i> 5 X 6 Did the organization maintain any done advised funds or any similar funds or accounts for which donos have the gift to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> 'res,' complete Schedule <i>D</i> , Part <i>II</i> 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for lead, buildings, and equipment in Part X, line 121, for escrow or oustodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 11 the organization report an amount for investments - other securities in Part X, line 127 If 'Yes, 'complete Schedule D, Part V 10 X 12 Old the organization neport an amount for investments - other securities in Part X, line 127	3				
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year // Yies, "complete Schedule C, Part // X 5 Is the organization as defined in Revenue Procedure BB 197 // Yes," complete Schedule C, Part // S X 6 Did the organization markina any doore adviced 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the wey, accounted schedule D, Part // 6 X 7 X 8 X 8 X 9 Did the organization nervine site of did a conservation (and/ding assemtits to provide schedule D, Part // 7 X 9 Did the organization any dimer diverse of art, historical treasures, or other similar asset? // Yes," complete Schedule D, Part // 8 X 9 Did the organization nervines // Part // 10 X 10 X 9 Did the organization any other following questions is 'Yes," then complete Schedule D, Part V 10 X 10 X 9 Did the organization server any of the following questions is 'Yes," then complete Schedule D, Part V 10			3		Х
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 30:157 ""tes," complete Schedule C, Part II 5 X 6 Did the organization maintain any door 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 for "Yes," complete Schedule D, Part II 6 X 7 ZX 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability: serve as a custodian for amounts not lated in Part X, line 21, for escrow or custodial account lability: serve as a custodian for amounts not labed in Part X, line 21, for escrow or custodial account lability: serve as a custodian for amounts not labed in Part X, line 21, for escrew or custodial account lability: serve as a custodian for amounts not provide eradic conseling, debt management, credit repair, or debt negoliation services? 9 X 10 Did the organization directly or through a related organization, field assets in temporally restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lavestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 2 Did the organization report an amount for investments - program related in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule D, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the performance, thistoric fund areas, or historic structures II' 'Nes,' complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 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? 9 X 9 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, personate as applicable. 9 X 10 Did the organization report an amount for levestments - organize transmitter and and the personatizet or report an amount for investments - organizet and personatizet on report an amount for investments - organizet and personatizet on report an amount for investments - organizet and personatizet on report an amount for investments - organizet and personatizet on report an amount for investments - organizet and personatizet on report an amount for investments - organizet and t	5				
provide advice on the distribution or investment of anounts in such funds or accounts? If "Ves," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negatization services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanet endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 13? If The Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part X 11 X 14 Did the organization r	Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, premare and endowments, or quasi-endowments II "Yes," complete Schedule D, Part V 10 X 9 Did the organization report an amount for investments - organ related in Part X, line 10? If "Yes," complete Schedule D, Part VII 10 X 9 Did the organization report an amount for investments - organ related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 9 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11a X 9 Did the organization report an amount for invesitments for the tax year?	6	· · · ·			37
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide cordic uouseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporamly restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part X III 11 X 14 Did the organization report an amount for investments or that year include a contonte that addresses the organization report an amount for investments or the tax year' If "Yes," complete Schedule D, Part X 111 X 15<	_		6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 14 X Did the organization report an amount for other assets in Part X, line 251 ff "Yes," complete Schedule D, Part X 11 X 15 Did the organization separate or consolidated financial statements for the tax year? 11 X 114 X	7		_		v
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for linvestments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11a X 13 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 XIII 11c X 14 Did the organization report an amount for other liabilities 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 X 11d X 12 Did the organization included in consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 11d X 13 Is the organization included	•		7		
amounts incl listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? g X If 'Yes,' complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent of the organization is answer to any of the following questions is 'Yes,'' tem complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent or any of the following questions is 'Yes,'' tem complete Schedule D, Part V 10 X a 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 b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VIII 11b X c Did the organization report an amount for other liabilities in Part X, line 15? If 'Yes,'' complete Schedule D, Part X 11e X e Did the organization is separate or consolidated financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X 11e X e Did the organization is action included in consolidated, independent audited financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X 11e X 12a Did the organization included in consolidated, independent audit	8	-	8		x
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 sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable. 10 X 12 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 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X 14 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 XII 11d X 15 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 16 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and XII is optional 12b X<	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>II</i> "yes," complete Schedule <i>D</i> , <i>Part V</i> 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, V, or X as applicable. 11 X 11 </th <td></td> <td></td> <td>9</td> <td>х</td> <td></td>			9	х	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 11a X a 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 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 112a Did the organization is separate or consolidated financial statements for the tax year? If 'Yes," complete Schedule D, Part X 11e X 112b Wast the organization aschool described in section 170(b)(1)(A(ii)? If "Yes," complete Schedule D, Part X 11e X 112a Did the organization neport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, tundraising, business, investment, and program service activities outside the Uni	10				
as applicable. a) bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c) Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11c X e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X e) Did the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a X 11d X 11d X 13 Is the organization obtain separate, independent audited financial statements for the tax year? 11f X 14a Did the organization aschool described in section 170(b)(1)(4/(ii)? If "Yes," complete Schedule E 113 X 14a Did the organization maind an office, employees, or aggeres or more than \$10.0		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
a 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 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization separate independent audited financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year? 11f X 12a Did the organization separate, independent audited financial statements for the tax year? 11f X 13 Is the organization asserbed 'N to line 12a, then completing Schedule D, Part X and XII is optional 12a X 14a X 14a X 15 Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14b V 11a X 11a X	11				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X f 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 the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization aschool described in section 170b(1)(A)(A)(I)" Yes," complete Schedule D, Part X 12a X 13 Is the organization aschool described in section 170b(1)(A)(A)(I)(I)" Yes," complete Schedule D, Part X 12a X 14a Did the organization aschool described in section 170b(1)(A)(A)(I)(I) I" Yes," complete Schedule E, I 13 X 14a Did the organization maxima an	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a X b Was the organization aschol described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13a X 13a St X 14a Did the organization nantatin an office, employees, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14a X 15b Did the organization nantatian an office, employees, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Sc			11a	Δ	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e 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 the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 11t X 12a Did 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 navered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a X Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did th	D		446		x
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other iabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization is iability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12b Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization nobtain separate, independent audited financial statements for the tax year? 11t X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13a X 14a Did the organization neopt on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or assistance to any organization or ontity located outside the United States If "Yes," complete Schedule E 14a X 15 Did the organization report on Part IX, column (A),	~		arr		
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e 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 the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization abtain separate, independent audited financial statements for the tax year? 11e X 12b Was the organization ancluded in consolidated, independent audited financial statements for the tax year? 12e X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11e X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule	C		110		x
Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e 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 the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11g X 12b Was the organization is undependent audited financial statements for the tax year? 11g X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional 12a X 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organizat	d		110		
e 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 isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 11e X 13 Is the organization maintain an office, employees, or agents outside of the United States? 12a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? or aggregate grants or assistance to any organization or entity located outside the United States? 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 aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report		· · · ·	11d	х	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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 naintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts 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 assistance to individuals located outside the United States? If "	е				х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization navered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 14a X 14a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization nave 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 aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 X Did		-			
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization and the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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 II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$15,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule G, Part I 17		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? 1 lf "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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1a and 82? If "Yes," complete Schedule G, Part II 18 X <td></td> <td>Schedule D, Parts XI and XII</td> <td>12a</td> <td>Х</td> <td></td>		Schedule D, Parts XI and XII	12a	Х	
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 14 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 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X <td>b</td> <td></td> <td></td> <td></td> <td></td>	b				
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 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			12b		
 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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 					
 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>. 			14a		<u> </u>
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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	b				
 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>			14-		x
or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	15		14D		- 22
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X	15		15		x
Iocated outside the United States? 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	16		10		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			16		х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			17		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
					<u> </u>

Form **990** (2012)

232003 12-10-12

United Way of Jackson County, Inc.
 Form 990 (2012)
 United
 Way
 of
 Jack

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	100		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	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	34		x
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
-		00		

Form **990** (2012)

232004 12-10-12

	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
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 2a 5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L			
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)?	4a		X			
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x			
	any contributions that were not tax deductible as charitable contributions?	6a		^			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		1			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b					
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b					
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
Ŭ							
d	to file Form 8282?						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		[
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		 			
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1						
U	amounts due or received from them.)						
122		12a					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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						
с	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

United Way of Jackson County, Inc.

Statements Regarding Other IRS Filings and Tax Compliance

232005 12-10-12

Form 990 (2012) Part V

14351115 759688 11381008

2012.05090 United Way of Jackson Count 11381071

93-0576632

Page 5

~

United Way of Jackson County, Inc.

93-0576632 Page 6

VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

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

X

Seci	tion A. Governing Body and Management					
			a - E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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 0.		0.7			
	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				37
	officer, director, trustee, or key employee?			2		X
	Did the organization delegate control over management duties customarily performed by or under the			-		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X X
	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
	Did the organization have members or stockholders?		····· –	6		_ <u>^</u>
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		L	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or				
	persons other than the governing body?		L	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?		L	8a	X	
b	Each committee with authority to act on behalf of the governing body?		L	8b	Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				
			<u></u>	9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
_			г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		····· [·	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the foi	^{(m?}	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
		to conflicto		12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		····· -	12b	Λ	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done		[.	12c	х	
3	Did the organization have a written whistleblower policy?		L	13	Х	
4	Did the organization have a written document retention and destruction policy?		L	14	Х	
5	Did the process for determining compensation of the following persons include a review and approv	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization		[·	15b		X
	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 arrange					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
	exempt status with respect to such arrangements?		·	16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(c)(3)s	only) av	ailab	le	
	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)				
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	,	icv and	finar	ncial	
-	statements available to the public during the tax year.		- ,			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the or	anizatio	on: 🖿	•	
-	Dee Anne Everson - 541-773-5339		,			
	769 Spring Street, Medford, OR 97504					
2006 2-10-1				Form	990	(2012
	6					
51	115 759688 11381008 2012.05090 United Way of w	Jackson Cou	unt 🔅	113	8810)71

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both officer and a director/trus		h an	compensation	compensation	amount of		
	week				from	from related	other			
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	er	Key employee	est co oyee	er			organizations
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) Cary Jones	5.00								_	_
President		Х		Х				0.	0.	0.
(2) Bob Wise	2.00								_	_
1st Vice President		Х		Х				0.	0.	0.
(3) Stewart Parmele	2.00								_	_
Treasurer		Х		Х				0.	0.	0.
(4) Charley Bolen	2.00								_	_
Secretary		Х		Х				0.	0.	0.
(5) Anne Ashbey	2.00								_	_
Director		Х						0.	0.	0.
(6) Amy Belkin	2.00								_	_
Director		Х						0.	0.	0.
(7) Diane Bennett	2.00									-
Director		Х						0.	0.	0.
(8) Marsha Billeci	2.00									-
Director		Х						0.	0.	0.
(9) Barb Brazier	2.00									-
Director		Х						0.	0.	0.
(10) Julie Brown	2.00									
Director		х						0.	0.	0.
(11) Tim Clayton	2.00									
Director		х						0.	0.	0.
(12) Steve Erb	2.00									
Director	0.00	X						0.	0.	0.
(13) David L. Gremmels	2.00									0
Director		X						0.	0.	0.
(14) Scott Huddleston	2.00									0
Director		X						0.	0.	0.
(15) Michele Jones	2.00									0
Director		X						0.	0.	0.
(16) Danny Jordan	2.00									0
Director	2 00	X						0.	0.	0.
(17) Kim Katic	2.00							_	_	0
Director		Х						0.	0.	0.
232007 12-10-12						_				Form 990 (2012)

7

14351115 759688 11381008

2012.05090 United Way of Jackson Count 11381071

United Way of Jackson County, Inc. 93-0576632 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	(do				ו than than	one	Reportable	Reportable	Es	timated	
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation		nount of	í.
	week		cer an			Jiruus		from	from related		other	
	(list any hours for	irecto						the	organizations		pensatio	on
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizatio	n
	organizations	Individual trustee or director	Institutional trustee		/ee	mpen		(** 2/1000 10100)		· ·	d related	
	below	dual 1	utiona	-	nploy	sst co oyee	ъ				anization	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form					
(18) Jason Lukaszewicz	2.00											_
Director		x						0.	0.			0.
(19) Dennis Morgan	2.00											_
Director		x						0.	0.			0.
(20) Doug Nash	2.00											_
Director		x						0.	0.			0.
(21) Nick Parsons	2.00											
Director		x						0.	0.			0.
(22) Rick Rankin	2.00											
Director		x						0.	0.			0.
(23) Lance D Reyes	2.00											
Director		x						0.	0.			0.
(24) Sue Slack	2.00											
Director		x						0.	0.			0.
(25) Jennifer Susi	2.00											
Director		x						0.	0.			0.
(26) Deelia Warner	2.00											
Director		x						0.	0.			0.
1b Sub-total							-	0.	0.			0.
c Total from continuation sheets to Part VI								97,250.	0.	1	2,19	
d Total (add lines 1b and 1c)	• •					-		97,250.	0.		$\frac{1}{2,19}$	
2 Total number of individuals (including but n							no r		000 of reportable			
compensation from the organization			nore	, a a		0,	10 1					0
											Yes I	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v er	olam	ovee	. or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s			-		·			·····		3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150									U U	4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com								5		5		Х
Section B. Independent Contractors											, 	
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of compens	sation f	rom	_
the organization. Report compensation for	-											
(A)	•							(B)		(0	;)	
Name and business	address	N	ONE	2				Description of s	ervices (nsation	
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se li	stec	above) who received m	nore than			
\$100,000 of compensation from the organiz						0		-				
See Part VII, Section		:ir	nua	it:	io	n s	sh	eets		Form	990 (20)12)
232008 12-10-12											`	,

14351115 759688 11381008

8

Name and title	Average hours	Position (check all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of		
	per week (list any hours for related organizations below line)		In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) Nancy Wilson Director	2.00	x						0.	0.	0	
(28) Dee Anne Everson	40.00	^						0.	0.	0.	
Executive Director	40.00			x				97,250.	0.	12,191.	
								57,250.		12,1910	
								1	1	1	

Form 990

(A)

14351115 759688 11381008

United Way of Jackson County, Inc. Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

(C)

(D)

93-0576632

(E)

(F)

				Jackson	County, I	nc.	93-0576	632 Page 9
Pa	rt VII							
		Check if Schedule O cont	ains a response	to any question i	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
t t	1 a	Federated campaigns	1a	841,141.		revenue	revenue	513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
An G		Fundraising events						
lar ,		Related organizations						
ini,	е	Government grants (contribut	tions) 1e					
er S	f	All other contributions, gifts, gran						
-ipi Gith		similar amounts not included abo		22,641.				
nd		Noncash contributions included in lines			863,782.			
<u>a C</u>	h	Total. Add lines 1a-1f		Business Code	003,702.			
e	2 a			Business Code				
Program Service Revenue	b							
Sel	c							
leve eve	d							
бЩ БЩ	е							
ā	f	1 5						
_		Total. Add lines 2a-2f						
	3	Investment income (including			12,017.	12,017.		
	4	other similar amounts) Income from investment of ta			12,017•	12,017.		
	4 5	Royalties						
	5	noyanies	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour					
	b	Less: rental expenses						
	с	—						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss) Net gain or (loss)						
		Gross income from fundraisin						
nu	0 4	including \$	•					
eve		contributions reported on line						
Other Revenue		Part IV, line 18	а					
Ę		Less: direct expenses						
-		Net income or (loss) from fund		•				
	9 a	Gross income from gaming ad						
	Ŀ	Part IV, line 19						
		Less: direct expenses						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	c d			+ +				
	u 6	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			875,799.	12,017.	0.	0.
23200 12-10-	9 - 12							Form 990 (2012)

10 14351115 759688 11381008 2012.05090 United Way of Jackson Count 11381071

Form 990	(2012)
	.

United Way of Jackson County, Inc.

93-0576632 Page 10

Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns	umn (A).

	oonse to any question in thi		<u> </u>	L
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 2	303,173.	303,173.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,907.	68,768.	20,341.	11,798
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	166,898.	88,249.	35,822.	42,827
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,026.	2,818.	805.	403
9 Other employee benefits		21,289.	7,588.	403
10 Payroll taxes	00 100	13,779.	4,911.	4,743.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
 d Lobbying e Professional fundraising services. See Part IV, line 1 				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0	.) 35,937.	19,513.	7,408.	9,016
12 Advertising and promotion	04 01 0	16,809.		7,204
13 Office expenses		14,367.	4,790.	4,790
14 Information technology		342.	513.	856
15 Royalties				
16 Occupancy		13,003.	4,334.	4,334
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,432.	17,473.	894.	3,065
20 Interest		165.	55.	55
21 Payments to affiliates	10,317.	6,189.	2,064.	2,064
22 Depreciation, depletion, and amortization		2,663.	949.	916
23 Insurance	2,485.	1,491.	497.	497.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If li 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a Community Projects	189,793.	181,522.	2,683.	5,588
b Awards	551.	331.	110.	110
c <u>Miscellaneous</u> d	290.	174.	58.	58.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	971,593.	772,118.	93,822.	105,653
26 Joint costs. Complete this line only if the organization	n 🗌			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

14351115 759688 11381008

11 2012.05090 United Way of Jackson Count 11381071

12 2012.05090 United Way of Jackson Count 11381071 14351115 759688 11381008

United	Wav	of	Jackson	County,	Inc.
0					

93-0576632 Page 11

	rt X	Balance Sheet					
_		Check if Schedule O contains a response to any	question	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			54,796.	1	39,308.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			294,352.	3	242,041.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
6		employees' beneficiary organizations (see instr).	Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			637.	9	1,505.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		40,045.	00.460		45.000
	b	Less: accumulated depreciation		22,413.	22,160.	10c	17,632.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			107 220	14	440.961
	15	Other assets. See Part IV, line 11	427,332. 799,277.	15	449,861.		
	16	Total assets. Add lines 1 through 15 (must equa			24,933.	16	750,347.
	17	Accounts payable and accrued expenses	110,248.	17	13,607. 134,646.		
	18	Grants payable	110,240.	18	154,040.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete I Loans and other payables to current and former				21	
iliq	22	key employees, highest compensated employees					
Lia						22	
	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				23	
	23	Unsecured notes and loans payable to unrelated			35,000.	24	0.
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines	-				
		Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			170,181.	26	148,253.
		Organizations that follow SFAS 117 (ASC 958					-
ŝ		complete lines 27 through 29, and lines 33 an					
ů	27	Unrestricted net assets			438,928.	27	434,159.
3ala	28	Temporarily restricted net assets			77,052.	28	54,819.
Б	29			<u></u> [113,116.	29	113,116.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	luipment	iund		31	
let /	32	Retained earnings, endowment, accumulated in				32	
z	33	Total net assets or fund balances			629,096.	33	602,094.
	34	Total liabilities and net assets/fund balances			799,277.	34	750,347. Form 990 (2012)

Form 990 (
Part X	Balance	Sheet

Form 990

14351115 759688 11381008

Form 990 (2	2012)	United	Way	of	Jackson	County,	Inc.	93-0576
Part XI	Reconciliation	of Net As	sets					
	Check if Schedule	O contains a r	esponse	to an	y question in thi	s Part XI		
								1 1

1	Total revenue (must equal Part VIII, column (A), line 12)	1			99.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			93.	
3	Revenue less expenses. Subtract line 2 from line 1	3			94.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			96.	
5	Net unrealized gains (losses) on investments	5			05.	
6	Donated services and use of facilities	6			26.	
7	Investment expenses	7	-	3,7	39.	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	60	2,0	94.	
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b

Form 990 (2012)

(For Depart	ment o I Rever	DULE A 00 or 990-EZ) of the Treasury nue Service	Comple At	te if the organization is 4947(a)(1) no ttach to Form 990 or Fo	a section	n 501(c)(3) charitabl	organizat e trust.	tion or a s	section		OMB No. 1545-0047 2012 Open to Public Inspection		
Nam	e of t	the organizati			0-		T		E		identificat		
De	41	Decen		Way of Jacks						9	3-0576	632	
Pa				ity Status (All organiz					tructions.				
	organ		•	because it is: (For lines 1	•			,					
1		-		s, or association of chur			ection 170	(b)(1)(A)(i)).				
2				70(b)(1)(A)(ii). (Attach Sc									
3			• •	tal service organization of									
4				operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospita	l's nam	ıe,
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_			(b)(1)(A)(iv). (Comple										
6	v			ent or governmental unit									
7	X			eives a substantial part o	of its supp	ort from a	governme	ental unit c	or from the	e general	public desc	ribed	in
-			b)(1)(A)(vi). (Comple										
8		-		section 170(b)(1)(A)(vi).									
9				eives: (1) more than 33 1									
			-	nctions - subject to certa	-						-		
				axable income (less sect	ion 511 ta	ix) from bu	isinesses a	acquired b	by the orga	anization	after June 3	30, 197	75.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).				
11		An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	, or to carr	y out the	e purposes (of one	or
				ations described in section				2). See see	ction 509((a)(3). Ch	eck the box	that	
		describes the	e type of supporting	organization and comple									
		a 📖 Type I			-	•	integrated		• •		n-functional	•	-
е				at the organization is not									
				han one or more publicly						9(a)(1) or	section 509	9(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	he IRS tha	at it is a Ty	vpe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									. Ш
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per	sons?			<u> </u>
		(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed	in (ii) and ((iii) below	′,	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		
		• •		n described in (i) above?							11g(ii)		<u> </u>
		• •	,	person described in (i) o	.,						11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
				1					6.01		i		
(i)		of supported	(ii) EIN	(iii) Type of organization			(v) Did you		Torganizati	on in col.	(vii) Amoun		netary
	orga	anization		(described on lines 1-9 above or IRC section	in col. (i) lis aovernina	document?	organizat (i) of your		(i) organiz U.S	zed in the	the support		
				(see instructions))	-								
					Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

14351115 759688 11381008

Schedule A (Form 990 or 990 EZ) 2012 United Way of Jackson County, Inc.

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

93-0576632 Page 2

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,020,659.	878,060.	1,011,215.	865,396.	948,330.	4,723,660.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	1,020,659.	878,060.	1,011,215.	865,396.	948,330.	4,723,660.
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)						
	Public support. Subtract line 5 from line 4.						4,723,660.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012 948,330.	(f) Total
7	Amounts from line 4	1,020,659.	878,060.	1,011,215.	865,396.	948,330.	4,723,660.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	24,841.	104,846.	74,415.	6,255.	4,589.	214,946.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						4,938,606.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	.
<u> </u>	organization, check this box and stor ction C. Computation of Publ	<u>here</u>	roontogo				
							95.65 %
	Public support percentage for 2012 (I					14	0 - 10
	Public support percentage from 2011					15	/-
168	33 1/3% support test - 2012. If the c	-					x and ► X
le le	stop here. The organization qualifies						
D	33 1/3% support test - 2011. If the c						
47.	and stop here. The organization qual						▶□
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
1-	meets the "facts-and-circumstances"	-	-	• • • •			
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	IT UIU HUL CHECK à		a, 100, 17a, 01 17k		dule A (Form 990	
					00110		

232022 12-04-12

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

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

Section A. Public Support		1		1		1
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	1					
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	1					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		-				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	l					
b Unrelated business taxable income	,					
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth. or fifth t	tax vear as a secti	on 501(c)(3) organiz	zation.
check this box and stop here	•					·
Section C. Computation of Publi						······································
15 Public support percentage for 2012 (li			column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Invest					1.01	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	<u> </u>
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-04-12			, <u> </u>		hedule A (Form 99	0 or 990-EZ) 2012
==			16	00		

14351115 759688 11381008

2012.05090 United Way of Jackson Count 11381071

Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

N	ame	of	the	or	gani	izatio	วท
---	-----	----	-----	----	------	--------	----

Name of the organizat	Employer identification number	
	United Way of Jackson County, Inc.	93-0576632
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B	(Form	990,	990-EZ,	or 990-PF) (2012)
------------	-------	------	---------	-----------	----------

Name of organization

Page **2**

United Way of Jackson County, Inc.

Employer identification number

93-0576632

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Medford, OR 97504	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	St Petersburg, FL 33733	\$150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Medford, OR 97501	\$26,400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Medford, OR 97504	\$18,000.	Person Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$	Person Payroll Payroll Payroll Payroll Payroll Part II if there is a noncash contribution.)
	1-12		,,,

18 2012.05090 United Way of Jackson Count 11381071

14351115 759688 11381008

Employer identification number

93-0576632

United Way of Jackson County, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ice space rent in-kind		
		\$18,000.	06/30/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

14351115 759688 11381008

2012.05090 United Way of Jackson Count 11381071

rt III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for the	93-0576632 (6), or (10) organizations that total more than \$1,000 to completing Part III, enter a year. (Enter this information once.) \$			
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- -		(e) Transfer of gift	_			
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- -	(e) Transfer of gift					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	IND ∠IP + 4	Relationship of transferor to transferee			

14351115 759688 11381008

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions. 2012 Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization United Way of Jackson County, Inc.	Employer identification number 93-0576632
Pa		
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	š — —
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,
•	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
-	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
u	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
U	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
Ŭ	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	gunzation o accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	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 b	balance sheet works of art historica
~	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	si vice, provide the following affedita
	(i) Revenues included in Form 990, Part VIII, line 1	*
2	 (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, 	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	, μονίας
а	Revenues included in Form 990, Part VIII, line 1	► \$
	Assets included in Form 990, Part X	
U U		🕨 Ψ
۱ЦА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2012
23205 12-10-	1 1 12	

14351115 759688 11381008

21 090 Unit

2012.05090 United Way of Jackson Count 11381071

	dule D (Form 990) 2012 United	Way of Jac								Page 2
3	Using the organization's acquisition, accessi									
Ū	(check all that apply):		s, check an	ly of the	ionowing that	laicas	ngrinicarit		concetion	nomo
а	Public exhibition	d		n or excl	hange progra	ims				
b	Scholarly research	e								
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they	further th	ne organizatio	on's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiza	tion's co	ollection?				Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the org	janizatio	n answered "	'Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod		•						-	
	on Form 990, Part X?							LX	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
									Amount	
	Beginning balance									3,085.
	Additions during the year									5,241.
-	Distributions during the year									0,050. 0,276.
f	Ending balance								1	X No
	Did the organization include an amount on F								Yes	
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u></u>	
		(a) Current year	(b) Prior		(c) Two year			/ears back	(e) Four	years back
1a	Beginning of year balance	113,116.		3,116.		3,116.	. ,	.13,116.	. /	113,116.
	Contributions	,		,		,		,		,
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	113,116.	11	3,116.	113	8,116.	1	.13,116.		113,116.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, c	olumn (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posse	ession of the organization	ation that ar	e held a	nd administe	red for t	he organi	zation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations								3b	
	Describe in Part XIII the intended uses of the									
Fai	t VI Land, Buildings, and Equipm	1				(-) ((-1) D -	
	Description of property	(a) Cost or o basis (investn		(b) Cost basis (or other (other)		ccumulate preciation		(d) Book	value
10	Land	· · · ·		2000			p. colution			
	LandBuildings									
	Leasehold improvements			1	0,402.		4,5	42.	F	5,860.
	Equipment				9,643.		17,8			,772.
	Other				, . =		, •			, •
	Add lines 1a through 1e. (Column (d) must e		X, column (i	B), line 1	0(c).)				17	,632.
		. ,						Schedule		990) 2012

Schedule D (Form 990) 2012

12-10-12

14351115 759688 11381008 2012.05090 United Way of Jackson Count 11381071

Part VIII Investments - Other Securities. See Form 980, Part X, line 12. (e) Method of valuation: Cost or end-of-year market value (i) Formal derivatives (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (i) Order handle depuip interests (e) Method of valuation: Cost or end-of-year market value (ii) Order (iii) Order (iii) Order (iiii) Order (iiii) Order (iiii) Order (iiii) Order (iiiii) Order (iiii) Order (iiiiii) Order (iiii) Order (iiiiiii) Order (iiii) Order (iiiiiii) Order (iiii) Order (iiiiiiiiiii) Order (iiii) Order (iiiiiiiiiii) Order (iiii) Order (iiiiiiiiiiiiiiiiiii) Order (iiii) Order (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			County, Inc.	93	8-0576632 _{Pag}
(1) Francial certratives (2) Closely held equity interests (3) (4) (4) (5) (6) (6) (7) (7) (8) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (9) (1) (9) (2) (9) (1) (9) (2) (9) (3) (9) (4) (9) (5) (9) (6) (9) (1) (9) (2) (9) (3) (9) (4) (9) (5) (9) (6) (9) (7) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (1) (2) (2) (2) </th <th></th> <th></th> <th></th> <th></th> <th></th>					
(2) Closely-held equity interests		(b) Book value	(c) Method of va	aluation: Cost or en	id-of-year market value
(3) Other					
(A) (A) (B) (A) (C) (A) (B) (A) (C) (A) (D) (A) (D) (A) (D) (A) (D) (A) (D) (B) (D) (A) (D) (B) (D) (B) (D) (· · · · · · · · · · · · · · · · · · ·				
(B) (C) (C) (C) (D) (C) (E) (D) (E) (
[C] [C] [B] [C] [C]					
(D) (E) (E) (E) (F) (E) (G)					
[0] [0] (6) [0] (7) [1] (8) [2] (9) [2] (9) [2] (9) [2] (9) [3] (9) [4] (9) [5] (9) [6] (9) [6] (9) [6] (9) [6] (9) [6] (9) [6] (9) [6] (10) [7] (10) [8] (11) [9] (12) [9] (13) [9] (14) [9] (15) [9] (16) [9] (17) [9] (18) [9] (19) [9] (10) [9] (11) [9] (12) [9] (13) [9] (14) [9] (15) [9] (16) [9] (
(F) (A) (B) (A) (B) (A) (B) (A) (B) (B) (C) (C) (B) (C) (C) (C) (D) (D) (D) (
(G) (A) (B) (A) (D) (B) (a) (C) (b) (C) (c) (C) (a) (C) (b) (C) (c)					
(h) (h) (h)					
0. Total. (Col. (b) must equal Form 990, Part X, Line (B) line 12.) ► Part Vill [Investments - Program Related. See Form 990, Part X, Line 13. (c) Method of valuation: Cost or end of-year market value (1) (c) (c) Method of valuation: Cost or end of-year market value (1) (c) (c) Method of valuation: Cost or end of-year market value (1) (c) (c) Method of valuation: Cost or end of-year market value (1) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (10) Beneficial interest in funds held by Oregon Community 449, 861 (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (10) (c) (c)					
Part VIIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (10) (c) (c) (11) (c) (c) (12) (c) (c) (13) (c) (c) (2) Foundation (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) (c) (c)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
(1) (1) (2) (2) (3) (4) (6) (6) (7) (7) (8) (9) (10) (9) (11) (9) (12) (9) (11) (9) (12) (9) (13) (9) (14) (9) (15) (9) (16) (9) (17) (10) (18) (9) (19) (9) (10) (10) (11) (11) (12) (11) (13) (11) (14) (15) (15) (16) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (18)	Part VIII Investments - Program Related. S	See Form 990, Part X, lir	ne 13.		
(2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (10) Cot. (b) must equal Form 990, Part X, cot. (8) line 13.) ► (b) Book value (11) Beneficial interest in funds held by Oregon Community (49, 861 (9) (10) Description (b) Book value (10) Beneficial interest in funds held by Oregon Community 449, 861 (9) (9) (10) (10) (10) (10) (10) (10) (10) (11) (11) (11) (12) Column (b) must equal Form 990, Part X, col. (B) line 15.) (10) (13) (14) (15) (14) (15) (16) (15) (10) (11) (11) (11) (11) (12) (13) (14) (14) (15) (16) (16) (16) (16) (17) (17) (18) (18) (19) (10) (19) (11) (11) <tr< td=""><td></td><td></td><td></td><td>aluation: Cost or en</td><td>nd-of-year market value</td></tr<>				aluation: Cost or en	nd-of-year market value
(3) (4) (4) (5) (5) (7) (7) (7) (8) (7) (9) (7) (10) (7) (10) (8) (11) (9) (12) (9) (13) (9) (14) (9) (12) (9) (13) (9) (14) (9) (15) (9) (16) (10) (17) (9) (18) (9) (19) (9) (10) (10) (10) (10) (11) (11) (12) (12) (14) (9) (15) (9) (10) (10) (18) (9) (19) (10) (10) (10) (11) (11) (12) (11) (13) (11) (14) (15) (15) (10) </td <td>(1)</td> <td></td> <td></td> <td></td> <td></td>	(1)				
(4) (3) (6) (6) (7) (7) (8) (9) (10) (10) (11) (11) (12) (11) (13) (11) (14) (15) (15) (16) (17) (17) (2) Foundation (3) (449,861) (6) (17) (6) (17) (7) (10) (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (17) (10) (18) (19) (19) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (11) (11) (2) (2) (3) (10) (4) (10) (3) (10) (4) (10) (5) (10) (6) (10) (7) (10) (8) (10)	(2)				
(6)	(3)				
(6) (7) (8) (8) (9) (10) (10) (10) (11) (11) Part IX Other Assets. See Form 990, Part X, line 15. (11) (12) (12) (13) (13) (14) (14) (15) (15) (16) (16) (17) (17) (10) (18) (19) (19) (10) (10) (10) (10) (11) (11) (11) (2) (2) (3) (10) (4) (10) (10) (11) (11) (11) (2) (2) (3) (4) (4) (10) (11) (11) (11) (11) (12) (11) (13) (11) (14) (10) (15) (11) (16) (11) (17) (11) <td>(4)</td> <td></td> <td></td> <td></td> <td></td>	(4)				
(7) (8) (9) (10) (10) (10) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11) (18) (11) (19) (11) (10) (11) (11) (11) (12) (12) (13) (13) (14) (14) (15) (16) (16) (17) (17) (18) (19) (10) (10) (11) (11) (11) (12) (12) (2) (2) (3) (14) (4) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (11) (11) (11) (11) (11)	(5)				
(8) (9) (10) Intel. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (11) (a) Description (a) Description (b) Book value (1) Beneficial interest in funds held by Oregon Community 449, 861 (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (2) Description on flability (11) (2) Description on flability (12) (3) (13) (449, 861 (14) (15) (15) 449, 861 (16) (17) (17) (18) Description of liability (18) (19) Description of liability (19) (10) (10) (10) (11) (11) (12) (11) (13) (11) (14) (12) (15) (16)	(6)				
(9) (10) (10) (10) (11) (11) (12) (11) (11) (12) (12) (13) (11) Beneficial interest in funds held by Oregon Community (2) (12) (13) (14) (14) (15) (15) (16) (16) (17) (17) (10) (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (16) (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (16) (16) (16) (17) (16) (18) (19) (19) (10) (10) (11) (11) (12) (2) (13) (4) (10) (5) (10) (6) (10) (10) (11) (11) (11) (12) (11) (13) (11) (14) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Beneficial interest in funds held by Oregon Community (2) Foundation 449, 861 (3) (4) (6) (6) (7) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (1) Federal income taxes (2) (3) (1) (b) Book value (1) Federal income taxes (2) (3) (1) (b) Book value (1) Federal income taxes (2) (3) (1) (b) Book value (1) (a) Description of liability (b) Book value (1) (a) Description of liability (b) Book value (1) (1) (1) (3) (1) (1) (4) (1) (1) (5) (1) (1) (6) (1) (1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Book value (1) Beneficial interest in funds held by Oregon Community 449, 861 (3) 449, 861 (4) (b) Book value (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) (c) Book value (11) Federal income taxes (c) (2) (a) Description of liability (1) Federal income taxes (c) (2) (a) Description of liability (b) Book value (c) (1) Federal income taxes (c) (2) (a) Description of liability (b) Book value (c) (11) Federal income taxes (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (10) (c) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Beneficial interest in funds held by Oregon Community 449, 861 (2) Foundation 449, 861 (3) (4) (5) (6) (7) (6) (7) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 449, 861 (1) Federal income taxes (1) (2) (3) (b) Book value (1) Federal income taxes (2) (3) (9) (10) (4) (1) (2) (6) (7) (10) (7) (10) (10) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (10) (10) (10) (11) (10) (10) (11) (11) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (2)					
(a) Description (b) Book value (1) Beneficial interest in funds held by Oregon Community 449,861 (3) 449,861 (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▲ 449, 861 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (7) (9) (10) (10) (10) (10) (11) (11) (11)		15			
(1) Beneficial interest in funds held by Oregon Community (2) Foundation 449,861 (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 449,861 (12) (13) (14) (149,861) (15) (16) (16) (17) (17) (18) (19) (10) (11) Federal income taxes (10) (2) (2) (3) (4) (4) (6) (7) (10) (10) (10) (10) (10) (10) (10) (10) (10) (11) (11) Total. (Column (b) must equal Form 930, Part X, col. (B) line 25.) (12)					(b) Book value
(2) Foundation 449,861 (3) (4) (4) (5) (6) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 449,861 Part X Other Liabilities. See Form 990, Part X, line 25. 449,861 (1) Federal income taxes (2) (3) (4) (4) (6) (7) (8) (9) (10) (10) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (10)			Oregon Comm	unity	
(3)		mas nera by	oregon conun	штсу	449 86
(4) (5) (6) (7) (8) (9) (10) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (1) Federal income taxes (2) (1) (3) (4) (5) (6) (7) (1) (8) (1) (9) (1) (10) (1) (10) (1) (10) (1) (10) (1) (11) (2) (12) (13) (13) (14) (14) (1) (15) (1) (10) (1) (11) (1) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) (1)	(=)				449,00
(5) (6) (7) (7) (8) (7) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (10) Total. (Column (b) must equal Form 990, Part X, line 25. (1) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (10) (10) (10) (10) (11) (10) (10) (12) (13) (14)					
(6) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (b) Book value					
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▲ 449 , 861 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▲ 449 , 861 Part X Other Liabilities. See Form 990, Part X, line 25. ▲ 1. (a) Description of liability (b) Book value (1) Federal income taxes					
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▲ 449, 861 Part X Other Liabilities. See Form 990, Part X, line 25. ▲ 1. (a) Description of liability (b) Book value (1) Federal income taxes					
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▲ 449, 861 Part X Other Liabilities. See Form 990, Part X, line 25. ▲ 1. (a) Description of liability (b) Book value (1) Federal income taxes					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▲ 449, 861 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes					
1. (a) Description of liability (b) Book value (1) Federal income taxes					449,86
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part X Other Liabilities. See Form 990, Part X,	line 25.			
(2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1.(a) Description of liability		(b) Book value		
(3) (4) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1) Federal income taxes				
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(2)				
(5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(3)				
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(4)				
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(5)				
(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)				
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2 FIN 48 (ASC 740) Footpote In Part XIII, provide the text of the footpote to the organization's financial statements that reports the organization's					
liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the	text of the foothote has		

232053 12-10-12

(F J

14351115 759688 11381008

Sche	dule D (Form 990) 2012 United Way of Jackson Count	y,	Inc.	93-	0576632 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W			
1	Total revenue, gains, and other support per audited financial statements			1	944,591.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	33,705.		
b	Donated services and use of facilities	2b	38,826.		
с	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)			1	
е	Add lines 2a through 2d			2e	72,531.
3	Subtract line 2e from line 1			3	872,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,739.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	·		4c	3,739.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	875,799.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	-
1	Total expenses and losses per audited financial statements			1	971,593.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	,
	Donated services and use of facilities	2a			
	Prior year adjustments				
č	Other losses				
ь Ч	Other (Describe in Part XIII.)				
ŭ	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	971,593.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	57175550
		4-	l		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
	Other (Describe in Part XIII.)				0.
	Add lines 4a and 4b			4c	971,593.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	971,393.
	t XIII Supplemental Information				
-	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,				2b; Part V, line 4; Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				ata nat
Par	t IV, line 1b: PART IV, LINE 1b - Contribu		ns or other	ASS	ets not
	luded on the Delenge Cheet				
<u></u>	luded on the Balance Sheet				
mЪс	Organization is the figsal agent for the	0~~	aon Nonnrofi	+ т.	aadama
THE	Organization is the fiscal agent for the	ore	gon Nonprori	ιĿ	eauers
0.0	formance and annual conformance for grantma	1	a and nonne	£:F	
	ference, and annual conference for grantma	кег	s and nonpro	LΙL	
0.70.0	anizations throughout Oregon and Northorn	0-1	ifomnio Mhi		a dono on o
010	anizations throughout Oregon and Northern	Cai	110filla. Till	SI	s done on a
faa	for convice basis The Organization	dee	financial -		aomont
тее	for service basis. The Organization provi	ues	LINANCIAL M	ana	gement
a	wight for the conference and United Ways at	əff	ia ronnogon	+~~~	on the
ser	vices for the conference and United Way st	arr	TP Tebresen	Lea	
a+ -	oring committoo				
ຣເເ	ering committee.			<u>.</u> .	
				Schee	dule D (Form 990) 2012

14351115 759688 11381008 2012.05090 United Way of Jackson Count 11381071

Part V, line 4: PART V, LINE 4 - Intended Uses of Endowment Fund

In general, the United Way of Jackson County uses earnings on endowment

funds annually to support program service accomplishments, keeping the

endowment funds principal intact in perpetuity.

Part X, Line 2: The Organization has determined that it has no

uncertain tax positions requiring accrual and disclosure under FASB ASC

740-10-50.

Schedule D (Form 990) 2012

SCHEDULE I								OMB No. 1545-0047			
(Form 990)				Other Assistance	-	-		2012			
				s, and Individuals				2012			
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.										
Name of the organizat		v of Jack	son County,	The				Employer identification number 93-0576632			
Part I General I	nformation on Grants a		son councy,	IIIC•				93-0370032			
	zation maintain records		e amount of the grants	or assistance the	arantees' eligibili	ty for the grants or as	sistance, and the selec	tion			
-	award the grants or assis		-					X Yes No			
	: IV the organization's pro										
	nd Other Assistance to		<u>0</u> <u>0</u>			anization answered "	Yes" to Form 990, Part	IV, line 21, for any			
	hat received more than		-				,				
1 (a) Name and a	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Addiations Deserv	and Canton										
Addictions Recove 1003 W Main	ery Center							Residential drug			
Medford, OR 9750:	1	93-0645605	501(c)(3)	11,631.	0	FMV		treatment services			
Medicia, ok 3750.	1	93-0045005	501(0)(5)	11,031.	0.						
American Red Cros	ss Southern Oregon							Disaster service – house			
Chapter - 60 Haw	, , , , , , , , , , , , , , , , , , ,							fires - maintain			
Medford, OR 97504		53-0196605	501(c)(3)	29,193.	0.	FMV		stability			
·,				,							
Ashland Family Y	MCA										
540 YMCA Way											
Ashland, OR 9752	0	93-0686976	501(c)(3)	7,300.	0.	.FMV		Scholarships for Youth			
Chiron Center											
9903 Santa Monica		26 2428852		F 000	0	ENG7		Wayhayaa Allianaa			
Beverly Hills, Ca	A 90212	26-3438852		5,000.	0.	.FMV		Warhorse Alliance			
CASA											
613 Market Street	t							Safe outcomes for			
Medford, OR 9750	4	94-3215621	501(c)(3)	10,964.	0.	FMV		children			
Children's Denta											
229 Stewart Avenu											
Medford, OR 9750		93-0731971	501(c)(3)	6,538.	0.	.FMV		Dental care			
	per of section 501(c)(3) a	0	0	e line 1 table				21.			
	per of other organization										
LHA For Paperwork	k Reduction Act Notice See Part	•	olumn (h) de	scription	s			Schedule I (Form 990) (2012)			
		_, _ <u></u>			~						

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health Center							
19 Myrtle Street							
Medford, OR 97504	23-7366812	501(c)(3)	21,450.	0.	FMV		Inter-Conception Care
							Shelter for victims of
Community Works, Inc.							domestic violence,
900 East Main Street							information referrals,
Medford, OR 97504	93-0633804	501(c)(3)	21,084.	0.	FMV		crisis Dunn House, JCMH,
Consumer Credit Counseling Service							Money management
of Southern Oregon - 820 Crater							stabilization for
Lake Avenue #20 - Medford, OR							seniors, money management
97504	93-0585893	501(c)(3)	8,674.	0.	FMV		counseling
			,				Developmental screening,
Family Nurturing Center							parent ed, home visits,
212 N Oakdale Avenue							respite theraputic child
Medford, OR 97501	16-1726574	501(c)(3)	14,900.	0.	FMV		care, family events,
,			,				Training toward maximum
Living Opportunities, Inc.							independence,
861 Valley View Drive							transportation to
Medford, OR 97504	93-0640525	501(c)(3)	12,907.	0.	FMV		employment-people who are
On Track, Inc.							
221 West Main Street							Residential teen drug
Medford, OR 97501	23-7088811	501(c)(3)	9,522.	0.	FMV		treatment
Rogue Valley Family YMCA							Camps, child care,
522 West Sixth Street							sports, preschool,
Medford, OR 97501	93-0391645	501(c)(3)	9,690.	0.	FMV		memberships
		1	, ,				Call-a-ride, SHIBA, RSVP
RV Manor Community Services							in the community, senior
- 1045 Ellendale Drive							work/engagement with
Medford, OR 97504	93-0892261	501(c)(3)	10,261.	0.	FMV		children for stipend
Salvation Army							
304 Beatty Street							Social services, Hope
Medford, OR 97501	94-1156347	501(c)(3)	18,780.	0	FMV		House

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Nonprofit Legal							Senior & Immigant legal
Services		501(c)(3)	5,211.	0.	FMV		services
							Recreation Opportunities
Easter Seals Oregon		501(c)(3)	5,225.	0.	FMV		& Summer Day Camp
SOCFC - Headstart			10,612.	0.	FMV		Head Start Health Smarts
Southern Oregon Center for							
Community Partnerships - PO Box							
3275 - Central Point, OR 97502	74-3058786	501(c)(3)	10,921.	0	FMV		Food & Friends
	/ - 5050/00	501(0)(3)	10,521.				
Jackson County SART							Sexual assault
43 Morninglight Drive							investigative nurses -
Ashland, OR 97520	81-0650183	501(c)(3)	8,573.	0.	.FMV		advocacy
Wide IImlimited							Hamassank tutaning
Kids Unlimited 821 North Riverside							Homework, tutoring, mentoring, sports and
Medford, OR 97501	93-1329922	501(c)(3)	15,350.	0	.FMV		enrichment
	93-1329922	501(0)(3)	15,350.	0.	, F MV		

Schedule I (Form 990)

Page 2

Schedule I (Form 990) (2012) United Way of J	Jackson C	ounty, Inc	! •		93-0576632	Page
Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	i ted States. Con	nplete if the organiza	ation answered "Yes	" to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash ass	sistance
Part IV Supplemental Information. Complete this part to provi	de the informatio	on required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.	
Schedule I, Part I, Line 2: The Ur	nited Way	conducts	bi-annual	site visits		
with volunteer reviewers, mid-cycl	e (annua	l reportin	ıg) evaluat	ions on		
outcome targets and achievements a	and succe	ss story a	nd demogra	phic		

reporting. Financial reporting is required based on the funding level and

budget of the grantee organization. The lowest level of reporting is for

organizations with less than \$500,000 budgets who receive less than \$10,000

annually. These organizations are required to submit to the United Way a

copy of their IRS Form 990. Organizations who receive more than \$10,000

annually are also required to submit to the United Way a copy of their

	(Form 990)		Way	of	Jackson	County,	Inc.	93-0576632 _F	Page 2
Part IV	Supplemental In	formation							

annual independently audited financial statements.

Part II, line 1, Column (h):

Name of Organization or Government: Community Works, Inc.

(h) Purpose of Grant or Assistance: Shelter for victims of domestic

violence, information referrals, crisis Dunn House, JCMH, advocacy for

victims of sexual violence

Name of Organization or Government: Family Nurturing Center

(h) Purpose of Grant or Assistance: Developmental screening, parent ed,

home visits, respite theraputic child care, family events, mental health

care

Name of Organization or Government: Living Opportunities, Inc.

(h) Purpose of Grant or Assistance: Training toward maximum

independence, transportation to employment-people who are disabled,

scholarships for artists

Name of Organization or Government:

Southern Oregon Center for Community Partnerships

(h) Purpose of Grant or Assistance: Food & Friends

Food & friends senior meals on wheels:food for homebound elderly and

disabled

Schedule I (Form 990)

232291 05-01-12

14351115 759688 11381008

SCHEDULE M	
(Form 990)	

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection

Employer identification number 93-0576632

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

	United	Way	of	Jackson	County,	Inc.
--	--------	-----	----	---------	---------	------

Par	rt I Types of Property		-					
		(a) Obsektif	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contrib		-	2
		applicable	items contributed	Form 990, Part VIII, line 1g			unto	·
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							
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 \blacktriangleright (Office space)	Х	1		Comparable	Rent		
26	Other (Advertising)	Х	5		Comparable	Cost		
27	Other (Public awaren)	Х	1	4,000.	FMV			
28	Other (Janitorial se)	Х	1	700.	Comparable	Cost		
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
						Y	es	No
30a	During the year, did the organization receive by	y contributio	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial							
	the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any non-standard contrib	utions?	31 2	X	
	Does the organization hire or use third parties							
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,			

describe in Part II.

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

Schedule M (Form 990) (2012)

232141 12-20-12

14351115 759688 11381008

Part II	(Form 990) (2012) United Way of Jackson County, Inc. Supplemental Information. Complete this part to provide the information required by Part I,	<u>93-0576632</u> Pa lines 30b, 32b, and 33, and whe
	the organization is reporting in Part I, column (b), the number of contributions, the number of items r Also complete this part for any additional information.	received, or a combination of bot
Part I	, Other Types of Property:	
Day of	Caring photos/video	
(a) Ch	eck if applicable = X	
(b) Nu	mber of Contributors = 1	
(c) Re	venue Reported on Form 990, Part VIII \$ 500.	
(d) Me	thod of determining revenue: FMV	
Printi	ng	
(a) Ch	eck if applicable = X	
(b) Nu	mber of Contributors = 1	
(c) Re	venue Reported on Form 990, Part VIII \$ 293.	
(d) Me	thod of determining revenue: FMV	
232142 12-20-1		Schedule M (Form 990) (
-02172 12-20-	-	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	20172
Name of the organization	United Way of Jackson County, Inc.	Employer identification number 93-0576632
Form 990, Par	t VI, Section B, line 11: The Finance Comm	nittee of the
Organization :	reviews the Form 990 before it is filed ar	nd the Board is
offered review	w opportunities. A copy of the Form 990 is	given to the Board
of Directors.		
Form 990, Par	t VI, Section B, Line 12c: Volunteers and	staff of the
Organization a	are required to annually complete the Code	e of Ethics form,
which include:	s disclosing potential conflicts of intere	est. In addition, the
Board asks fo:	r disclosure of potential conflicts before	e voting on
allocation of	funds.	
Form 990, Par	t VI, Section B, Line 15a: Compensation re	eview & approval for
CEO, Executive	e Director & top management	
The Personnel	Committee of the Organization is responsi	ble for the annual
evaluation of	the Executive Director. The evaluation is	360 degrees with
input from Boa	ard members, Personnel Committee members,	staff, agency
directors, and	d selected community partners. Each year t	the United Way
subscribes and	d participates in a statewide nonprofit sa	alary survey produced
by MBL Group.	This is used for comparable salary inform	nation.
There are no o	other officers or key employees.	

Form 990, Part VI, Section C, Line 19: The Organization posts its IRS Form 990 on its website. Other governing documents and policies are available to any interest party upon request. The Organization plans to post its audited financial statements on its website.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	P Employer identification nur
United Way of Jackson County, Inc.	93-0576632
The Organization has a Finance Committee and Board of	Directors that is
responsible for selection of independent auditor and f	for oversight of
the financial statements. The oversight process has no	ot changed from
the prior year.	
32212 11-04-13	Schedule O (Form 990 or 990-EZ) (2
34 51115 759688 11381008 2012.05090 United Way of J	ackson Count 113810