

# 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)

# 2010

Open to Public Inspection

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF LINCOLN AND LANCASTER COUNTY</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>238 SOUTH 13TH STREET</b><br>City or town, state or country, and ZIP + 4<br><b>LINCOLN, NE 68508</b> | <b>D</b> Employer identification number<br><b>47-0376624</b>  |
|   | <b>F</b> Name and address of principal officer: <b>BRIAN WACHMAN</b><br><b>238 SOUTH 13TH STREET, LINCOLN, NE 68508</b>   | <b>E</b> Telephone number<br><b>402-441-7700</b>  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   | <b>G</b> Gross receipts \$ <b>6,502,309.</b>  |
| <b>J</b> Website: <b>WWW.UNITEDWAYLINCOLN.ORG</b>   |   | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>H(c)</b> Group exemption number ▶  |
|   | <b>L</b> Year of formation: <b>1945</b>   | <b>M</b> State of legal domicile: <b>NE</b>   |

## Part I Summary

|                                    |   |  |                                  |                     |
|------------------------------------|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <b>FUNDING TO LOCAL IMPACT PARTNERS WHO FOCUS ON ACHIEVING OUTCOMES IN THE TWO SPECIFIC AREAS DETERMINED</b> |                                  |                     |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>28</b>           |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>28</b>           |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b>                         | <b>21</b>           |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>933</b>          |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0.</b>           |
|                                    | <b>b</b>  | Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                        | <b>0.</b>           |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g)   | 6,102,221.                       | 6,285,131.          |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.                               | 0.                  |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 31,425.                          | 12,983.             |
|                                    | <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 196,039.                         | 122,342.            |
|                                    | <b>12</b>   |  | 6,329,685.                       | 6,420,456.          |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 4,670,147.                       | 4,561,701.          |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                               | 0.                  |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 803,916.                         | 815,377.            |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                               | 0.                  |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>728,041.</b>  |                                  |                     |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 838,489.                         | 787,726.            |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,312,552.   | 6,164,804.                       |                     |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                      | 17,133.  | 255,652.                         |                     |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)  | 5,661,251.                       | 5,508,076.          |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20   | 4,915,087.                       | 5,151,103.          |
| <b>22</b>                          |   | 746,164.   | 356,973.                         |                     |

## Part II Signature Block

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

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | ▶ Signature of officer<br><b>BRIAN WACHMAN, EXECUTIVE DIRECTOR</b>                        | Date   |
|                               | Type or print name and title  |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>KRYSTAL L SIEBRANDT, CPA</b>                             | Preparer's signature                                 |
|                               | Firm's name ▶ <b>HBE BECKER MEYER LOVE LLP</b>  | Date   |
|                               | Firm's address ▶ <b>5944 VANDERVOORT DRIVE, P.O. BOX 23110<br/>LINCOLN, NE 68542-3110</b> | Check if self-employed <input type="checkbox"/> PTIN |
|                               |   | Firm's EIN ▶<br>Phone no. <b>(402) 423-4343</b>      |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE LINCOLN AND LANCASTER COUNTY COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

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

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

4a (Code: ) (Expenses \$ 1,325,000. including grants of \$ 1,325,000. ) (Revenue \$ 0. ) COMMUNITY IMPACT FOCUS AREA: INVESTING IN LINCOLN'S FUTURE: OUR CHILDREN. (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O).

DURING THE 2010-2011 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING: 1) 685 CHILDREN SHOWED PROGRESS IN REACHING DEVELOPMENTAL MILESTONES THROUGH EARLY CARE/EDUCATION PROGRAMS. 2) 4,249 YOUTH IMPROVED ACADEMICALLY. 3) 5,550 CHILDREN AND YOUTH RECEIVED MENTAL AND EMOTIONAL SUPPORT. 4) 1,438 CHILDREN AND YOUTH HAD A MENTORING RELATIONSHIP.

4b (Code: ) (Expenses \$ 652,500. including grants of \$ 652,500. ) (Revenue \$ 0. ) COMMUNITY IMPACT FOCUS AREA: ASSISTING THOSE IN CRISIS (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O).

DURING THE 2010-2011 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING: 1) 970 INDIVIDUALS RECEIVED A HOT MEAL DAILY, ALLOWING THEM TO REMAIN IN THEIR HOMES LONGER. 2) 8,180,177 POUNDS OF FOOD WERE DISTRIBUTED. 3) 2,441 INDIVIDUALS WERE PROVIDED SHELTER BEDS. 4) 5,169 INDIVIDUALS RECEIVED RENT AND UTILITY ASSISTANCE. 5) 675 WOMEN AND CHILDREN RECEIVED 26,286 NIGHTS OF SHELTER FROM DOMESTIC VIOLENCE.

4c (Code: ) (Expenses \$ 80,753. including grants of \$ 80,753. ) (Revenue \$ 0. ) WOMEN'S LEADERSHIP COUNCIL (WLC) - UNITED WAY OF LINCOLN AND LANCASTER COUNTY'S WLC TARGETED 2010 CAMPAIGN DOLLARS TO LOW INCOME WORKING FAMILIES WHO ARE IN SHORT-TERM FINANCIAL CRISIS WHICH JEOPARDIZES THEIR ABILITY TO PAY FOR CHILD CARE AND PROVIDE ADEQUATE NOURISHMENT FOR THEIR FAMILIES. THE WLC GOAL IS TO ASSIST FAMILIES WHO "FALL THROUGH THE CRACKS" - FAMILIES WHO EARN TOO MUCH FOR PUBLIC BENEFITS BUT ARE STRUGGLING TO REMAIN SELF-SUFFICIENT; AND ALSO STRENGTHEN THE SERVICES THAT CURRENT PROGRAMMING OFFERS. THE FOLLOWING 4 PARTNER AGENCIES WERE AWARDED THIS GRANT: BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY; THE FOOD BANK OF LINCOLN; CEDARS YOUTH SERVICES; AND COMMUNITY CROPS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 3,207,914. including grants of \$ 2,503,448. ) (Revenue \$ 116,987. )

4e Total program service expenses 5,266,167.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? .....   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....                         |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> ..... |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | 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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....      | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....              | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....                     |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....                               |     | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....                                   |     | 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 "Yes," complete Schedule G, Part I</i> .....  |     | 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 "Yes," complete Schedule G, Part II</i> .....  | X   |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....  |     | X  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....                        |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                           |     | X  |
| <b>24a</b> 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   | X   |    |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   | X   |    |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

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

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

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

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

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
|           |   |     | 28 |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
|           |   |     | 28 |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>10b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARY ALDRICH-KNIGHT - 402-441-7178**  
**238 SOUTH 13TH STREET, LINCOLN, NE 68508**

**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)<br>Name and Title                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| BRIAN WACHMAN<br>EXECUTIVE DIRECTOR            | 40.00  |  |                       | X       |              |                              | 101,504. | 0.   | 14,218.   |   |
| MARY ALDRICH-KNIGHT<br>CHIEF FINANCIAL OFFICER | 40.00  |  |                       | X       |              |                              | 60,368.  | 0.   | 4,052.  |   |
| BRAD HEDRICK<br>PRESIDENT                      | 1.00   | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| JENNIFER BRINKMAN<br>VICE PRESIDENT            | 1.00   | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| BRYAN SHANK<br>TREASURER                       | 1.00   | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| WADE WALKENHORST<br>ASSISTANT TREASURER        | 1.00   | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| GENELLE MOORE<br>SECRETARY                     | 1.00   | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| CHARLIE MEYER<br>PRESIDENT-ELECT               | 1.00   | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| BILL SCHMEEKLE<br>IMMEDIATE PAST PRESIDENT     | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JIM CADA<br>DIRECTOR                           | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MICHAEL COX<br>DIRECTOR                        | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| FRANK EMAN<br>DIRECTOR                         | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| PETER FERGUSON<br>DIRECTOR                     | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JUDI GAIASHKIBOS<br>DIRECTOR                   | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JAN GARVIN<br>DIRECTOR                         | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| BARRY GATES<br>DIRECTOR                        | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MARY JO HILL<br>DIRECTOR                       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| CAMERON HINDS<br>DIRECTOR                                      | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| DR. STEVE JOEL<br>DIRECTOR                                     | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| CATHY LANG<br>DIRECTOR   | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| LORI MCCLURG<br>DIRECTOR                                       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| DAN MECHTENBERG<br>DIRECTOR                                    | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| SCOTT NELSON<br>DIRECTOR                                       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| SHEILA ODOM<br>DIRECTOR  | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| FRED OHLES<br>DIRECTOR   | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| MIKE POLLARD<br>DIRECTOR                                       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 161,872. | 0.   | 18,270.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 161,872. | 0.   | 18,270.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY**

Form 990 (2010)

47-0376624

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

| (A)<br>Name and title                       | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| DAN PUDENZ<br>DIRECTOR                      | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| LYNN ROPER<br>DIRECTOR                      | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| DENNIS STEEN<br>DIRECTOR                    | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| WAYNE SVOBODA<br>DIRECTOR                   | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MARK TAYLOR<br>DIRECTOR                     | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| KEN VANCELEAVE<br>DIRECTOR                  | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| BETSY WILLIAMS<br>DIRECTOR                  | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |                               |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |         |         |
|--|---|--|----------------------|---|---|--|---------|---------|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  | 1a                   |   |   |  |         |         |
|  | b   | Membership dues  | 1b                   |   |   |  |         |         |
|  | c   | Fundraising events   | 1c                   | 20,001.   |   |  |         |         |
|  | d   | Related organizations  | 1d                   |   |   |  |         |         |
|  | e   | Government grants (contributions)  | 1e                   |   |   |  |         |         |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f                   | 626,513.  |   |  |         |         |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |                      | 203,839.  |   |  |         |         |
|  | h   | <b>Total.</b> Add lines 1a-1f  |                      | 628,513.  |   |  |         |         |
|  | Program Service Revenue                               | 2 a  |                      | Business Code                                   |   |  |         |         |
| b  |   |  |                      |   |   |  |         |         |
| c  |   |  |                      |   |   |  |         |         |
| d  |   |  |                      |   |   |  |         |         |
| e  |   |  |                      |   |   |  |         |         |
| f  |   | All other program service revenue  |                      |   |   |  |         |         |
| g  |   | <b>Total.</b> Add lines 2a-2f  |                      |   |   |  |         |         |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |                      | 19,788.   |   |  | 19,788. |         |
|  | 4   | Income from investment of tax-exempt bond proceeds   |                      |   |   |  |         |         |
|  | 5   | Royalties  |                      |   |   |  |         |         |
|  | 6 a   | Gross Rents  | (i) Real             | (ii) Personal                                   |   |  |         |         |
|  |   | Less: rental expenses  |                      |   |   |  |         |         |
|  |   | Rental income or (loss)  |                      |   |   |  |         |         |
|  |   | Net rental income or (loss)  |                      |   |   |  |         |         |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities       | (ii) Other                                      |   |  |         |         |
|  |   | Less: cost or other basis and sales expenses   |                      | 6,805.  |   |  |         |         |
|  |   | Gain or (loss)   |                      | -6,805.   |   |  |         |         |
|  |   | Net gain or (loss)   |                      |   | -6,805.                                 | -6,805.  |         |         |
|  | 8 a   | Gross income from fundraising events (not including \$ 20,001. of contributions reported on line 1c). See Part IV, line 18 | a                    | 73,598.   |   |  |         |         |
|  |   | Less: direct expenses  | b                    | 75,048.   |   |  |         |         |
|  |   | Net income or (loss) from fundraising events   |                      |   | -1,450.                                 |  |         | -1,450. |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a                    |   |   |  |         |         |
| Less: direct expenses                                  |   | b  |                      |   |   |  |         |         |
| Net income or (loss) from gaming activities            |   |  |                      |   |   |  |         |         |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |                      |   |   |  |         |         |
|  | Less: cost of goods sold                              | b  |                      |   |   |  |         |         |
|  | Net income or (loss) from sales of inventory          |  |                      |   |   |  |         |         |
| Miscellaneous Revenue                                  |   |  | Business Code        |   |   |  |         |         |
| 11 a   | <b>ADMINISTRATIVE INCOME</b>                          | 900099   | 123,792.             | 123,792.  |   |  |         |         |
| b  |   |  |                      |   |   |  |         |         |
| c  |   |  |                      |   |   |  |         |         |
| d  | All other revenue                                     |  |                      |   |   |  |         |         |
| e  | <b>Total.</b> Add lines 11a-11d                       |  | 123,792.             |   |   |  |         |         |
| 12   | <b>Total revenue.</b> See instructions.               |  | 642,045.             | 116,987.  | 0.                                      | 18,338.  |         |         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  | 4,561,701.            | 4,561,701.                      |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 183,568.              | 52,277.                         | 50,928.                                | 80,363.                     |
| 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 .....   | 481,555.              | 174,405.                        | 31,788.                                | 275,362.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  | 35,827.               | 11,072.                         | 4,358.                                 | 20,397.                     |
| 9 Other employee benefits .....  | 65,717.               | 20,813.                         | 8,550.                                 | 36,354.                     |
| 10 Payroll taxes .....   | 48,710.               | 16,387.                         | 5,905.                                 | 26,418.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 6,350.                |                                 | 6,350.                                 |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 20,947.               | 6,758.                          | 2,240.                                 | 11,949.                     |
| 12 Advertising and promotion .....   | 240,347.              | 122,340.                        | 2,296.                                 | 115,711.                    |
| 13 Office expenses .....   | 7,473.                | 2,366.                          | 913.                                   | 4,194.                      |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 80,894.               | 25,401.                         | 10,326.                                | 45,167.                     |
| 17 Travel .....  | 7,203.                | 801.                            | 1,411.                                 | 4,991.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 19,240.               | 1,593.                          | 9,302.                                 | 8,345.                      |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 8,391.                | 2,657.                          | 1,094.                                 | 4,640.                      |
| 23 Insurance .....   | 5,910.                | 1,816.                          | 771.                                   | 3,323.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....  |                       |                                 |  |                             |
| a <b>OTHER PROGRAM EXPENSE</b> .....   | 228,610.              | 228,610.                        |  |                             |
| b <b>MEMBERSHIP DUES</b> .....   | 59,077.               | 17,946.                         | 9,432.                                 | 31,699.                     |
| c <b>CAMPAIGN SUPPLIES</b> .....   | 24,498.               |                                 |  | 24,498.                     |
| d <b>EQUIPMENT RENTAL AND MA</b> .....   | 14,494.               |                                 |  | 14,494.                     |
| e <b>ANNUAL MEETING</b> .....  | 12,945.               |                                 | 12,945.                                |                             |
| f All other expenses .....   | 51,347.               | 19,224.                         | 11,987.                                | 20,136.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f .....   | 6,164,804.            | 5,266,167.                      | 170,596.                               | 728,041.                    |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY**

Form 990 (2010)

47-0376624 Page 11

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |  |
|---|--|--------------------------|------------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 100.                     | <b>1</b>   | 1,949,330.         |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,720,006.               | <b>2</b>   | 1,276,580.         |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 2,206,057.               | <b>3</b>   | 2,170,904.         |  |
|   | <b>4</b> Accounts receivable, net .....  | 12,831.                  | <b>4</b>   | 37,714.            |  |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          |            | <b>5</b>           |  |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          |            | <b>6</b>           |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                          |            | <b>7</b>           |  |
|   | <b>8</b> Inventories for sale or use .....   |                          |            | <b>8</b>           |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 27,412.                  | <b>9</b>   | 35,811.            |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 118,057.                 |            |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....  | 80,320.                  |            |                    |  |
|   |  | 25,965.                  | <b>10c</b> | 37,737.            |  |
|   | <b>11</b> Investments - publicly traded securities .....   |                          |            | <b>11</b>          |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          |            | <b>12</b>          |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          |            | <b>13</b>          |  |
|   | <b>14</b> Intangible assets .....  |                          |            | <b>14</b>          |  |
| <b>15</b> Other assets. See Part IV, line 11 .....                        | 668,880.   | <b>15</b>                | 0.         |                    |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 5,661,251.   | <b>16</b>                | 5,508,076. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 78,925.                  | <b>17</b>  | 90,593.            |  |
|   | <b>18</b> Grants payable .....   | 2,012,500.               | <b>18</b>  | 2,012,500.         |  |
|   | <b>19</b> Deferred revenue .....   | 44,876.                  | <b>19</b>  | 54,812.            |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          |            | <b>20</b>          |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          |            | <b>21</b>          |  |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          |            | <b>22</b>          |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          |            | <b>23</b>          |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          |            | <b>24</b>          |  |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   | 2,778,786.               | <b>25</b>  | 2,993,198.         |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 4,915,087.               | <b>26</b>  | 5,151,103.         |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |  |
|   | <b>27</b> Unrestricted net assets .....  | 655,642.                 | <b>27</b>  | 356,973.           |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 90,522.                  | <b>28</b>  | 0.                 |  |
|   | <b>29</b> Permanently restricted net assets .....  |                          |            | <b>29</b>          |  |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          |            | <b>30</b>          |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          |            | <b>31</b>          |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          |            | <b>32</b>          |  |
|   | <b>33</b> Total net assets or fund balances .....  | 746,164.                 | <b>33</b>  | 356,973.           |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 5,661,251.   | <b>34</b>                | 5,508,076. |                    |  |

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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

|   |  |   |            |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 6,420,456. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 6,164,804. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 255,652.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 746,164.   |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | -644,843.  |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 356,973.   |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **UNITED WAY OF LINCOLN AND LANCASTER COUNTY** Employer identification number **47-0376624**

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

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

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

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006   | (b) 2007   | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 5,556,737. | 5,988,168. | 5,876,362. | 6,002,221. | 6,285,131. | 29,708,619. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 5,556,737. | 5,988,168. | 5,876,362. | 6,002,221. | 6,285,131. | 29,708,619. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            |             |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 29,708,619. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006   | (b) 2007   | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 5,556,737. | 5,988,168. | 5,876,362. | 6,002,221. | 6,285,131. | 29,708,619.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 77,624.    | 80,076.    | 53,738.    | 31,425.    | 19,789.    | 262,652.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |            |            | 62,683.    | 62,340.    | 197,390.   | 322,413.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 30,293,684.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 370,772.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

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

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 98.07 | %                                   |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b> | 98.56 | %                                   |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY**

Employer identification number  
**47-0376624**

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations   | <b>3a(i)</b>  |    |
| (ii) related organizations  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 118,057.                        | 80,320.                      | 37,737.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | <b>37,737.</b> |

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

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

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

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (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)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

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

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2) AGENCY APPROPRIATIONS  | 364,961.   |
| (3) CUSTODIAL FUNDS  | 44,279.    |
| (4) CAMPAIGN DESIGNATIONS  | 1,594,047. |
| (5) OPERATIONS PAYABLE   | 989,911.   |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 2,993,198. |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 6,420,456. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 6,164,804. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 255,652.   |
| 4  | Net unrealized gains (losses) on investments   | 4  |            |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  |            |
| 7  | Prior period adjustments   | 7  | -644,843.  |
| 8  | Other (Describe in Part XIV.)  | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | -644,843.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -389,191.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 6,502,309. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments   | 2a |            |
| b | Donated services and use of facilities  | 2b |            |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV.)   | 2d | 81,853.    |
| e | Add lines 2a through 2d   | 2e | 81,853.    |
| 3 | Subtract line 2e from line 1  | 3  | 6,420,456. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b | Other (Describe in Part XIV.)   | 4b |            |
| c | Add lines 4a and 4b   | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 6,420,456. |

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

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 6,246,657. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a |            |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d | 81,853.    |
| e | Add lines 2a through 2d  | 2e | 81,853.    |
| 3 | Subtract line 2e from line 1   | 3  | 6,164,804. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIV.)  | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 6,164,804. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES**

**UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEAR ENDED JUNE 30, 2011, THE ORGANIZATION HAD NO UNRELATED BUSINESS ACTIVITY. THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.**

**Part XIV** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|  |         |
|--|---------|
| LOSS ON DISPOSAL OF ASSETS             | 6,805.  |
| DIRECT FUNDRAISING EXPENSES            | 75,048. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 81,853. |

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

|   |         |
|---|---------|
| LOSS ON DISPOSAL OF ASSETS              | 6,805.  |
| DIRECT FUNDRAISING EXPENSES             | 75,048. |
| TOTAL TO SCHEDULE D, PART XIII, LINE 2D | 81,853. |

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UNITED WAY OF LINCOLN AND LANCASTER

Schedule G (Form 990 or 990-EZ) 2010

COUNTY

47-0376624 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2                       | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|----|---|------------------------------------|------------------------|--|------------|
|                 |    | HELPING<br>HANDS AUCTION<br>(event type)                    | GOLF<br>TOURNAMENT<br>(event type) | NONE<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 37,571.                            | 29,958.                |  | 67,529.    |
|                 | 2  | Less: Charitable contributions                              | 20,001.                            | 0.                     |  | 20,001.    |
|                 | 3  | Gross income (line 1 minus line 2)                          | 17,570.                            | 29,958.                |  | 47,528.    |
| Direct Expenses | 4  | Cash prizes   |                                    |                        |  |            |
|                 | 5  | Noncash prizes  |                                    |                        |  |            |
|                 | 6  | Rent/facility costs   | 11,504.                            | 14,410.                |  | 25,914.    |
|                 | 7  | Food and beverages  |                                    |                        |  |            |
|                 | 8  | Entertainment   |                                    |                        |  |            |
|                 | 9  | Other direct expenses                                       | 3,864.                             | 2,902.                 |  | 6,766.     |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |                                    |                        |  | ( 32,680 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |                                    |                        |  | 14,848.    |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo             | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|-----------------------|---|---|---|
|                 |   | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2   | Cash prizes           |   |   |   |
|                 | 3   | Noncash prizes        |   |   |   |
|                 | 4   | Rent/facility costs   |   |   |   |
|                 | 5   | Other direct expenses |   |   |   |
|                 | 6   | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)     |                       |   |   | ( )   |
| 8               | Net gaming income summary. Combine line 1, column d, and line 7 |                       |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

UNITED WAY OF LINCOLN AND LANCASTER

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

|                               |  |   |
|-------------------------------|--|---|
| a The organization's facility |  | % |
| b An outside facility         |  | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY**

**Employer identification number  
47-0376624**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| <b>1 (a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                   |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN FRIENDS OF JAMAICA<br>1697 BROADWAY, STE 502<br>NEW YORK, NY 10019             | 13-3115102     | 501(C)(3)                            | 6,200.                          | 0.                                       |  |   | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| AMERICAN RED CROSS - CORNHUSKER CHAPTER - PO BOX 83267 - LINCOLN, NE 68501-3267         | 47-0376573     | 501(C)(3)                            | 101,000.                        | 0.                                       |  |   | PROGRAM OPERATING COST.                                     |
| AMERICAN RED CROSS - CORNHUSKER CHAPTER - PO BOX 83267 - LINCOLN, NE 68501-3267         | 47-0376573     | 501(C)(3)                            | 33,509.                         | 0.                                       |  |   | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| AMERICAN RED CROSS - CORNHUSKER CHAPTER - PO BOX 83267 - LINCOLN, NE 68501-3267         | 47-0376573     | 501(C)(3)                            | 455.                            | 0.                                       |  |   | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| ANIMAL CHARITIES OF AMERICA<br>1100 LARKSPUR LANDING CIR, STE 340<br>LARKSPUR, CA 94939 | 94-3193389     | 501(C)(3)                            | 12,058.                         | 0.                                       |  |   | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| ARC OF LINCOLN/LANCASTER COUNTY<br>5609 S 49TH ST, STE 5<br>LINCOLN, NE 68516-2513      | 47-0498629     | 501(C)(3)                            | 50,603.                         | 0.                                       |  |   | PROGRAM OPERATING COST.                                     |

- 2** Enter total number of section 501(c)(3) and government organizations **72.**
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

UNITED WAY OF LINCOLN AND LANCASTER

Schedule I (Form 990)

COUNTY

47-0376624

Page 1

**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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ARC OF LINCOLN/LANCASTER COUNTY<br>5609 S 49TH ST, STE 5<br>LINCOLN, NE 68516-2513 | 47-0498629 | 501(C)(3)                     | 8,713.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| ARC OF LINCOLN/LANCASTER COUNTY<br>5609 S 49TH ST, STE 5<br>LINCOLN, NE 68516-2513 | 47-0498629 | 501(C)(3)                     | 1,421.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| ASIAN COMMUNITY AND CULTURAL CENTER - 2615 O ST, STE A -<br>LINCOLN, NE 68510-1385 | 47-0807501 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| ASIAN COMMUNITY AND CULTURAL CENTER - 2615 O ST, STE A -<br>LINCOLN, NE 68510-1385 | 47-0807501 | 501(C)(3)                     | 1,302.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| BOYS & GIRLS CLUBS OF LINCOLN<br>PO BOX 22344<br>LINCOLN, NE 68542-2344            | 20-8677226 | 501(C)(3)                     | 18,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| BOYS & GIRLS CLUBS OF LINCOLN<br>PO BOX 22344<br>LINCOLN, NE 68542-2344            | 20-8677226 | 501(C)(3)                     | 16,000.                  | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |
| BOYS & GIRLS CLUBS OF LINCOLN<br>PO BOX 22344<br>LINCOLN, NE 68542-2344            | 20-8677226 | 501(C)(3)                     | 11,618.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| BOYS & GIRLS CLUBS OF LINCOLN<br>PO BOX 22344<br>LINCOLN, NE 68542-2344            | 20-8677226 | 501(C)(3)                     | 2,380.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CAPITAL HUMANE SOCIETY<br>2320 PARK BLVD<br>LINCOLN, NE 68502                      | 47-0376622 | 501(C)(3)                     | 7,268.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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Schedule I (Form 990)

UNITED WAY OF LINCOLN AND LANCASTER

Schedule I (Form 990)

COUNTY

47-0376624

Page 1

**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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CASA FOR LANCASTER COUNTY<br>210 N 14TH ST, STE 3<br>LINCOLN, NE 68508-1601  | 47-0833799 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| CASA FOR LANCASTER COUNTY<br>210 N 14TH ST, STE 3<br>LINCOLN, NE 68508-1601  | 47-0833799 | 501(C)(3)                     | 7,793.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| CASA FOR LANCASTER COUNTY<br>210 N 14TH ST, STE 3<br>LINCOLN, NE 68508-1601  | 47-0833799 | 501(C)(3)                     | 727.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CATHOLIC SOCIAL SERVICES<br>2241 O ST<br>LINCOLN, NE 68510-1122              | 47-0751554 | 501(C)(3)                     | 26,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| CATHOLIC SOCIAL SERVICES<br>2241 O ST<br>LINCOLN, NE 68510-1122              | 47-0751554 | 501(C)(3)                     | 110,098.                 | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CATHOLIC SOCIAL SERVICES<br>2241 O ST<br>LINCOLN, NE 68510-1122              | 47-0751554 | 501(C)(3)                     | 7,070.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CBOL - HOUSE FOR NEW LIFE<br>233 S 13TH ST, SUITE 1900<br>LINCOLN, NE 68508  | 47-0707083 | 501(C)(3)                     | 18,607.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| CEDARS YOUTH SERVICES<br>6601 PIONEERS BLVD, STE 1<br>LINCOLN, NE 68506-5260 | 47-0551975 | 501(C)(3)                     | 385,000.                 | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| CEDARS YOUTH SERVICES<br>6601 PIONEERS BLVD, STE 1<br>LINCOLN, NE 68506-5260 | 47-0551975 | 501(C)(3)                     | 23,949.                  | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CEDARS YOUTH SERVICES<br>6601 PIONEERS BLVD, STE 1<br>LINCOLN, NE 68506-5260             | 47-0551975 | 501(C)(3)                     | 43,606.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                        |
| CEDARS YOUTH SERVICES<br>6601 PIONEERS BLVD, STE 1<br>LINCOLN, NE 68506-5260             | 47-0551975 | 501(C)(3)                     | 5,579.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.  |
| CENTER FOR PEOPLE IN NEED, INC.<br>3901 N 27TH ST, UNIT 1<br>LINCOLN, NE 68521-4177      | 06-1669552 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CENTER FOR PEOPLE IN NEED, INC.<br>3901 N 27TH ST, UNIT 1<br>LINCOLN, NE 68521-4177      | 06-1669552 | 501(C)(3)                     | 25,459.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                        |
| CENTER FOR PEOPLE IN NEED, INC.<br>3901 N 27TH ST, UNIT 1<br>LINCOLN, NE 68521-4177      | 06-1669552 | 501(C)(3)                     | 931.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.  |
| CHRISTIAN CHARITIES USA<br>1100 LARKSPUR LANDING CIR, STE 340<br>LARKSPUR, CA 94939      | 94-3255961 | 501(C)(3)                     | 5,596.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                        |
| CHRISTIAN SERVICE CHARITIES<br>7620 LITTLE RIVER TURNPIKE, STE 600<br>ANNADALE, VA 22003 | 94-3193374 | 501(C)(3)                     | 9,797.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                        |
| CITY IMPACT<br>400 N 27TH ST<br>LINCOLN, NE 68503-3103                                   | 47-0800906 | 501(C)(3)                     | 29,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                      |
| CITY IMPACT<br>400 N 27TH ST<br>LINCOLN, NE 68503-3103                                   | 47-0800906 | 501(C)(3)                     | 17,722.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                        |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CITY IMPACT<br>400 N 27TH ST<br>LINCOLN, NE 68503-3103  | 47-0800906 | 501(C)(3)                     | 369.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CLYDE MALONE COMMUNITY CENTER<br>2032 U ST<br>LINCOLN, NE 68503-2955                            | 47-0376577 | 501(C)(3)                     | 65,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| CLYDE MALONE COMMUNITY CENTER<br>2032 U ST<br>LINCOLN, NE 68503-2955                            | 47-0376577 | 501(C)(3)                     | 10,979.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| CLYDE MALONE COMMUNITY CENTER<br>2032 U ST<br>LINCOLN, NE 68503-2955                            | 47-0376577 | 501(C)(3)                     | 283.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY - 210 O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3)                     | 87,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY - 210 O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3)                     | 2,000.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |
| COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY - 210 O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3)                     | 6,172.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| COMMUNITY CROPS<br>1551 S 2ND ST<br>LINCOLN, NE 68502-1908                                      | 20-3174357 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| COMMUNITY CROPS<br>1551 S 2ND ST<br>LINCOLN, NE 68502-1908                                      | 20-3174357 | 501(C)(3)                     | 7,800.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |

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| COMMUNITY CROPS<br>1551 S 2ND ST<br>LINCOLN, NE 68502-1908                               | 20-3174357 | 501(C)(3)                     | 6,560.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| COMMUNITY HEALTH CHARITIES<br>200 N GLEBE RD, STE 801<br>ARLINGTON, VA 22203             | 13-6167225 | 501(C)(3)                     | 12,790.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| COMMUNITY HEALTH CHARITIES OF NEBRASKA - 212 S 74TH ST, STE 205 - OMAHA, NE 68114        | 23-7162972 | 501(C)(3)                     | 513,811.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| COMMUNITY SERVICES FUND<br>215 CENTENNIAL MALL S, STE 509<br>LINCOLN, NE 68508-1809      | 36-3431222 | 501(C)(3)                     | 317,148.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| COMMUNITY SERVICES FUND<br>215 CENTENNIAL MALL S, STE 509<br>LINCOLN, NE 68508-1809      | 36-3431222 | 501(C)(3)                     | 7,174.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CORNHUSKER COUNCIL #324 BOY SCOUTS OF AMERICA, INC. - PO BOX 269 - WALTON, NE 68461-0269 | 47-0378985 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| CORNHUSKER COUNCIL #324 BOY SCOUTS OF AMERICA, INC. - PO BOX 269 - WALTON, NE 68461-0269 | 47-0378985 | 501(C)(3)                     | 27,330.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| CORNHUSKER COUNCIL #324 BOY SCOUTS OF AMERICA, INC. - PO BOX 269 - WALTON, NE 68461-0269 | 47-0378985 | 501(C)(3)                     | 1,918.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| EARTH SHARE<br>7735 OLD GEORGETOWN RD, STE 900<br>BETHESDA, MD 20814                     | 52-1601960 | 501(C)(3)                     | 5,014.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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| EL CENTRO DE LAS AMERICAS<br>2032 U ST<br>LINCOLN, NE 68503-2955                   | 47-0658284 | 501(C)(3)                     | 29,405.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| EL CENTRO DE LAS AMERICAS<br>2032 U ST<br>LINCOLN, NE 68503-2955                   | 47-0658284 | 501(C)(3)                     | 4,765.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920      | 47-0376584 | 501(C)(3)                     | 148,000.                 | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920      | 47-0376584 | 501(C)(3)                     | 2,808.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE                  |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920      | 47-0376584 | 501(C)(3)                     | 8,690.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920      | 47-0376584 | 501(C)(3)                     | 624.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502               | 47-0376589 | 501(C)(3)                     | 15,950.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| FOOD BANK OF LINCOLN, INC.<br>4840 DORIS BAIR CIR, STE A<br>LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| FOOD BANK OF LINCOLN, INC.<br>4840 DORIS BAIR CIR, STE A<br>LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3)                     | 36,504.                  | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |

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| FOOD BANK OF LINCOLN, INC.<br>4840 DORIS BAIR CIR, STE A<br>LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3)                     | 102,145.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| FOOD BANK OF LINCOLN, INC.<br>4840 DORIS BAIR CIR, STE A<br>LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3)                     | 4,533.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| FRESH START, INC.<br>6433 HAVELOCK AVE<br>LINCOLN, NE 68507-1332                   | 36-3785810 | 501(C)(3)                     | 17,500.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| FRESH START, INC.<br>6433 HAVELOCK AVE<br>LINCOLN, NE 68507-1332                   | 36-3785810 | 501(C)(3)                     | 11,762.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| FRESH START, INC.<br>6433 HAVELOCK AVE<br>LINCOLN, NE 68507-1332                   | 36-3785810 | 501(C)(3)                     | 295.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| FRIENDSHIP HOME OF LINCOLN, INC.<br>PO BOX 85358<br>LINCOLN, NE 68501-5358         | 47-0619855 | 501(C)(3)                     | 70,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| FRIENDSHIP HOME OF LINCOLN, INC.<br>PO BOX 85358<br>LINCOLN, NE 68501-5358         | 47-0619855 | 501(C)(3)                     | 82,306.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| FRIENDSHIP HOME OF LINCOLN, INC.<br>PO BOX 85358<br>LINCOLN, NE 68501-5358         | 47-0619855 | 501(C)(3)                     | 4,169.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501       | 36-3490560 | 501(C)(3)                     | 35,000.                  | 0.                                |   |  | COMMUNITY COLLABORATION.                                    |

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| THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501                             | 36-3490560 | 501(C)(3)                     | 6,006.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| GAGE COUNTY UNITED WAY<br>PO BOX 395<br>BEATRICE, NE 68310-0395  | 47-6024389 | 501(C)(3)                     | 5,924.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| GLOBAL IMPACT<br>66 CANAL CENTER PLAZA, STE 310<br>ALEXANDRIA, VA 22314                                  | 52-1273585 | 501(C)(3)                     | 10,028.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| GOOD NEIGHBOR COMMUNITY CENTER<br>2617 Y ST<br>LINCOLN, NE 68503-1750                                    | 20-0391739 | 501(C)(3)                     | 12,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| GOOD NEIGHBOR COMMUNITY CENTER<br>2617 Y ST<br>LINCOLN, NE 68503-1750                                    | 20-0391739 | 501(C)(3)                     | 11,149.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIR, STE 340 - LARKSPUR, CA 94939 | 94-3217739 | 501(C)(3)                     | 7,235.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| HEARTLAND BIG BROTHERS BIG SISTERS<br>6201 HAVELOCK AVE<br>LINCOLN, NE 68507-1236                        | 47-0794732 | 501(C)(3)                     | 69,500.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| HEARTLAND BIG BROTHERS BIG SISTERS<br>6201 HAVELOCK AVE<br>LINCOLN, NE 68507-1236                        | 47-0794732 | 501(C)(3)                     | 13,252.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| HEARTLAND BIG BROTHERS BIG SISTERS<br>6201 HAVELOCK AVE<br>LINCOLN, NE 68507-1236                        | 47-0794732 | 501(C)(3)                     | 791.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |

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| HEARTLAND UNITED WAY<br>PO BOX 1574<br>GRAND ISLAND, NE 68802-1574                         | 47-0469492 | 501(C)(3)                     | 9,879.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| INDIAN CENTER, INC.<br>1100 MILITARY RD<br>LINCOLN, NE 68508-1047                          | 47-0531887 | 501(C)(3)                     | 18,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| INDIAN CENTER, INC.<br>1100 MILITARY RD<br>LINCOLN, NE 68508-1047                          | 47-0531887 | 501(C)(3)                     | 8,378.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| INDIAN CENTER, INC.<br>1100 MILITARY RD<br>LINCOLN, NE 68508-1047                          | 47-0531887 | 501(C)(3)                     | 416.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LANCASTER COUNTY NEBRASKA BUDGET<br>OFFICE - 555 S 10TH ST, STE 110 -<br>LINCOLN, NE 68508 | 47-6006482 |                               | 30,000.                  | 0.                                |   |  | COMMUNITY COLLABORATION.                                    |
| LEAGUE OF HUMAN DIGNITY, INC.<br>1701 P ST<br>LINCOLN, NE 68508-1741                       | 23-7180481 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LEAGUE OF HUMAN DIGNITY, INC.<br>1701 P ST<br>LINCOLN, NE 68508-1741                       | 23-7180481 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LEGAL AID OF NEBRASKA<br>1904 FARNAM ST, STE 500<br>OMAHA, NE 68102-1938                   | 47-0483506 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LEGAL AID OF NEBRASKA<br>1904 FARNAM ST, STE 500<br>OMAHA, NE 68102-1938                   | 47-0483506 | 501(C)(3)                     | 4,812.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LIGHTHOUSE<br>2601 N ST<br>LINCOLN, NE 68502-1244                                 | 36-3656310 | 501(C)(3)                     | 65,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LIGHTHOUSE<br>2601 N ST<br>LINCOLN, NE 68502-1244                                 | 36-3656310 | 501(C)(3)                     | 24,088.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LIGHTHOUSE<br>2601 N ST<br>LINCOLN, NE 68502-1244                                 | 36-3656310 | 501(C)(3)                     | 1,296.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN COUNCIL ON ALCOHOLISM AND DRUGS, INC. - 914 L ST - LINCOLN, NE 68508-2228 | 47-0487027 | 501(C)(3)                     | 44,580.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LINCOLN COUNCIL ON ALCOHOLISM AND DRUGS, INC. - 914 L ST - LINCOLN, NE 68508-2228 | 47-0487027 | 501(C)(3)                     | 7,091.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LINCOLN COUNCIL ON ALCOHOLISM AND DRUGS, INC. - 914 L ST - LINCOLN, NE 68508-2228 | 47-0487027 | 501(C)(3)                     | 158.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN LITERACY COUNCIL<br>745 S 9TH ST<br>LINCOLN, NE 68508-3107                | 47-0655582 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LINCOLN LITERACY COUNCIL<br>745 S 9TH ST<br>LINCOLN, NE 68508-3107                | 47-0655582 | 501(C)(3)                     | 11,626.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LINCOLN LITERACY COUNCIL<br>745 S 9TH ST<br>LINCOLN, NE 68508-3107                | 47-0655582 | 501(C)(3)                     | 699.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |

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| (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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LINCOLN LUTHERAN FOUNDATION<br>1100 N. 56TH ST<br>LINCOLN, NE 68504                      | 41-2032088 | 501(C)(3)                     | 7,127.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LINCOLN LUTHERAN FOUNDATION<br>1100 N. 56TH ST<br>LINCOLN, NE 68504                      | 41-2032088 | 501(C)(3)                     | 156.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892 | 47-0553011 | 501(C)(3)                     | 23,405.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892 | 47-0553011 | 501(C)(3)                     | 3,169.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 3200 SUMNER ST - LINCOLN, NE 68502-3120 | 47-0793765 | 501(C)(3)                     | 62,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 3200 SUMNER ST - LINCOLN, NE 68502-3120 | 47-0793765 | 501(C)(3)                     | 13,674.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 3200 SUMNER ST - LINCOLN, NE 68502-3120 | 47-0793765 | 501(C)(3)                     | 217.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125             | 47-0398819 | 501(C)(3)                     | 149,500.                 | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125             | 47-0398819 | 501(C)(3)                     | 11,454.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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**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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125 | 47-0398819 | 501(C)(3)                     | 157.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT - 3140 N ST - LINCOLN, NE 68510   | 47-6006256 |                               | 7,400.                   | 0.                                |   |  | COMMUNITY COLLABORATION.                                    |
| MADONNA FOUNDATION<br>5401 SOUTH ST<br>LINCOLN, NE 68506                     | 23-7159940 | 501(C)(3)                     | 5,500.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| MADONNA REHABILITATION HOSPITAL<br>5401 SOUTH ST<br>LINCOLN, NE 68506-2150   | 47-0439599 | 501(C)(3)                     | 15,090.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |
| MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3)                     | 86,766.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3)                     | 2,927.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| MESSIAH LUTHERAN FOUNDATION<br>1800 S. 84TH ST<br>LINCOLN, NE 68506          | 36-3652220 | 501(C)(3)                     | 13,380.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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| (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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MILITARY, VETERANS & PATRIOTIC SERVICES OF AMERICA - 1100<br>LARKSPUR LANDING CIR, STE 340 -<br>LARKSPUR, CA 94939 | 94-3193418 | 501(C)(3)                     | 7,962.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| MOURNING HOPE<br>4919 BALDWIN AVE<br>LINCOLN, NE 68504-2810  | 47-0782915 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| MOURNING HOPE<br>4919 BALDWIN AVE<br>LINCOLN, NE 68504-2810  | 47-0782915 | 501(C)(3)                     | 15,471.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| NORFOLK AREA UNITED WAY, INC.<br>PO BOX 1041<br>NORFOLK, NE 68702-1041   | 47-0492054 | 501(C)(3)                     | 10,731.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| NORTHEAST FAMILY CENTER<br>6220 LOGAN AVE<br>LINCOLN, NE 68507-1247  | 91-1787068 | 501(C)(3)                     | 49,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| NORTHEAST FAMILY CENTER<br>6220 LOGAN AVE<br>LINCOLN, NE 68507-1247  | 91-1787068 | 501(C)(3)                     | 2,808.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |
| NORTHEAST FAMILY CENTER<br>6220 LOGAN AVE<br>LINCOLN, NE 68507-1247  | 91-1787068 | 501(C)(3)                     | 3,855.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| NORTHEAST FAMILY CENTER<br>6220 LOGAN AVE<br>LINCOLN, NE 68507-1247  | 91-1787068 | 501(C)(3)                     | 196.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| PEOPLE'S CITY MISSION<br>PO BOX 80636<br>LINCOLN, NE 68501-0636  | 47-0376896 | 501(C)(3)                     | 17,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |

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| (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                          |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PEOPLE'S CITY MISSION<br>PO BOX 80636<br>LINCOLN, NE 68501-0636           | 47-0376896 | 501(C)(3)                     | 133,523.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| PEOPLE'S CITY MISSION<br>PO BOX 80636<br>LINCOLN, NE 68501-0636           | 47-0376896 | 501(C)(3)                     | 5,259.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| ST. MONICA'S HOME<br>120 WEDGEWOOD DR<br>LINCOLN, NE 68510-2431           | 47-0490169 | 501(C)(3)                     | 23,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| ST. MONICA'S HOME<br>120 WEDGEWOOD DR<br>LINCOLN, NE 68510-2431           | 47-0490169 | 501(C)(3)                     | 16,035.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| TABITHA, INC.<br>4720 RANDOLPH ST<br>LINCOLN, NE 68510-3741               | 47-0377998 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| TABITHA, INC.<br>4720 RANDOLPH ST<br>LINCOLN, NE 68510-3741               | 47-0377998 | 501(C)(3)                     | 9,007.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| TABITHA, INC.<br>4720 RANDOLPH ST<br>LINCOLN, NE 68510-3741               | 47-0377998 | 501(C)(3)                     | 1,118.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| TEAMMATES MENTORING PROGRAM OF LPS<br>5901 O ST<br>LINCOLN, NE 68510-2235 | 90-0057598 | 501(C)(3)                     | 57,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| TEAMMATES MENTORING PROGRAM OF LPS<br>5901 O ST<br>LINCOLN, NE 68510-2235 | 90-0057598 | 501(C)(3)                     | 11,026.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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**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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| TEAMMATES MENTORING PROGRAM OF LPS<br>5901 O ST<br>LINCOLN, NE 68510-2235                | 90-0057598 | 501(C)(3)                     | 1,470.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 835 S 12TH ST - LINCOLN, NE 68508-3220 | 20-8008617 | 501(C)(3)                     | 39,007.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 835 S 12TH ST - LINCOLN, NE 68508-3220 | 20-8008617 | 501(C)(3)                     | 1,601.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232             | 36-2167910 | 501(C)(3)                     | 37,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232             | 36-2167910 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232             | 36-2167910 | 501(C)(3)                     | 18,066.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232             | 36-2167910 | 501(C)(3)                     | 1,479.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| UNITED WAY OF THE KEARNEY AREA<br>4009 6TH AVE, SUITE 19<br>KEARNEY, NE 68845-0377       | 47-0488294 | 501(C)(3)                     | 6,856.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| UNITED WAY OF LINCOLN & LANCASTER COUNTY FOUNDATION - 238 S. 13TH ST - LINCOLN, NE 68508 | 20-1412874 | 501(C)(3)                     | 13,500.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |

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**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                          |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNITED WAY OF THE MIDLANDS<br>1805 HARNEY ST<br>OMAHA, NE 68102-1908                | 47-0376605 | 501(C)(3)                     | 36,001.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| UNITED WAY OF THE MIDLANDS<br>1805 HARNEY ST<br>OMAHA, NE 68102-1908                | 47-0376605 | 501(C)(3)                     | 7,717.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| UNITED WAY OF THE MIDLANDS<br>1805 HARNEY ST<br>OMAHA, NE 68102-1908                | 47-0376605 | 501(C)(3)                     | 47,400.                  | 0.                                |   |  | COMMUNITY COLLABORATION-2.1.1.                              |
| UNITED WAY OF NEBRASKA CITY<br>P.O. BOX 293<br>NEBRASKA CITY, NE 68410              | 23-7155162 | 501(C)(3)                     | 5,425.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| UNIVERSITY FOUNDATIONS PROGRAM<br>1010 LINCOLN MALL, SUITE 300<br>LINCOLN, NE 68508 | 47-0379839 | 501(C)(3)                     | 5,500.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| VOICES OF HOPE LINCOLN, INC.<br>2545 N ST<br>LINCOLN, NE 68510-1250                 | 47-0726814 | 501(C)(3)                     | 65,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| VOICES OF HOPE LINCOLN, INC.<br>2545 N ST<br>LINCOLN, NE 68510-1250                 | 47-0726814 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | PROGRAM OPERATING COST - IMPACT INITIATIVE.                 |
| VOICES OF HOPE LINCOLN, INC.<br>2545 N ST<br>LINCOLN, NE 68510-1250                 | 47-0726814 | 501(C)(3)                     | 24,748.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| VOICES OF HOPE LINCOLN, INC.<br>2545 N ST<br>LINCOLN, NE 68510-1250                 | 47-0726814 | 501(C)(3)                     | 2,050.                   | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |

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**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                          |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VOLUNTEER PARTNERS<br>215 CENTENNIAL MALL S, STE 340<br>LINCOLN, NE 68508-1895 | 58-2574619 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| VOLUNTEER PARTNERS<br>215 CENTENNIAL MALL S, STE 340<br>LINCOLN, NE 68508-1895 | 58-2574619 | 501(C)(3)                     | 139.                     | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| WESTMINSTER PRESBYTERIAN CHURCH<br>2110 SHERIDAN BLVD<br>LINCOLN, NE 68502     | 47-0380471 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| WILLARD COMMUNITY CENTER<br>1245 S FOLSOM ST<br>LINCOLN, NE 68522-1257         | 47-0635271 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| WILLARD COMMUNITY CENTER<br>1245 S FOLSOM ST<br>LINCOLN, NE 68522-1257         | 47-0635271 | 501(C)(3)                     | 11,225.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
| WILLARD COMMUNITY CENTER<br>1245 S FOLSOM ST<br>LINCOLN, NE 68522-1257         | 47-0635271 | 501(C)(3)                     | 888.                     | 0.                                |   |  | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| YWCA LINCOLN<br>PO BOX 95123<br>LINCOLN, NE 68509-5123                         | 47-0376578 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COST.                                     |
| YWCA LINCOLN<br>PO BOX 95123<br>LINCOLN, NE 68509-5123                         | 47-0376578 | 501(C)(3)                     | 5,553.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT.                       |
|  |            |                               |                          |                                   |   |  |   |

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Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE FOLLOWING ARE UNITED WAY'S PROCEDURES FOR  
MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES:

ALLOCATIONS: THE ALLOCATION OF THE UNRESTRICTED DONOR DOLLARS FOLLOWS A  
SPECIFIC, DETAILED APPLICATION PROCESS.

TO BE ELIGIBLE TO APPLY FOR FUNDING, AGENCIES MUST BE A LEGAL 501(C)(3)  
ORGANIZATION SERVING LINCOLN/LANCASTER COUNTY. THEY MUST AGREE TO FOLLOW  
OUR POLICIES AND PROCEDURES. THEY MUST SUBMIT AN AUDIT WITH A STATMENT OF

**Part IV** Supplemental Information

FUNCTIONAL EXPENSES BY PROGRAM, AND A FORM 990 AND 990T (IF APPLICABLE) MUST ALSO BE FILED AND SUBMITTED. AGENCIES MUST ALSO VERIFY COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

AGENCIES UNDERGO INTENSIVE REVIEW BY TRAINED COMMUNITY VOLUNTEERS BEFORE A RECOMMENDATION IS MADE TO THE UNITED WAY BOARD OF DIRECTORS FOR APPROVAL. THE FUND DISTRIBUTION VOLUNTEERS REVIEW THE APPLICATIONS WHICH REQUIRE CLIENT OUTCOMES AND INDICATORS MEASURING CHANGE IN BEHAVIOR OR SKILL FOR CLIENTS BEING SERVED. DEMOGRAPHIC DATA ENSURES THAT THOSE IN MOST NEED ARE BEING REACHED WITH THE SERVICES. OUR AUDIT REVIEW TEAM OF CPA'S REVIEW THE AGENCIES AUDITS AND 990'S LOOKING FOR OVERALL STABILITY AND ABILITY TO MONITOR THE ALLOCATION OF DONOR DOLLARS.

AGENCIES ARE REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS REFELCTING THE PROGRESS OF THE FUNDED PROGRAM. THE FINAL REPORT PROVIDES A UPDATE OF THE OUTCOMES ACHIEVED.

DONOR DESIGNATIONS: ORGANIZATION'S RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION AND VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY OF LINCOLN AND LANCASTER COUNTY**

Employer identification number  
**47-0376624**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 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 ▶ ( <u>ADVERTISING</u> )                                  | X                          | 3   | 162,696.   | FAIR MARKET VALUE   |
| 26 Other ▶ ( <u>GLOVE AUCTION</u> )                                | X                          | 90  | 14,939.  | FAIR MARKET VALUE   |
| 27 Other ▶ ( <u>COMPUTER &amp; SO</u> )                            | X                          | 3   | 13,658.  | FAIR MARKET VALUE   |
| 28 Other ▶ ( <u>SUPPLIES</u> )                                     | X                          | 111   | 8,526.   | FAIR MARKET VALUE   |

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

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

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

Schedule M (Form 990) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

GOLF EVENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 28

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4020.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, LINE 32B: THE ORGANIZATION USES BROKERS TO IMMEDIATELY  
SELL ANY DONATIONS OF STOCK RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY

Employer identification number  
47-0376624

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO BE ESSENTIAL IN IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR  
COMMUNITY:

1) CHILDREN ARE READY TO ENTER AND SUCCEED IN SCHOOL;

2) ASSISTING THOSE IN CRISIS BY INCREASING: FOOD SECURITY, SHELTER  
SECURITY, AND VICTIM SAFETY AND ENSURING PREPAREDNESS FOR COMMUNITY  
DISASTERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

WOMEN'S LEADERSHIP COUNCIL (WLC): UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY'S WLC TARGETED 2010 CAMPAIGN DOLLARS TO LOW INCOME WORKING  
FAMILIES WHO ARE IN SHORT-TERM FINANCIAL CRISIS WHICH JEOPARDIZES THEIR  
ABILITY TO PAY FOR CHILD CARE AND PROVIDE ADEQUATE NOURISHMENT FOR  
THEIR FAMILIES. THE WLC GOAL IS TO ASSIST FAMILIES WHO "FALL THROUGH  
THE CRACKS" - FAMILIES WHO EARN TOO MUCH FOR PUBLIC BENEFITS BUT ARE  
STRUGGLING TO REMAIN SELF-SUFFICIENT; AND ALSO STRENGTHEN THE SERVICES  
THAT CURRENT PROGRAMMING OFFERS. THE FOLLOWING 4 PARTNER AGENCIES WERE  
AWARDED THIS GRANT: BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY;  
THE FOOD BANK OF LINCOLN; CEDARS YOUTH SERVICES; AND COMMUNITY CROPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS  
AREA:

ARC OF LINCOLN/LANCASTER COUNTY: SIBSHOP PROGRAM AND PEOPLE FIRST

JUNIOR PROGRAM PROVIDES DISCUSSION GROUPS, ACTIVITIES, AND SUPPORT FOR

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THE SIBLINGS OF PEOPLE WITH SPECIAL NEEDS. GRANT AMOUNT-\$19,371.

BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY: BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY PROGRAM PROVIDES AFTER SCHOOL AND SUMMER PROGRAMMING FOR YOUTH FOCUSING ON TUTORING, MENTORING, AND RECREATIONAL ACTIVITIES. GRANT AMOUNT-\$18,000.

CASA FOR LANCASTER COUNTY: COURT APPOINTED SPECIAL ADVOCATE PROGRAM PROVIDES TRAINING AND SUPERVISING FOR VOLUNTEERS WHO ADVOCATE FOR AT-RISK YOUTH IN JUVENILE COURT AND WORK TOWARD AN IMPROVED FAMILY UNIT THAT WILL HELP IN COMBATING VIOLENCE. GRANT AMOUNT-\$20,000.

CEDARS YOUTH SERVICES: PARTNERS IN PERMANENCY (PIP): OVERCOMING CRISIS & ACHIEVING LONG-TERM CHANGE PROGRAM PROVIDES WRAP-AROUND CASE MANAGEMENT THAT IS STRENGTH BASED; FAMILY CENTERED; AND NEEDS DRIVEN FOR CHILDREN AT RISK DUE TO HOMELESSNESS, DOMESTIC VIOLENCE, OR SEXUAL ASSAULT. GRANT AMOUNT-\$92,000.

CEDARS YOUTH SERVICES: CEDARS COMMUNITY LEARNING CENTER (CLC) PROGRAM PROVIDES HIGH QUALITY AND ACADEMICALLY ENRICHING CHILD CARE AT CLINTON AND HARTLEY ELEMENTARY SCHOOLS FEATURING ACADEMIC CLUBS, ENRICHMENT ACTIVITIES, COUNSELING, AND NEIGHBORHOOD ENHANCEMENT. GRANT AMOUNT-\$68,500.

CEDARS YOUTH SERVICES: CEDARS EARLY CHILDHOOD DEVELOPMENT CENTERS (ECDC) PROGRAM PROVIDES NATIONALLY ACCREDITED CHILDCARE PROGRAMMING USING CREATIVE CURRICULUM GUIDELINES AND PRO-SOCIAL ACTIVITIES AND UTILIZING SECOND STEP ANTI-VIOLENCE CURRICULUM WHICH FOCUSES ON SCHOOL READINESS. GRANT AMOUNT-\$169,500.

CEDARS YOUTH SERVICES: PARENT SUPPORT PROJECT PROGRAM PROVIDES ASSESSMENT OF CHILD DEVELOPMENT NEEDS, HOME VISITATION, CRISIS MANAGEMENT, AND REFERRAL SERVICES. GRANT AMOUNT-\$20,000.

CITY IMPACT: IMPACT READING CENTER PROGRAM PROVIDES LITERACY



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PROGRAMMING FOR STUDENTS AT HARTLEY, ELLIOTT, AND CLINTON ELEMENTARY SCHOOLS. GRANT AMOUNT-\$29,000.

CLYDE MALONE COMMUNITY CENTER: AFTER-SCHOOL PROGRAM PROVIDES SUPERVISED EDUCATIONAL AND RECREATIONAL ACTIVITIES DURING NON-SCHOOL HOURS PROMOTING MEANINGFUL RELATIONSHIPS THAT HAVE HIGH EXPECTATIONS OF BEHAVIOR AND ACHIEVEMENT. GRANT AMOUNT-\$65,000.

COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: HEAD START AND EARLY HEAD START PROGRAM PROVIDES QUALITY EARLY CHILDHOOD EDUCATION AND CASE MANAGEMENT THROUGH HEALTH AND MENTAL HEALTH SCREENINGS; MONITORING OF IMMUNIZATIONS; AND NUTRITIONAL ASSESSMENTS FOR HOME-BASED AND CENTER-BASED SERVICES. GRANT AMOUNT-\$62,000.

CORNHUSKER COUNCIL #324 BOY SCOUTS OF AMERICA INC: SCOUTREACH PROGRAM PROVIDES SCOUTING OPPORTUNITIES TO ALL YOUNG PEOPLE REGARDLESS OF THEIR CIRCUMSTANCES, NEIGHBORHOOD, OR ETHNIC BACKGROUND. IT ENCOURAGES YOUTH TO DEVELOP RELATIONSHIPS WITH PEERS AND ADULTS FOCUSING ON EDUCATIONAL SKILLS, PERSONAL FITNESS, CIVIC SKILLS AND RESPONSIBILITIES, AND CAMPING OPPORTUNITIES. GRANT AMOUNT-\$5,000.

EL CENTRO DE LAS AMERICAS: ADELANTE EDUCATIONAL PROGRAM PROVIDES TUTORING AND ACADEMIC SUPPORT; REMEDIATION CLASSES; BASIC COMPUTER SKILLS; STRATEGIES FOR TEST-TAKING (ALL IN SPANISH) AND OPPORTUNITIES FOR STUDENTS TO TEACH OTHERS WHAT THEY HAVE LEARNED. GRANT AMOUNT-\$21,556.

FAMILY SERVICE ASSOCIATION OF LINCOLN: FAMILY SERVICE EARLY CHILDHOOD EDUCATION & FAMILY CENTER PROGRAM PROVIDES QUALITY CHILDCARE PROGRAMMING USING HIGH SCOPE GUIDELINES DESIGNED TO MEET DEVELOPMENTAL MILESTONES AND CORE COMPETENCIES WITH ON-GOING INTERACTION AND PARTNERSHIP BETWEEN STAFF AND PARENTS. GRANT AMOUNT-\$85,000.

FAMILY SERVICE ASSOCIATION OF LINCOLN: BEHAVIORAL HEALTH PROGRAM

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PROVIDES WEEKLY INDIVIDUAL AND FAMILY THERAPY SESSIONS HELD IN THE HOME AND/OR SCHOOL SETTING TO ADDRESS MENTAL HEALTH OR BEHAVIORAL NEEDS WHICH INTERFERE WITH THE CHILD'S ACADEMIC, PERSONAL, OR SOCIAL PERFORMANCE. GRANT AMOUNT-\$15,000.

FAMILY SERVICE ASSOCIATION OF LINCOLN: FAMILY SERVICE YOUTH DEVELOPMENT & COMMUNITY LEARNING CENTER PROGRAM PROVIDES BEFORE AND AFTER SCHOOL ACADEMIC ENRICHMENT PROGRAMS TO CHILDREN AT 8 CLC LINCOLN PUBLIC SCHOOL SITES, OFFERING EDUCATIONAL, SOCIAL SKILL, RECREATIONAL, AND COMMUNITY SERVICE ACTIVITIES. GRANT AMOUNT-\$48,000.

HEARTLAND BIG BROTHERS BIG SISTERS: HEARTLAND BIG BROTHERS BIG SISTERS PROGRAM PROVIDES MENTORING TO CHILDREN THROUGH SCHOOL, COMMUNITY, AND SITE BASED MATCHES THAT FOCUS ON IMPROVING ACADEMIC AND SOCIAL SKILLS. GRANT AMOUNT-\$69,500.

INDIAN CENTER, INC: YOUTH PROGRAM PROVIDES GENERAL ACADEMIC ASSISTANCE AND ENRICHMENT ACTIVITIES, AS WELL AS A CULTURALLY SPECIFIC WELLNESS/SOBRIETY PROGRAM. GRANT AMOUNT-\$8,000.

LIGHTHOUSE: LIGHTHOUSE PROGRAM PROVIDES AFTER SCHOOL ACTIVITIES FIVE DAYS A WEEK THROUGHOUT THE YEAR TO YOUTH AGES 13 TO 18 FOCUSING ON ACADEMIC SUPPORT, EVENING MEALS, ENRICHMENT, AND RECREATIONAL ACTIVITIES. GRANT AMOUNT-\$65,000.

LINCOLN COUNCIL ON ALCOHOLISM AND DRUGS, INC: PARENTING FOR PREVENTION/SAFE HOMES PARENTING INITIATIVE/YOUTH SUBSTANCE USE PREVENTION BEHAVIORAL HEALTH PROGRAM ASSESSES PREVENTION NEEDS THROUGH LANCASTER COUNTY AND PROVIDES SUPPORT TO SAFE HOMES NETWORK, DRUG FREE YOUTH BOARD, AND GROUP SESSIONS ON SKILL BUILDING. GRANT AMOUNT-\$41,058.

LINCOLN MEDICAL EDUCATION PARTNERSHIP: SCHOOL COMMUNITY INTERVENTION PROGRAM COLLABORATES WITH SCHOOL DISTRICTS AND COMMUNITY AGENCIES TO

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PROVIDE EARLY IDENTIFICATION AND INTERVENTION SUPPORT TO SCHOOL PERSONNEL AND FAMILIES TO RESPOND TO RISKY STUDENT BEHAVIORS IN ORDER TO REDUCE OR ELIMINATE ABUSE OF ALCOHOL AND DRUGS. GRANT AMOUNT-\$21,556.

LINCOLN/LANCASTER COUNTY CHILD GUIDANCE CENTER: OUTPATIENT SERVICES PROGRAM PROVIDES ASSESSMENT, TREATMENT PLANNING, AND ON-GOING THERAPY TO INDIVIDUALS, FAMILIES AND GROUPS. THERAPISTS ARE ASSIGNED TO HIGH NEEDS LINCOLN ELEMENTARY AND MIDDLE SCHOOLS AND CONSULT WITH SCHOOL PERSONNEL. GRANT AMOUNT-\$149,500.

LINCOLN LITERACY COUNCIL: ENGLISH LANGUAGE & LITERACY ACADEMY (ELLA) PROGRAM PROVIDES ENGLISH LANGUAGE AND LITERACY INSTRUCTION WITH THE FOCUS ON SCHOOL READINESS. GRANT AMOUNT-\$30,000. MOURNING HOPE, INC: MOURNING HOPE GRIEF CENTER: GRIEF SUPPORT AND COMMUNITY OUTREACH PROGRAM PROVIDES AN OPEN AND HONEST COMMUNITY OF SUPPORT FOR BEREAVED CHILDREN AND THEIR FAMILIES THROUGH EDUCATION, NETWORKING, OUTREACH, AND SUPPORT GROUPS TO HELP THEM GAIN A BETTER UNDERSTANDING OF THE GRIEF PROCESS AND LEARN COPING STRATEGIES. GRANT AMOUNT-\$10,000.

NORTHEAST FAMILY CENTER: PARENTS AS PARTNERS AND NORTHEAST FAMILY CENTER ACADEMY OF ROCK PROGAMS PROVIDE SAFE AND AFFORDABLE CHILDCARE USING CREATIVE CURRICULUM AND FOCUSING ON SCHOOL READINESS. GRANT AMOUNT-\$49,000.

ST. MONICA® HOME: ADOLESCENT GIRLS PROGRAM PROVIDES RESIDENTIAL TREATMENT, THERAPEUTIC GROUP SESSIONS, COUNSELING, MENTORING, MEDICAL ASSESSMENT, TRANSPORTATION, AND SUPPORT SERVICES TO COORDINATE EDUCATIONAL ACTIVITIES. GRANT AMOUNT-\$11,250.

TEAMMATES MENTORING PROGRAM: TEAMMATES OF LINCOLN PUBLIC SCHOOLS PROGRAM PROVIDES WEEKLY MENTORING OFFERING YOUTH SUPPORT, FRIENDSHIP, AND A POSITIVE ROLE MODEL TO HELP YOUNG PEOPLE REACH THEIR FULL

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POTENTIAL. GRANT AMOUNT-\$57,000.

THE HUBCENTRAL ACCESS POINT FOR YOUNG ADULTS: LINCOLN EDUCATION PROGRAM (LEO) PROVIDES ACADEMIC SUPPORT, COLLEGE PREPARATION, JOB READINESS/EXPLORATION, TUTORING, LONG-TERM GOAL SETTING TO AT RISK YOUTH GRADES 6 TO 12. GRANT AMOUNT-\$25,662.

THE HUBCENTRAL ACCESS POINT FOR YOUNG ADULTS: YOUTHACT/PROJECT H2O PROGRAM UTILIZES A YOUTH DEVELOPMENT APPROACH THAT FOCUSES ON STRENGTHENING THE CAPACITY OF YOUNG PEOPLE TO SUCCESSFULLY NAVIGATE THE LIFE STAGE OF ADOLESCENCE TO ADULTHOOD. GRANT AMOUNT-\$10,547.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: AT RISK YOUTH DEVELOPMENT PROGRAM PROVIDES EDUCATIONAL AND RECREATIONAL ACTIVITIES TO PROMOTE PHYSICAL FITNESS, SOCIAL SKILLS, AND LEARNING OPPORTUNITIES FOR AT RISK YOUTH AGES 5 TO 12 YEARS WITH TRANSPORTATION PROVIDED. GRANT AMOUNT-\$19,000.

WILLARD COMMUNITY CENTER: THE TEEN PROGRAM FOSTERS GROWTH AND DEVELOPMENT OF YOUTH THROUGH BEFORE AND AFTER SCHOOL ACTIVITIES, SUPERVISION, TRANSPORTATION, EDUCATIONAL MENTORING AND SUPPORT, AND A VARIETY OF RECREATIONAL OPPORTUNITIES. GRANT AMOUNT-\$10,000.

YWCA LINCOLN: SMART GIRLS CLUB AND SKILLS, OPPORTUNITIES, AND SUCCESS PROGRAM PROVIDE INDIVIDUALS WITH AN AFTER SCHOOL EDUCATIONAL EXPERIENCE IN MATH, SCIENCE, AND TECHNOLOGY. THE PROGRAM HAS A SUMMER CAMP COMPONENT. GRANT AMOUNT-\$10,000

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

6) 3,385 INDIVIDUALS RECEIVED CRISIS SERVICES.

7) 95 PEOPLE RECEIVED ASSISTANCE FOR FIRES AND NATURAL DISASTERS.

8) 10,187 PEOPLE WERE TRAINED TO RESPOND TO COMMUNITY DISASTERS.

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA:

AMERICAN RED CROSS- CORNHUSKER CHAPTER: DISASTER SERVICES PROGRAM PROVIDES 24 HOUR RESPONSE AND BASIC NEEDS PROVISIONS TO VICTIMS OF SINGLE FAMILY AND LARGE SCALE DISASTERS AND FIRES AS WELL AS COMMUNITY DISASTER PREPAREDNESS. GRANT AMOUNT - \$101,000.

ARC OF LINCOLN/LANCASTER COUNTY: INDIVIDUAL & FAMILY SUPPORT SERVICES (IFSS) PROGRAM PROVIDES INDIVIDUAL ADVOCACY, CRISIS INTERVENTION, AND SUPPORT GROUPS TO ADDRESS THE NEEDS AND BARRIERS OF PEOPLE WITH SPECIAL NEEDS AND THE CHALLENGES THEY FACE AS IT RELATES TO DOMESTIC VIOLENCE. GRANT AMOUNT - \$30,000.

ASIAN COMMUNITY AND CULTURAL CENTER: ASIAN CENTER MEETING BASIC COMMUNITY NEEDS PROGRAM PROVIDES FAMILY RESOURCE PROGRAM, YOUTH LEADERSHIP PROGRAM, SENIOR<sup>®</sup> PROGRAM, CULTURAL EDUCATION PROGRAM, AND FUSION/ETHNIC SELF-HELP PROJECT. GRANT AMOUNT - \$10,000.

CATHOLIC SOCIAL SERVICES: ST. FRANCIS FOOD PANTRY PROGRAM PROVIDES DISTRIBUTION OF FOOD TO FAMILIES AND INDIVIDUALS IN NEED; REFERRALS TO AGENCIES THAT PARTICIPATE IN THE CITY-WIDE FOOD PANTRY SYSTEM; ASSISTANCE WITH FOOD STAMP APPLICATIONS; AND DATA COLLECTION THROUGH COMMUNITY SERVICE MANAGEMENT INFORMATION SYSTEM (CSMIS). GRANT AMOUNT - \$6,000.

CATHOLIC SOCIAL SERVICES: EMERGENCY SERVICES PROGRAM PROVIDES EMERGENCY RENT AND UTILITY ASSISTANCE TO FAMILIES & INDIVIDUALS TO MAINTAIN HOUSING, AND ASSIST WITH BUDGET PLANNING. GRANT AMOUNT - \$12,000.

CATHOLIC SOCIAL SERVICES: ST. GIANNA WOMEN<sup>®</sup> HOMES PROGRAM PROVIDES

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SAFE, SECURE HOUSING AND INTENSIVE CASE MANAGEMENT FOR WOMEN FLEEING DOMESTIC VIOLENCE. GRANT AMOUNT - \$8,000.

CEDARS YOUTH SERVICES: SAFETY-STABILITY-PERMANENCE: CEDARS OUT-OF-HOME CONTINUUM FOR CHILDREN & YOUTH PROGRAM PROVIDES EMERGENCY SHELTER PLACEMENT, ESSENTIAL CRISIS INTERVENTION SERVICES, COUNSELING, AND TUTORING SUPPORT. GRANT AMOUNT - \$35,000.

CENTER FOR PEOPLE IN NEED, INC: NEIGHBORHOOD FOOD PROGRAM PROVIDES WEEKLY FOOD DISTRIBUTION AT 5 NEIGHBORHOOD SITES TO THE LOW INCOME AND WORKING POOR OF LINCOLN AND LANCASTER COUNTY. GRANT AMOUNT - \$30,000.

COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: BASIC AND EMERGENCY NEEDS SERVICES PROGRAM ADDRESSES THE ISSUES OF HOMELESSNESS, NEAR HOMELESSNESS, AND UNSAFE HOUSING IN THE COMMUNITY THROUGH EMERGENCY SERVICES, LANDLORD/TENANT MEDIATION, HOUSING AUTHORITY HOMELESS VOUCHER SUPPORT SERVICES, AND REPRESENTATIVE PAYEE SERVICES. GRANT AMOUNT - \$25,000.

COMMUNITY CROPS: COMMUNITY GARDENS PROGRAM PROVIDES GARDENING PLOTS TO LINCOLN FAMILIES AT 16 LOCATIONS THROUGHOUT THE CITY AND EDUCATION ABOUT THE BEST METHODS TO GROW THE MAXIMUM AMOUNT OF FOOD. GARDENING SUPPLIES AND SUPPORT ALSO PROVIDED. GRANT AMOUNT - \$5,000.

EL CENTRO DE LAS AMERICAS: MUJERES EN CONFINAZA @AMONG FRIENDS PROGRAM PROVIDES CRISIS ASSISTANCE, COUNSELING, AND SUPPORT SERVICES TO VICTIMS OF ABUSE (ALL IN SPANISH) AS WELL AS TRANSPORTATION AND INTERPRETATION/TRANSLATION SERVICES, HEALTHY LIVING, AND ENGLISH CLASSES. GRANT AMOUNT - \$6,000.

FOOD BANK OF LINCOLN, INC: FOOD BANK OF LINCOLN PROGRAM GATHERS, STORES, AND DISTRIBUTES DONATED & PURCHASED FOOD AND HOUSEHOLD PRODUCTS TO OTHER LINCOLN PANTRIES AND PROGRAMS THAT PROVIDE THOSE PRODUCTS TO FAMILIES IN NEED. GRANT AMOUNT - \$25,000.

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FRESH START, INC: FRESH START PROGRAM PROVIDES TRANSITIONAL HOUSING, CASE MANAGEMENT, AND COUNSELING SERVICES, REFERRING CLIENTS TO SERVICES FOR SUBSTANCE ABUSE, DOMESTIC VIOLENCE, EDUCATION, EMPLOYMENT, MEDICAL NEEDS, AND HOUSING ASSISTANCE. GRANT AMOUNT - \$17,500.

FRIENDSHIP HOME OF LINCOLN, INC: EMERGENCY SHELTER PROGRAM PROVIDES PRE-SHELTER SUPPORT SERVICES, EMERGENCY SHELTER (UP TO EIGHT WEEKS) AND TRANSITIONAL SHELTER (UP TO THREE MONTHS) WITH CASE MANAGEMENT AND COUNSELING SERVICES FOR WOMEN AND THEIR CHILDREN WHO ARE HOMELESS DUE TO DOMESTIC VIOLENCE. GRANT AMOUNT - \$70,000.

GOOD NEIGHBOR COMMUNITY CENTER: EMERGENCY FOOD, CLOTHING, DIAPERS AND PERSONAL CARE ITEMS ASSISTANCE PROGRAM PROVIDES FOOD (AND CLOTHING, ETC. AS AVAILABLE) TO PEOPLE IN NEED THROUGH SHOPPER'S CHOICE SELECTION AND UNDERSTANDING OF DIFFERENT ETHNIC NEEDS. GRANT AMOUNT - \$12,000.

INDIAN CENTER, INC: EMERGENCY ASSISTANCE PROGRAM PROVIDES RENT AND UTILITY ASSISTANCE, GAS VOUCHERS AND BUS PASSES, AND PERSONAL CARE ITEMS FOR PEOPLE IN NEED. GRANT AMOUNT - \$10,000.

LEAGUE OF HUMAN DIGNITY, INC: BARRIER REMOVAL PROGRAM OVERSEES RENOVATION OF RESIDENTIAL STRUCTURES TO ENSURE THAT DESIGN AND CONSTRUCTION ALLOW PHYSICALLY HANDICAPPED PERSONS ACCESS TO AND USE OF HOUSING THUS ELIMINATING BARRIERS AND ENABLING PEOPLE TO MAINTAIN THEIR INDEPENDENCE. GRANT AMOUNT - \$5,000.

LEGAL AID OF NEBRASKA: LEGAL AID OF NEBRASKA DOMESTIC VIOLENCE PROJECT PROGRAM PROVIDES FREE LEGAL SERVICES FOR PROTECTION ORDERS, DIVORCE, CUSTODY/VISITATION, PATERNITY, CHILD/SPOUSAL SUPPORT, CONSUMER/FINANCE, PUBLIC BENEFITS, HOUSING AND OTHER FAMILY MATTERS. THE PROGRAM COLLABORATES WITH LOCAL DOMESTIC VIOLENCE PROGRAMS TO PROVIDE WRAP-AROUND SERVICES TO CLIENTS AND MAKE REFERRALS TO OTHER AGENCIES AND ORGANIZATIONS AS APPROPRIATE. GRANT AMOUNT - \$10,000.

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LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER: CHILD ADVOCACY CENTER PROGRAM PROVIDES FORENSIC INTERVIEW, MEDICAL EVALUATION, SPECIALIZED BEHAVIORAL HEALTH SERVICES, AND CASE REVIEW PROCESS, FOR CHILD VICTIMS AS WELL AS ADVOCACY AND SUPPORT THROUGHOUT THE PROSECUTION OF THE CASE. GRANT AMOUNT - \$62,000.

MATT TALBOT KITCHEN AND OUTREACH, INC: HUNGER RELIEF & OUTREACH PROGRAM PROVIDES TWO HOT & NUTRITIOUS MEALS A DAY TO WORKING POOR, HUNGRY, AND HOMELESS, AS WELL AS INFORMATION & REFERRAL, ADVOCACY, AND LIFE SKILLS AND IDENTIFICATION PROGRAM SERVICES. GRANT AMOUNT - \$10,000.

MATT TALBOT KITCHEN AND OUTREACH, INC: SHELTER & PREVENTION PROGRAM PROVIDES TRANSITIONAL HOUSING WITH CASE MANAGEMENT, GOAL PLANNING, ADVOCACY, AND REFERRAL SERVICES. GRANT AMOUNT - \$15,000.

PEOPLE'S CITY MISSION: FAMILY PROGRAM PROVIDES EMERGENCY OVERNIGHT SHELTER BEDS AND DAY SHELTER, 3 MEALS DAILY, CHILDREN'S PROGRAMS, INDIVIDUAL SUPPORT AND ADVOCACY, LIFE SKILLS WORKSHOPS, AND OTHER RELATED SERVICES SUCH AS SHOWERS, LAUNDRY, MAIL, PHONE, ETC. GRANT AMOUNT - \$17,000.

ST. MONICA'S HOME: PROJECT MOTHER & CHILD PROGRAM PROVIDES EMERGENCY SHELTER, INDIVIDUAL AND GROUP THERAPY, DOMESTIC VIOLENCE EDUCATION, SAFETY PLANS, TRAUMA, MEDICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE SERVICES FOR WOMEN AND CHILDREN. GRANT AMOUNT - \$23,000.

TABITHA, INC: TABITHA AND EASTER DAY COLLABORATION PROGRAM PROVIDES SAFE, SUPPORTIVE, STRUCTURED, AND SUPERVISED ADULT DAY SERVICES PROGRAM WITH DIVERSE PROGRAM OPPORTUNITIES SUCH AS ASSISTANCE WITH MEDICAL & PERSONAL NEEDS, MEALS, CASE MANAGEMENT AND SOCIALIZATION AS AN ALTERNATIVE TO LONG-TERM CARE FOR ADULTS. GRANT AMOUNT - \$10,000.

TABITHA, INC: TABITHA MEALS ON WHEELS PROGRAM DELIVERS A HOT, NUTRITIOUS, READY TO EAT MEAL TO A PERSON IN THEIR HOME ENABLING THEM



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TO MAINTAIN INDEPENDENCE. OTHER SERVICES INCLUDE DONATED BREAD, USED CLOTHING, AND COMMUNITY SERVICES INFORMATION. GRANT AMOUNT - \$5,000.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: THE SALVATION ARMY BASIC & EMERGENCY FAMILY SERVICES PROGRAM PROVIDES FOOD AND VOUCHERS FOR A VARIETY OF FOOD PRODUCTS AND SERVICES TO PEOPLE IN CRISIS. GRANT AMOUNT - \$18,000.

VOICES OF HOPE LINCOLN, INC: VOICES OF HOPE PROGRAM PROVIDES 24 HOUR CRISIS INTERVENTION AND ADVOCACY, INDIVIDUAL AND GROUP COUNSELING, INFORMATION AND REFERRAL TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN, WITH ON-GOING CASE MANAGEMENT, COUNSELING, TRAINING, AND AN INDIVIDUALIZED CASE PLAN FOR WOMEN IN BATTERED SITUATIONS. GRANT AMOUNT - \$65,000.

VOLUNTEER PARTNERS (AKA VOLUNTEER LINC): EMERGENCY VOLUNTEER PROGRAM RECRUITS, TRAINS AND COORDINATES VOLUNTEERS TO ASSIST IN THE EVENT OF A COMMUNITY DISASTER OR EMERGENCY THROUGH PREPAREDNESS PRESENTATIONS, EMERGENCY VOLUNTEER CENTER (EVC) EXERCISES/TRAININGS, AND COORDINATION OF COMMUNITY EMERGENCY RESPONSE TEAMS (CERT) TRAININGS. GRANT AMOUNT - \$10,000.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

2-1-1 CALL CENTER: THIS NATIONWIDE COLLABORATIVE INITIATIVE PROVIDES INFORMATION AND REFERRAL FOR HUMAN SERVICE NEEDS 24 HOURS PER DAY/SEVEN DAYS A WEEK. UNITED WAY OF THE MIDLANDS IN OMAHA HOUSES THE CALL CENTER FOR THE STATE AND TRACKS DATA THAT IS SPECIFIC TO EACH PARTICIPATING COMMUNITY. DURING THE 2010-2011 FISCAL YEAR 5,446 CALLS WERE RECEIVED. THE MAJORITY OF CALLERS WERE SEEKING HOUSING AND UTILITIES ASSISTANCE. UNITED WAY ALLOCATED \$47,400 FOR THIS INITIATIVE.

EXPENSES \$ 47,400. INCLUDING GRANTS OF \$ 47,400. REVENUE \$ 0.

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COMMUNITY SERVICES INITIATIVE (CSI): THIS INITIATIVE IS THE INTEGRATED PROCESS OF PLANNING AND IMPLEMENTATION FOR HUMAN SERVICES IN LINCOLN AND LANCASTER COUNTY. UNITED WAY AND THE CITY/COUNTY® JOINT BUDGET COMMITTEE JOINTLY FUND THIS PROJECT. UNITED WAY ALLOCATED \$30,000 TO SUPPORT THIS INITIATIVE.

EXPENSES \$ 30,000. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0.

COMMUNITY LEARNING CENTERS (CLC): \$35,000 HAS BEEN ALLOCATED TO THE CLYDE MALONE COMMUNITY CENTER AS THE LEAD AGENCY TO SUPPORT THE SITE SUPERVISOR POSITION AND PROGRAMMING LOCATED AT CULLER MIDDLE SCHOOL. THE LINCOLN CLC PROVIDES A DELIVERY SYSTEM THAT USES THE LOCAL SCHOOL AS THE HUB OF SERVICE. THESE CENTERS PROVIDE SAFE, SUPERVISED BEFORE AND AFTER SCHOOL PROGRAMS; WEEKEND AND SUMMER ENRICHMENT PROGRAMS; AND MANY OTHER SUPPORTIVE SERVICES FOR CITIZENS OF ALL AGES.

EXPENSES \$ 35,000. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 0.

WOMEN IN PHILANTHROPY (WIP) INITIATIVE: UNITED WAY® ANNUAL WIP HELPING HANDS GLOVE AUCTION RAISED FUNDS TO PROVIDE DIAPERS AND CLOTHING TO LOW INCOME FAMILIES. THE WIP INITIATIVE AWARDED \$18,001 TO 8 UNITED WAY PARTNER AGENCIES FUNDING TO PURCHASE DIAPERS AND CLOTHING FOR THE CHILDREN AND FAMILIES THEY SERVE. THE INITIATIVE ALSO FUNDED A CLOTHING DISTRIBUTION EVENT WHICH SUPPLIED THE AGENCIES WITH WINTER CLOTHING AND COATS FOR THE CHILDREN THEY SERVE.

EXPENSES \$ 18,001. INCLUDING GRANTS OF \$ 18,001. REVENUE \$ 0.

SUMMER FOOD PROGRAM: \$7,400 WAS ALLOCATED FOR THIS PROGRAM WHICH IS SPONSORED BY THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT. IN THE

|   |  |
|---|--|
| Name of the organization<br>UNITED WAY OF LINCOLN AND LANCASTER<br>COUNTY | Employer identification number<br>47-0376624 |
|---|--|

SUMMER OF 2011, THERE WERE 32 FEEDING SITES WITH 112,514 MEALS (44,488 BREAKFASTS AND 68,026 LUNCHESES) SERVED TO ELIGIBLE CHILDREN. THIS IS AN AVERAGE OF 2,164 MEALS PER DAY OVER THE 52 DAYS WITH MORE THAN 2,700 CHILDREN RECEIVING MEALS AT LEAST PERIODICALLY THROUGHOUT THE SUMMER. THE MAJORITY OF CHILDREN AT THE SITES ATE MEALS EVERY DAY. THE NUMBER OF MEALS SERVED TO CHILDREN DURING THE SUMMER OF 2011 INCREASED FROM THE SUMMER OF 2010 BY OVER 17,800 MEALS.

EXPENSES \$ 7,400. INCLUDING GRANTS OF \$ 7,400. REVENUE \$ 0.

DATA-TRACKING PROJECT: THIS PROJECT RECEIVED \$4,261 IN A JOINTLY FUNDED EFFORT WITH THE JOINT BUDGET COMMITTEE TO HELP TRACK FOOD PANTRY AND FOOD DISTRIBUTION EFFORTS IN THE COMMUNITY. OUR OUTCOME GOAL IS TO DETERMINE AN UNDUPLICATED COUNT OF CLIENTS SERVED SO WE CAN BETTER INCREASE THEIR FOOD STABILITY.

EXPENSES \$ 4,261. INCLUDING GRANTS OF \$ 4,261. REVENUE \$ 0.

BACKGROUND CHECKS: UNITED WAY ALLOCATED \$5,522 TO FOURTEEN AGENCIES IN 2010-2011 TO CONDUCT BACKGROUND CHECKS FOR STAFF AND VOLUNTEERS SERVING VULNERABLE POPULATIONS.

EXPENSES \$ 5,522. INCLUDING GRANTS OF \$ 5,522. REVENUE \$ 0.

DESIGNATIONS: UNITED WAY PROCESSED \$2,218,680 IN DONOR-DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO OTHER NONPROFIT ORGANIZATIONS. UNITED WAY OF LINCOLN AND LANCASTER COUNTY ACTS IN A FISCAL AGENT CAPACITY TO COLLECT, PROCESS, AND DISBURSE THE FUNDS. ORGANIZATIONS MUST SUBMIT PROOF OF TAX EXEMPT STATUS AND PATRIOT ACT COMPLIANCE.

EXPENSES \$ 2,218,680. INCL GRANTS OF \$ 2,218,680. REVENUE \$ 116,987.

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | UNITED WAY OF LINCOLN AND LANCASTER COUNTY | Employer identification number | 47-0376624 |
|--------------------------|--|--------------------------------|------------|

PROGRAM GENERAL OPERATING COSTS: EXPENSES OF \$840,965 WERE INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS; PROVIDE OUTCOME MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE COMMUNITY; PROVIDE PROGRAM ASSESSMENT, REVIEW, AND SELECTION; ADMINISTER GRANTS; PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT OF GRANT RECIPIENTS; AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN THE TWO FOCUSED AREAS.

EXPENSES \$ 841,650. INCLUDING GRANTS OF \$ 137,184. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO AND FORMALLY REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS. THE INDEPENDENT ACCOUNTANTS PRESENT THE FORM 990 ANNUALLY AT THE OCTOBER BOARD MEETING. THE BOARD OF DIRECTORS REVIEW THE FORM 990 FOCUSING ON SIGNIFICANT AREAS OF THE TAX RETURN AND HOW THESE AREAS RELATE TO THE ANNUAL AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS, EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY RELATIONSHIPS WHERE THEY AND/OR THEIR FAMILY MEMBERS MAY HAVE PERSONAL OR FINANCIAL INTERESTS THAT COULD INFLUENCE THEIR DECISION MAKING ABILITY. THEY ALSO SIGN A STATEMENT AFFIRMING THAT THEY HAVE RECEIVED, READ, AND WILL COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO AFFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. BOARD MEMBERS AND VOLUNTEERS MAY NOT SERVE ON A FUNDING TEAMS THAT RECOMMEND GRANT AWARDS TO ORGANIZATIONS WHERE THERE MAY BE A CONFLICT OF INTEREST BETWEEN THAT PERSON

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AND THE RECIPIENT ORGANIZATION. WHERE A GOVERNING BOARD MEMBER BELIEVES THAT A MATTER TO BE VOTED UPON WILL PRESENT A CONFLICT OF INTEREST, THAT MEMBER WILL ANNOUNCE THE CONFLICT OF INTEREST AND WILL HOLD SILENT DURING DISCUSSION ON THE ISSUE. THE MEMBER WILL REFRAIN FROM VOTING ON ANY MOTIONS AFFECTING THE DECLARED CONFLICT OF INTEREST. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL INFORM THE MEMBER AND ALLOW THEM TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. APPOINTED STAFF WILL REVIEW DECLARED CONFLICTS PRIOR TO VOTING AND BRING POSSIBLE CONFLICTS TO THE ATTENTION OF THE BOARD PRESIDENT AND/OR THE COMMITTEE CHAIRPERSON. THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN: THE NAMES OF THE PERSONS WHO DISCLOSED OR WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST; THE NATURE OF THE CONFLICT; ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT; NAMES OF PERSONS PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE CONFLICT OF INTEREST; THE CONTENT OF THE DISCUSSION AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING-BOARD APPOINTED COMPENSATION COMMITTEE CONDUCTED THE EXECUTIVE DIRECTOR PERFORMANCE REVIEW. NO COMMITTEE MEMBER HAD A REAL OR PERCEIVED CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. COMPENSATION WAS DETERMINED BASED ON JOB PERFORMANCE WITHIN LIMITS OF UNITED WAY BUDGET PARAMETERS USING COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE DOCUMENTED THE DELIBERATION PROCESS AND THE BASIS FOR ITS DECISIONS. THE COMMITTEE REPORTED ITS DETERMINATION AND RECOMMENDED BOARD APPROVAL AT THE JUNE 2011

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BOARD MEETING IN EXECUTIVE SESSION. THE EXECUTIVE SESSION DISCUSSION AND BOARD REVIEW AND APPROVAL WERE DOCUMENTED IN THE MINUTES. THE EXECUTIVE DIRECTOR CONDUCTED THE PERFORMANCE REVIEW FOR THE SR. DIRECTOR OF FINANCE AND ADMINISTRATION. COMPENSATION WAS DETERMINED BASED ON JOB PERFORMANCE WITHIN LIMITS OF UNITED WAY BUDGET PARAMETERS USING COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE EXECUTIVE DIRECTOR REPORTED THE DETERMINATION AND BASIS FOR CONCLUSIONS TO MEMBERS OF THE COMPENSATION COMMITTEE. THE COMMITTEE REPORTED THE DETERMINATION TO THE UNITED WAY BOARD OF DIRECTORS FOR APPROVAL AT THE JUNE 2011 BOARD MEETING IN EXECUTIVE SESSION. THE EXECUTIVE SESSION DISCUSSION AND BOARD REVIEW AND APPROVAL WERE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND FORM 990 ARE MADE AVAILABLE TO THE GENERAL PUBLIC VIA POSTING TO ITS WEBSITE AT WWW.UNITEDWAYLINCOLN.ORG. IN ADDITION, GOVERNING DOCUMENTS INCLUDING ARTICLES OF INCORPORATION, BYLAWS, AND 501 (C) (3) DETERMINATION LETTER ARE MADE AVAILABLE THROUGH ALLOWED INSPECTION AT THE LOCAL UNITED WAY OFFICE. COPIES OF THESE DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS: -644,843.

FORM 990, PART XII, LINE 2C

AUDIT OVERSIGHT RESPONSIBILITY

UNITED WAY OF LINCOLN AND LANCASTER COUNTY'S FINANCE COMMITTEE IS

RESPONSIBLE FOR OVERSIGHT AND APPROVAL OF THE ANNUAL AUDIT OF THE FORM



**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **UNITED WAY OF LINCOLN AND LANCASTER COUNTY** Employer identification number **47-0376624**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| UNITED WAY OF LINCOLN AND LANCASTER COUNTY<br>FOUNDATION, INC. - 20-1412874, 238 S. 13TH<br>STREET, LINCOLN, NE 68508 | SUPPORTING FOUNDATION   | NEBRASKA  | 501(C)(3)                     | 509(A)(3)<br>TYPE 1                                       | N/A                                 | X  |    |
|   |                         |   |                               |   |                                     |  |    |
|   |                         |   |                               |   |                                     |  |    |
|   |                         |   |                               |   |                                     |  |    |
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|   |                         |   |                               |   |                                     |  |    |





**UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) .....  | X   |    |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) .....  |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s) .....   |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s) .....  |     | X  |
| <b>f</b> Sale of assets to other organization(s) .....  |     | X  |
| <b>g</b> Purchase of assets from other organization(s) .....  |     | X  |
| <b>h</b> Exchange of assets .....   |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....   |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....                             |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....                              |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....   |     | X  |
| <b>n</b> Sharing of paid employees .....  |     | X  |
| <b>o</b> Reimbursement paid to other organization for expenses .....  | X   |    |
| <b>p</b> Reimbursement paid by other organization for expenses .....  | X   |    |
| <b>q</b> Other transfer of cash or property to other organization(s) .....  |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(s) .....  |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (1)                               |                                  |                        |   |
| (2)                               |                                  |                        |   |
| (3)                               |                                  |                        |   |
| (4)                               |                                  |                        |   |
| (5)                               |                                  |                        |   |
| (6)                               |                                  |                        |   |



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.