

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**UNITED WAY OF LINCOLN AND LANCASTER
COUNTY**

Employer identification number

47-0376624

Name and title of officer

**BRIAN WACHMAN
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,215,614.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HBE BECKER MEYER LOVE LLP to enter my PIN 76624
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

47127876624
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 10/22/14

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY		D Employer identification number 47-0376624
	Doing Business As		E Telephone number 402-441-7700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,308,850.
	City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68508		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: BRIAN WACHMAN SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.UNITEDWAYLINCOLN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1945 M State of legal domicile: NE	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FUNDING TO LOCAL IMPACT PARTNERS WHO FOCUS ON ACHIEVING OUTCOMES IN THE TWO SPECIFIC AREAS DETERMINED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	1496
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,997,063.	7,070,953.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,791.	10,775.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,325.	133,886.
		7,149,179.	7,215,614.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,354,217.	5,520,476.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	902,660.	976,215.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 791,490.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	657,770.	586,281.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,914,647.	7,082,972.	
19 Revenue less expenses. Subtract line 18 from line 12	234,532.	132,642.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,605,113.	6,950,440.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,695,528.	5,908,213.
		909,585.	1,042,227.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BRIAN WACHMAN, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRYSTAL L SIEBRANDT, CPA,	KRYSTAL L SIEBRANDT,	10/22/14		P00543870
	Firm's name ▶ HBE BECKER MEYER LOVE LLP	Firm's EIN ▶ 47-0677245			
	Firm's address ▶ 7140 STEPHANIE LANE, P.O. BOX 23110 LINCOLN, NE 68542-3110	Phone no. (402) 423-4343			

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 or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,310,321. including grants of \$ 1,310,321.) (Revenue \$) 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 2013-2014 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING:

- 1) 88% OF SCHOOL AGE CHILDREN IMPROVED THEIR ACADEMIC PERFORMANCE
2) 93% OF CHILDREN (AGE 0-5) MET DEVELOPMENTAL MILESTONES
3) 83% OF SCHOOL AGE CHILDREN ADVANCED TO THE NEXT GRADE LEVEL

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

4b (Code:) (Expenses \$ 737,054. including grants of \$ 737,054.) (Revenue \$) COMMUNITY IMPACT FOCUS AREA: ASSISTING THOSE IN CRISIS (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O).

DURING THE 2013-2014 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING:

- 32,493 EMERGENCY AND TRANSITIONAL SHELTER NIGHTS WERE PROVIDED TO HOMELESS FAMILIES
17,722 SHELTER BED NIGHTS WERE PROVIDED TO VICTIMS OF SEXUAL ASSAULT OR DOMESTIC VIOLENCE AND THEIR CHILDREN
2,706 SAFETY PLANS WERE DEVELOPED FOR WOMEN AND CHILDREN WHO ARE VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ABUSE

4c (Code:) (Expenses \$ 90,316. including grants of \$ 90,316.) (Revenue \$) HOMELESS PREVENTION AND REHOUSING PROJECT: THESE ONE-TIME PROJECT GRANTS TO UNITED WAY PARTNER AGENCIES PROVIDE A POOL OF FLEXIBLE FUNDING TO ASSIST CHILDREN AND FAMILIES WHO CURRENTLY ARE OR ARE AT RISK OF BEING HOMELESS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,968,300. including grants of \$ 3,382,785.) (Revenue \$ 149,460.)

4e Total program service expenses 6,105,991.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or 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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
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
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. 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
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	26		
2	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?	2	X
3	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	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	9	X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 or note to any line 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BRINKMAN IMMEDIATE PAT PRESIDENT	1.00	X		X				0.	0.	0.
(2) BARRY GATES PRESIDENT	1.00	X		X				0.	0.	0.
(3) CATHERINE LANG TREASURER	1.00	X		X				0.	0.	0.
(4) JAN GARVIN ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(5) DENNIS STEEN SECRETARY	1.00	X		X				0.	0.	0.
(6) NICK CUSICK PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(7) CHARLIE MEYER PAST PRESIDENT	1.00	X						0.	0.	0.
(8) JULIE BECHTEL DIRECTOR	1.00	X						0.	0.	0.
(9) MAUREEN BRASE-HOUCHIN DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL COX DIRECTOR	1.00	X						0.	0.	0.
(11) FRANK EMAN DIRECTOR	1.00	X						0.	0.	0.
(12) PATRICK GILLES DIRECTOR	1.00	X						0.	0.	0.
(13) BRAD HEDRICK DIRECTOR	1.00	X						0.	0.	0.
(14) MARY JO HILL DIRECTOR	1.00	X						0.	0.	0.
(15) CAMERON HINDS DIRECTOR	1.00	X						0.	0.	0.
(16) DR. STEVE JOEL VICE PRESIDENT	1.00	X		X				0.	0.	0.
(17) MONICA LEDBETTER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORI MCCLURG DIRECTOR	1.00	X					0.	0.	0.	
(19) T.J. MCDOWELL DIRECTOR	1.00	X					0.	0.	0.	
(20) DAN MECHTENBERG DIRECTOR	1.00	X					0.	0.	0.	
(21) JUDY MUYSKENS DIRECTOR	1.00	X					0.	0.	0.	
(22) DAN PUDENZ DIRECTOR	1.00	X					0.	0.	0.	
(23) KEN VANCLEAVE DIRECTOR	1.00	X					0.	0.	0.	
(24) BETSY WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(25) JAN ZOUCHA DIRECTOR	1.00	X					0.	0.	0.	
(26) BRIAN BECK DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							182,406.	0.	20,054.	
d Total (add lines 1b and 1c)							182,406.	0.	20,054.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	30,000.			
	d Related organizations	1d	2,500.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,038,453.			
	g Noncash contributions included in lines 1a-1f: \$		133,193.			
	h Total. Add lines 1a-1f		7,070,953.			
	Program Service Revenue	2 a	Business Code			
		b				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,775.		10,775.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 30,000. of contributions reported on line 1c). See Part IV, line 18	a	77,662.			
		b Less: direct expenses	b	93,236.		
c Net income or (loss) from fundraising events			-15,574.		-15,574.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a ADMINISTRATIVE INCOME	900099	149,460.	149,460.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		149,460.				
12 Total revenue. See instructions.		7,215,614.	149,460.	0.	-4,799.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,520,476.	5,520,476.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,706.	55,295.	56,225.	84,186.
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	618,037.	221,101.	49,216.	347,720.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,102.	9,605.	1,988.	17,509.
9 Other employee benefits	75,858.	24,193.	9,126.	42,539.
10 Payroll taxes	57,512.	19,505.	7,063.	30,944.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,728.		7,728.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	14,871.	4,432.	1,158.	9,281.
12 Advertising and promotion	179,923.	81,425.	4,440.	94,058.
13 Office expenses	7,658.	2,252.	959.	4,447.
14 Information technology				
15 Royalties				
16 Occupancy	90,265.	28,383.	11,723.	50,159.
17 Travel	8,561.	1,223.	1,544.	5,794.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,226.	1,308.	5,200.	1,718.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,716.	8,869.	3,603.	15,244.
23 Insurance	6,617.	2,095.	863.	3,659.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSE	78,657.	78,657.		
b MEMBERSHIP DUES	72,435.	22,355.	11,086.	38,994.
c EQUIPMENT RENTAL AND MA	25,323.	12,915.	2,242.	10,166.
d MISCELLANEOUS	17,464.	5,190.	2,646.	9,628.
e All other expenses	40,837.	6,712.	8,681.	25,444.
25 Total functional expenses. Add lines 1 through 24e	7,082,972.	6,105,991.	185,491.	791,490.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,594,772.	1	2,974,751.	
	2 Savings and temporary cash investments	1,292,703.	2	1,293,499.	
	3 Pledges and grants receivable, net	2,577,237.	3	2,566,163.	
	4 Accounts receivable, net	43,698.	4	46,283.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	42,778.	9	31,892.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	184,517.			
	b Less: accumulated depreciation	146,665.	53,925.	10c	37,852.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,605,113.	16	6,950,440.		
Liabilities	17 Accounts payable and accrued expenses	91,825.	17	82,107.	
	18 Grants payable	2,085,375.	18	2,085,375.	
	19 Deferred revenue	48,573.	19	79,304.	
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,469,755.	25	3,661,427.	
	26 Total liabilities. Add lines 17 through 25	5,695,528.	26	5,908,213.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	909,585.	27	1,042,227.	
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	909,585.	33	1,042,227.		
34 Total liabilities and net assets/fund balances	6,605,113.	34	6,950,440.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,215,614.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,082,972.
3	Revenue less expenses. Subtract line 2 from line 1	3	132,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	909,585.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,042,227.

Part XII Financial Statements and Reporting

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

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

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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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,002,221.	6,285,131.	6,501,520.	6,997,063.	7,070,953.	32,856,888.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,002,221.	6,285,131.	6,501,520.	6,997,063.	7,070,953.	32,856,888.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						32,856,888.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	6,002,221.	6,285,131.	6,501,520.	6,997,063.	7,070,953.	32,856,888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,425.	19,789.	17,103.	12,791.	10,775.	91,883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	62,340.	197,390.	220,625.	208,946.	227,122.	916,423.
11 Total support. Add lines 7 through 10						33,865,194.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.02	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.28	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

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

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		184,517.	146,665.	37,852.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,852.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY APPROPRIATIONS	505,738.
(3) CUSTODIAL FUNDS	43,481.
(4) CAMPAIGN DESIGNATIONS	1,841,488.
(5) OPERATIONS PAYABLE	1,270,720.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,661,427.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,605,217.
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 XIII.)	2d	93,236.	
e	Add lines 2a through 2d	2e		93,236.
3	Subtract line 2e from line 1		3	4,511,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,703,633.	
c	Add lines 4a and 4b	4c		2,703,633.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,215,614.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,472,575.
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 XIII.)	2d	93,236.	
e	Add lines 2a through 2d	2e		93,236.
3	Subtract line 2e from line 1		3	4,379,339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,703,633.	
c	Add lines 4a and 4b	4c		2,703,633.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,082,972.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: 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, 2014, 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 XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE 93,236.

UNITED WAY OF LINCOLN AND LANCASTER

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 (add col. (a) through col. (c))	
		HELPING HANDS AUCTION	GOLF TOURNAMENT	NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	52,245.	27,961.		80,206.
	2	Less: Contributions	30,000.			30,000.
	3	Gross income (line 1 minus line 2)	22,245.	27,961.		50,206.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,593.	11,654.		22,247.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,769.	268.		5,037.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				27,284.
	11	Net income summary. Subtract line 10 from line 3, column (d)				22,922.

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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:

13a		%
13b		%

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.** 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

2013

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	43,210.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
AMERICAN RED CROSS - CORNHUSKER CHAPTER - PO BOX 83267 - LINCOLN, NE 68501-3267	47-0376573	501(C)(3)	840.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIR, STE 340 LARKSPUR, CA 94939	94-3193389	501(C)(3)	11,297.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
ARC OF LINCOLN/LANCASTER COUNTY 5730 R ST, STE C-2 LINCOLN, NE 68505	47-0498629	501(C)(3)	10,000.	0.			PROGRAM OPERATING COST.
ARC OF LINCOLN/LANCASTER COUNTY 5730 R ST, STE C-2 LINCOLN, NE 68505	47-0498629	501(C)(3)	4,428.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **170.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

UNITED WAY OF LINCOLN AND LANCASTER

Schedule I (Form 990)

COUNTY

47-0376624

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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
ARC OF LINCOLN/LANCASTER COUNTY 5730 R ST, STE C-2 LINCOLN, NE 68505	47-0498629	501(C)(3)	1,538.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
ASIAN COMMUNITY AND CULTURAL CENTER - 2615 O ST, STE A - LINCOLN, NE 68510-1385	47-0807501	501(C)(3)	5,000.	0.			PROGRAM OPERATING COST.
ASIAN COMMUNITY AND CULTURAL CENTER - 2635 O ST. STE A - LARKSPUR, NE 68510	47-0807501	501(C)(3)	2,001.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ASIAN COMMUNITY AND CULTURAL CENTER - 2615 O ST, STE A - LINCOLN, NE 68510-1385	47-0807501	501(C)(3)	360.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
BOYS & GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY - PO BOX 22344 - LINCOLN, NE 68542-2344	20-8677226	501(C)(3)	25,000.	0.			PROGRAM OPERATING COST.
BOYS & GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY - PO BOX 22344 - LINCOLN, NE 68542-2344	20-8677226	501(C)(3)	9,168.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY - PO BOX 22344 - LINCOLN, NE 68542-2344	20-8677226	501(C)(3)	3,301.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
BRYAN FOUNDATION 1600 S 48TH ST. LINCOLN, NE 68506-1283	23-7005720	501(C)(3)	10,860.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAPITAL HUMANE SOCIETY 2320 PARK BLVD LINCOLN, NE 68502	47-0376622	501(C)(3)	7,238.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.

Schedule I (Form 990)

**UNITED WAY OF LINCOLN AND LANCASTER
COUNTY**

Schedule I (Form 990)

47-0376624

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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
CASA FOR LANCASTER COUNTY 1141 H ST, STE C LINCOLN, NE 68508-1601	47-0833799	501(C)(3)	20,000.	0.			PROGRAM OPERATING COST
CASA FOR LANCASTER COUNTY 1141 H ST, STE C LINCOLN, NE 68508-1601	47-0833799	501(C)(3)	11,198.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122	47-0751554	501(C)(3)	41,000.	0.			PROGRAM OPERATING COST.
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122	47-0751554	501(C)(3)	110,771.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122	47-0751554	501(C)(3)	9,987.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
CBOL - HOUSE FOR NEW LIFE 233 S 13TH ST, SUITE 1900 LINCOLN, NE 68508	47-0707083	501(C)(3)	18,283.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260	47-0551975	501(C)(3)	390,134.	0.			PROGRAM OPERATING COST.
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260	47-0551975	501(C)(3)	4,000.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE.
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260	47-0551975	501(C)(3)	36,485.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.

Schedule I (Form 990)

UNITED WAY OF LINCOLN AND LANCASTER

Schedule I (Form 990)

COUNTY

47-0376624

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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
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260	47-0551975	501(C)(3)	1,246.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
CENTER FOR PEOPLE IN NEED, INC. 3901 N 27TH ST, UNIT 1 LINCOLN, NE 68521-4177	06-1669552	501(C)(3)	25,000.	0.			PROGRAM OPERATING COST
CENTER FOR PEOPLE IN NEED, INC. 3901 N 27TH ST, UNIT 1 LINCOLN, NE 68521-4177	06-1669552	501(C)(3)	20,339.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
CENTER FOR PEOPLE IN NEED, INC. 3901 N 27TH ST, UNIT 1 LINCOLN, NE 68521-4177	06-1669552	501(C)(3)	220.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279-9704	94-3193374	501(C)(3)	11,076.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
CITY IMPACT 400 N 27TH ST LINCOLN, NE 68503-3103	47-0800906	501(C)(3)	34,000.	0.			PROGRAM OPERATING COST.
CITY IMPACT 400 N 27TH ST LINCOLN, NE 68503-3103	47-0800906	501(C)(3)	27,232.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CITY IMPACT 400 N 27TH ST LINCOLN, NE 68503-3103	47-0800906	501(C)(3)	156.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
CLYDE MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 68503-2955	47-0376577	501(C)(3)	65,000.	0.			PROGRAM OPERATING COST.

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CLYDE MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 68503-2955	47-0376577	501(C)(3)	10,778.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
CLYDE MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 68503-2955	47-0376577	501(C)(3)	150.	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)	81,000.	0.			PROGRAM OPERATING COST.
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY - 210 O ST - LINCOLN, NE 68508-2322	47-0491162	501(C)(3)	6,140.	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)	5,314.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY - 210 O ST - LARKSPUR, NE 68508-2322	47-0491162	501(C)(3)	863.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 68502-1908	20-3174357	501(C)(3)	6,000.	0.			PROGRAM OPERATING COST.
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 68502-1908	20-3174357	501(C)(3)	7,577.	0.			DONOR DESIGNATED GENERAL SUPPORT
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 68502-1908	20-3174357	501(C)(3)	300.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.

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COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275-5153	13-6167225	501(C)(3)	8,967.	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)	591,382.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
COMMUNITY SERVICES FUND 215 CENTENNIAL MALL S, STE 509 LINCOLN, NE 68508-1809	36-3431222	501(C)(3)	465,241.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
COMMUNITY SERVICES FUND 215 CENTENNIAL MALL S, STE 509 LINCOLN, NE 68508-1809	36-3431222	501(C)(3)	2,904.	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)	7,500.	0.			PROGRAM OPERATING COST.
CORNHUSKER COUNCIL #324 BOY SCOUTS OF AMERICA, INC. - PO BOX 269 - WALTON, NE 68461-0269	47-0378985	501(C)(3)	31,826.	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)	164.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
CORNHUSKER UNITED WAY PO BOX 75153 CRETE, NE 68333-0075	36-3236963	501(C)(3)	6,044.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNHUSKER UNITED WAY PO BOX 75153 CRETE, NE 68333-0075	36-3236963	501(C)(3)	1,352.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

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EARTHSHARE 7735 OLD GEORGETOWN RD BETHESDA, MD 20814	52-1601960	501(C)(3)	5,744.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EL CENTRO DE LAS AMERICAS 2032 U ST LINCOLN, NE 68503-2955	47-0658284	501(C)(3)	29,000.	0.			PROGRAM OPERATING COST.
EL CENTRO DE LAS AMERICAS 2032 U ST LINCOLN, NE 68503-2955	47-0658284	501(C)(3)	5,163.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920	47-0376584	501(C)(3)	165,000.	0.			PROGRAM OPERATING COST.
FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920	47-0376584	501(C)(3)	3,500.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE
FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920	47-0376584	501(C)(3)	8,773.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920	47-0376584	501(C)(3)	449.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502	47-0376589	501(C)(3)	17,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465	47-0640293	501(C)(3)	30,000.	0.			PROGRAM OPERATING COST.

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FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465	47-0640293	501(C)(3)	126,566.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465	47-0640293	501(C)(3)	3,451.	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)	7,369.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501	36-3490560	501(C)(3)	127.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
FREMONT AREA UNITED WAY 605 N BROAD ST FREMONT, NE 68025	47-6000166	501(C)(3)	6,089.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507-1332	36-3785810	501(C)(3)	27,402.	0.			PROGRAM OPERATING COST.
FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507-1332	36-3785810	501(C)(3)	10,013.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507-1332	36-3785810	501(C)(3)	180.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855	501(C)(3)	73,809.	0.			PROGRAM OPERATING COST.

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FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855	501(C)(3)	2,500.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE
FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855	501(C)(3)	73,599.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855	501(C)(3)	1,582.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
GAGE COUNTY UNITED WAY PO BOX 395 BEATRICE, NE 68310-0395	47-6024389	501(C)(3)	7,277.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)(3)	8,110.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750	20-0391739	501(C)(3)	23,023.	0.			PROGRAM OPERATING COST.
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750	20-0391739	501(C)(3)	11,140.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750	20-0391739	501(C)(3)	592.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIR, STE 340 - LARKSPUR, CA 94939	94-3217739	501(C)(3)	6,833.	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
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236	47-0794732	501(C)(3)	72,500.	0.			PROGRAM OPERATING COST.
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236	47-0794732	501(C)(3)	12,970.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236	47-0794732	501(C)(3)	234.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
HEARTLAND UNITED WAY PO BOX 1574 GRAND ISLAND, NE 68802-1574	47-0469492	501(C)(3)	11,787.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
HEARTLAND UNITED WAY PO BOX 1574 GRAND ISLAND, NE 68802-1574	47-0469492	501(C)(3)	505.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
HOPE COMMUNITY CHURCH 4700 S FOLSOM ST LINCOLN, NE 68523-9331	47-0528526	501(C)(3)	6,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST. - LINCOLN, NE 68508-3220	20-8008617	501(C)(3)	48,862.	0.			PROGRAM OPERATING COST
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST. - LINCOLN, NE 68508-3220	20-8008617	501(C)(3)	3,134.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST. - LINCOLN, NE 68508-3220	20-8008617	501(C)(3)	373.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

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INDIAN CENTER, INC. 1100 MILITARY RD LINCOLN, NE 68508-1047	47-0531887	501(C)(3)	5,000.	0.			PROGRAM OPERATING COST.
INDIAN CENTER, INC. 1100 MILITARY RD LINCOLN, NE 68508-1047	47-0531887	501(C)(3)	7,480.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
INDIAN CENTER, INC. 1100 MILITARY RD LINCOLN, NE 68508-1047	47-0531887	501(C)(3)	169.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S, STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	30,000.	0.			COMMUNITY COLLABORATION
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S, STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	2,157.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEAGUE OF HUMAN DIGNITY, INC. 1701 P ST LINCOLN, NE 68508-1741	23-7180481	501(C)(3)	5,000.	0.			PROGTAM OPERATING COST.
LEAGUE OF HUMAN DIGNITY, INC. 1701 P ST LINCOLN, NE 68508-1741	23-7180481	501(C)(3)	4,686.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
LEAGUE OF HUMAN DIGNITY, INC. 1701 P ST LINCOLN, NE 68508-1741	23-7180481	501(C)(3)	500.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
LEGAL AID OF NEBRASKA 1904 FARNAM ST, STE 500 OMAHA, NE 68102-1938	47-0483506	501(C)(3)	15,000.	0.			PROGRAM OPERATING COST.

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LEGAL AID OF NEBRASKA 1904 FARNAM ST, STE 500 OMAHA, NE 68102-1938	47-0483506	501(C)(3)	5,058.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
LIGHTHOUSE 2601 N ST LINCOLN, NE 68502-1244	36-3656310	501(C)(3)	63,963.	0.			PROGRAM OPERATING COST.
LIGHTHOUSE 2601 N ST LINCOLN, NE 68502-1244	36-3656310	501(C)(3)	25,796.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LIGHTHOUSE 2601 N ST LINCOLN, NE 68502-1244	36-3656310	501(C)(3)	1,550.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
LINCOLN LITERACY COUNCIL 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582	501(C)(3)	30,000.	0.			PROGRAM OPERATING COST.
LINCOLN LITERACY COUNCIL 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582	501(C)(3)	11,247.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN LITERACY COUNCIL 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582	501(C)(3)	255.	0.			DONOR DESIGNATED, 3RD PARTY DESIGNATED FOR GENERAL SUPPORT.
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088	501(C)(3)	5,522.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 58504	41-2032088	501(C)(3)	182.	0.			DONOR DESIGNATED, 3RD PARTY DESIGNATED, FOR GENERAL SUPPORT

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LUTHERAN FAMILY SERVICES OF NEBRASKA INC - 2900 O ST, STE. 200 - LINCOLN, NE 68510-1469	23-7267972	501(C)(3)	23,855.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892	47-0553011	501(C)(3)	20,000.	0.			PROGRAM OPERATING COST.
LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892	47-0553011	501(C)(3)	3,437.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504	47-0793765	501(C)(3)	72,000.	0.			PROGRAM OPERATING COST.
LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504	47-0793765	501(C)(3)	1,650.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE
LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504	47-0793765	501(C)(3)	21,994.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504	47-0793765	501(C)(3)	962.	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)	165,000.	0.			PROGRAM OPERATING COST.
LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125	47-0398819	501(C)(3)	14,940.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125	47-0398819	501(C)(3)	52.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT - 3140 N ST - LINCOLN, NE 68510	47-6006256	GOVERNMENT	10,000.	0.			COMMUNITY COLLABORATION.
LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	38,000.	0.			COMMUNITY COLLABORATION.
LINCOLN PUBLIC SCHOOLS - FLIP PROGRAM - PO BOX 82889 - LINCOLN, NE 68501	47-6006955	GOVERNMENT	17,500.	0.			PROGRAM OPERATING COST
LINCOLN PUBLIC SCHOOLS - ENGAGE, EMPOWER, GRADUATE - PO BOX 82889 - LINCOLN, NE 68501	47-6006955	GOVERNMENT	191,478.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE
MADONNA REHABILITATION HOSPITAL 5401 SOUTH ST LINCOLN, NE 68506-2150	47-0439599	501(C)(3)	7,232.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506	23-7159940	501(C)(3)	6,360.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935	36-3945814	501(C)(3)	28,000.	0.			PROGRAM OPERATING COST.
MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935	36-3945814	501(C)(3)	75,894.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.

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MATT TALBOT KITCHEN & OUTREACH, INC. - PO BOX 80935 - LINCOLN, NE 68501-0935	36-3945814	501(C)(3)	2,447.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
MID-PLAINS UNITED WAY INC. PO BOX 172 NORTH PLATTE, NE 69103	47-0525576	501(C)(3)	8,774.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
MILITARY, VETERANS & PATRIOTIC SERVICES OF AMERICA - 1100 LARKSPUR LANDING CIR, STE 340 - LARKSPUR, CA 94939	94-3193418	501(C)(3)	5,022.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
MILLARD WEST WILDCATS ATHLETIC BOOSTER CLUB, INC - 11440 W CENTER RD, STE B - OMAHA, NE 68144	47-0793678	501(C)(3)	6,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
MOURNING HOPE 4919 BALDWIN AVE LINCOLN, NE 68504-2810	47-0782915	501(C)(3)	19,467.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
MOURNING HOPE 4919 BALDWIN AVE LINCOLN, NE 68504-2810	47-0782915	501(C)(3)	211.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
NORFOLK AREA UNITED WAY, INC. PO BOX 1041 NORFOLK, NE 68702-1041	47-0492054	501(C)(3)	15,267.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507-1247	91-1787068	501(C)(3)	44,000.	0.			PROGRAM OPERATING COST.
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507-1247	91-1787068	501(C)(3)	4,207.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE.

Schedule I (Form 990)

UNITED WAY OF LINCOLN AND LANCASTER

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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
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507-1247	91-1787068	501(C)(3)	2,448.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507-1247	91-1787068	501(C)(3)	240.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636	47-0376896	501(C)(3)	17,000.	0.			PROGRAM OPERATING COST.
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636	47-0376896	501(C)(3)	143,203.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636	47-0376896	501(C)(3)	4,751.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
ST. MARK'S UNITED METHIDIST CHURCH 8550 PIONEERS BLVD LINCOLN, NE 68520	36-2167731	501(C)(3)	12,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
ST. MONICA'S HOME 120 WEDGEWOOD DR LINCOLN, NE 68510-2431	47-0490169	501(C)(3)	23,000.	0.			PROGRAM OPERATING COST.
ST. MONICA'S HOME 120 WEDGEWOOD DR LINCOLN, NE 68510-2431	47-0490169	501(C)(3)	26,416.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
ST. MONICA'S HOME 120 WEDGEWOOD DR LINCOLN, NE 68510-2431	47-0490169	501(C)(3)	286.	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
THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232	36-2167910	501(C)(3)	61,820.	0.			PROGRAM OPERATING COST
THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232	36-2167910	501(C)(3)	2,500.	0.			PROGRAM OPERATING COST - IMPACT INITIATIVE
THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232	36-2167910	501(C)(3)	16,326.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232	36-2167910	501(C)(3)	878.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
TABITHA, INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0377998	501(C)(3)	13,000.	0.			PROGRAM OPERATING COST.
TABITHA, INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0377998	501(C)(3)	7,831.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
TABITHA, INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0377998	501(C)(3)	1,008.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
TEAMMATES MENTORING PROGRAM OF LPS PO BOX 82889 LINCOLN, NE 68501-2889	90-0057598	501(C)(3)	62,500.	0.			PROGRAM OPERATING COST.
TEAMMATES MENTORING PROGRAM OF LPS PO BOX 82889 LINCOLN, NE 68501-2889	90-0057598	501(C)(3)	21,605.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.

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**UNITED WAY OF LINCOLN AND LANCASTER
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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 PO BOX 82889 LINCOLN, NE 68501-2889	90-0057598	501(C)(3)	24.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
UNITED WAY OF LINCOLN & LANCASTER COUNTY FOUNDATION - 238 S. 13TH ST - LINCOLN, NE 68508	20-1412874	501(C)(3)	6,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
UNITED WAY OF KEARNEY 4009 6TH AVE STE 19 KEARNEY, NE 68845	47-0488294	501(C)(3)	6,294.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102-1908	47-0376605	501(C)(3)	50,000.	0.			COMMUNITY COLLABORATION - 2.1.1
UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102-1908	47-0376605	501(C)(3)	57,447.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102-1908	47-0376605	501(C)(3)	643.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY STE 106 SCOTTSBLUFF, NE 69361-3184	47-0424788	501(C)(3)	11,104.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY STE 106 SCOTTSBLUFF, NE 69361-3184	47-0424788	501(C)(3)	52.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508	47-0379839	501(C)(3)	16,250.	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
VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250	47-0726814	501(C)(3)	74,000.	0.			PROGRAM OPERATING COST.
VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250	47-0726814	501(C)(3)	24,163.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250	47-0726814	501(C)(3)	1,577.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
VOLUNTEER PARTNERS 215 CENTENNIAL MALL S, STE 340 LINCOLN, NE 68508-1895	58-2574619	501(C)(3)	15,000.	0.			PROGRAM OPERATING COST.
VOLUNTEER PARTNERS 215 CENTENNIAL MALL S, STE 340 LINCOLN, NE 68508-1895	58-2574619	501(C)(3)	714.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257	47-0635271	501(C)(3)	10,000.	0.			PROGRAM OPERATING COST
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257	47-0635271	501(C)(3)	10,103.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257	47-0635271	501(C)(3)	434.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.
YWCA LINCOLN PO BOX 95123 LINCOLN, NE 68509-5123	47-0376578	501(C)(3)	5,000.	0.			PROGRAM OPERATING COST.

Schedule I (Form 990)

UNITED WAY OF LINCOLN AND LANCASTER

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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
YWCA LINCOLN PO BOX 95123 LINCOLN, NE 68509-5123	47-0376578	501(C)(3)	2,420.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT.
YWCA LINCOLN PO BOX 95123 LINCOLN, NE 68509-5123	47-0376578	501(C)(3)	1,144.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT.

**UNITED WAY OF LINCOLN AND LANCASTER
COUNTY**

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: 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 AND AGREE TO FOLLOW UNITED

Part IV Supplemental Information

WAY POLICIES AND PROCEDURES. THEY MUST SUBMIT AN AUDIT WITH A STATEMENT OF 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

2013

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	4	104,691.	FAIR MARKET VALUE
26 Other ▶ (<u>GLOVE AUCTION</u>)	X	450	22,445.	FAIR MARKET VALUE
27 Other ▶ (<u>SUPPLIES</u>)	X	16	2,498.	FAIR MARKET VALUE
28 Other ▶ (<u>GOLF EVENT</u>)	X	13	2,359.	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** **0**

	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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: 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

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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:

EXPLANATION: ENGAGE. EMPOWER. GRADUATE (EEG): THE WOMEN'S LEADERSHIP
COUNCIL AND EMERGING LEADERS COUNCIL GROUPS COMBINED TO SUPPORT
BREAKTHROUGH OPPORTUNITIES IN THE MCPHEE ELEMENTARY SCHOOL COMMUNITY.
THE RESULTING INITIATIVE SUPPORTS MULTIPLE PROGRAMS THAT EMPOWER
FAMILIES AND STUDENTS TO STRIVE FOR ACADEMIC ACHIEVEMENT AND ON-TIME
GRADUATION THUS SETTING THEM UP FOR LONG-TERM SUCCESS. THE SUPPORTED
PROGRAMS ARE: JUMP START TO KINDERGARTEN; FAMILY LITERACY; PARENT
EDUCATION; MENTAL HEALTH SERVICES; SUMMER ENRICHMENT; WORKFORCE
DEVELOPMENT; AND MENTORING.

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

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 - \$25,000.

Name of the organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY	Employer identification number 47-0376624
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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 FUTURE VIOLENCE. GRANT AMOUNT - \$20,000.

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 - \$70,000.

CEDARS YOUTH SERVICES: CEDARS EARLY CHILDHOOD DEVELOPMENT CENTERS (ECDC) PROGRAM PROVIDES NATIONALLY ACCREDITED FULL-DAY 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: CEDARS 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 - \$84,634.

CITY IMPACT: IMPACT READING CENTER PROGRAM PROVIDES LITERACY PROGRAMMING FOR STUDENTS AT HARTLEY, ELLIOTT, AND CLINTON ELEMENTARY SCHOOLS. GRANT AMOUNT - \$34,000.

COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: HEAD

Name of the organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY	Employer identification number 47-0376624
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START AND EARLY HEAD START PROGRAM PROVIDES QUALITY COMPREHENSIVE 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 - \$63,000.

CORNHUSKER COUNCIL BOY SCOUTS OF AMERICA: SCOUTREACH PROGRAM PROVIDES SCOUTING OPPORTUNITIES TO ALL YOUNG PEOPLE REGARDLESS OF INCOME, NEIGHBORHOOD, OR ETHNIC BACKGROUND. IT ENCOURAGES YOUTH TO DEVELOP POSITIVE RELATIONSHIPS WITH PEERS AND ADULTS FOCUSING ON EDUCATIONAL SKILLS, PERSONAL FITNESS, CIVIC SKILLS AND RESPONSIBILITIES, AND CAMPING OPPORTUNITIES. GRANT AMOUNT - \$7,500.

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 - \$23,000.

FAMILY SERVICE ASSOCIATION OF LINCOLN: FAMILY SERVICE BEHAVIORAL HEALTH PROGRAM 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 CHILDS ACADEMIC, PERSONAL, OR SOCIAL PERFORMANCE. GRANT AMOUNT - \$20,000.

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

Name of the organization	UNITED WAY OF LINCOLN AND LANCASTER COUNTY	Employer identification number	47-0376624
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MILESTONES AND CORE COMPETENCIES WITH ON-GOING INTERACTION AND PARTNERSHIP BETWEEN STAFF AND PARENTS. GRANT AMOUNT - \$85,000.

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 - \$60,000.

FOUNDATION FOR LINCOLN PUBLIC SCHOOLS: FAMILIES LEARNING IN PARTNERSHIPS (FLIP) PROGRAM PROVIDES FAMILY LITERACY IN CONJUNCTION WITH STUDENT CLASSROOM PARTICIPATION IN LINCOLN PUBLIC SCHOOL CLASSROOMS. GRANT AMOUNT -\$17,500.

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 - \$72,500.

THE HUB CENTRAL 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 - \$28,862.

THE HUB CENTRAL 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 - \$20,000.

Name of the organization	UNITED WAY OF LINCOLN AND LANCASTER COUNTY	Employer identification number	47-0376624
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LIGHTHOUSE: LIGHTHOUSE AFTERSCHOOL 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 - \$51,129.

LIGHTHOUSE: LIGHTHOUSE EDUCATION PROGRAM FOCUSES ON TUTORING AND SCHOOL WORK PERFORMANCE BY CONNECTING QUALIFIED TUTORS WITH CLIENTS PARTICIPATING IN THE AFTERSCHOOL PROGRAM. GRANT AMOUNT - \$12,834.

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. THE PROGRAM TARGETS VIETNAMESE AND HISPANIC CHILDREN AND FAMILIES. GRANT AMOUNT - \$165,000.

LINCOLN LITERACY: ENGLISH LANGUAGE & LITERACY ACADEMY/FAMILY LITERACY ACTIVITIES FOR IMMIGRANTS AND REFUGEES (ELLA/FLAIR) PROGRAM PROVIDES ENGLISH LANGUAGE AND LITERACY INSTRUCTION WITH THE FOCUS ON SCHOOL READINESS. GRANT AMOUNT - \$30,000.

LINCOLN MEDICAL EDUCATION PARTNERSHIP: SCHOOL COMMUNITY INTERVENTION PROGRAM (SCIP) COLLABORATES WITH SCHOOL DISTRICTS AND COMMUNITY AGENCIES TO PROVIDE EARLY IDENTIFICATION AND INTERVENTION SUPPORT TO SCHOOL PERSONNEL AND FAMILIES IN RESPONSE TO AT RISK STUDENTS. GRANT AMOUNT - \$20,000.

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

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 THAT HELP THEM GROW STRONG. GRANT AMOUNT - \$20,362.

NORTHEAST FAMILY CENTER: PARENTS AS PARTNERS PROGRAM PROVIDES SAFE AND AFFORDABLE CHILDCARE USING CREATIVE CURRICULUM AND FOCUSING ON SCHOOL READINESS. GRANT AMOUNT - \$44,000.

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 POTENTIAL. GRANT AMOUNT - \$62,500.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: AFTER SCHOOL 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.

VOLUNTEER PARTNERS: (AKA VOLUNTEER LINC) YOUTH PROGRAM PROVIDES YOUTH

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BASED VOLUNTEER OPPORTUNITIES INCLUDING AT RISK YOUTH. GRANT AMOUNT - \$5,000

WILLARD COMMUNITY CENTER: WILLARD COMMUNITY CENTER TEEN PROGRAM OFFERS A VARIETY OF ACTIVITIES AIMED AT PROVIDING CARE FOR AND FOSTERING GROWTH AND DEVELOPMENT AMONG AREAS YOUTH THROUGH BEFORE AND AFTER SCHOOL PROGRAMMING. GRANT AMOUNT - \$10,000.

YWCA LINCOLN: SMART GIRLS CLUB PROGRAM PROVIDES GIRLS WITH AN AFTER SCHOOL EDUCATIONAL EXPERIENCE IN MATH, SCIENCE, AND TECHNOLOGY. THE PROGRAM ALSO HAS A SUMMER CAMP COMPONENT. GRANT AMOUNT - \$5,000.

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 SERVICES 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) 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 RELATED TO DOMESTIC VIOLENCE. GRANT AMOUNT -\$10,000

ASIAN COMMUNITY AND CULTURAL CENTER: FAMILY RESOURCE PROGRAM ASSISTS FAMILIES WITH FOOD AND OTHER BASIC NEEDS. GRANT AMOUNT - \$5,000.

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CATHOLIC SOCIAL SERVICES: EMERGENCY SERVICES PROGRAM PROVIDES EMERGENCY RENT AND UTILITY ASSISTANCE TO FAMILIES & INDIVIDUALS TO HELP THEM MAINTAIN HOUSING, AND ASSIST WITH BUDGET PLANNING. GRANT AMOUNT - \$15,000.

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; CASE MANAGEMENT; AND DATA COLLECTION THROUGH COMMUNITY SERVICE MANAGEMENT INFORMATION SYSTEM (CSMIS). GRANT AMOUNT - \$6,000.

CATHOLIC SOCIAL SERVICES: ST. GIANNA WOMENS HOMES PROGRAM PROVIDES SAFE AND SECURE TRANSITIONAL HOUSING AND INTENSIVE CASE MANAGEMENT FOR WOMEN AND THEIR CHILDREN WHO ARE FLEEING DOMESTIC VIOLENCE. GRANT AMOUNT - \$20,000.

CEDARS YOUTH SERVICES: PARENT SUPPORT PROJECT PROGRAM PROVIDES ASSESSMENT OF CHILD DEVELOPMENT NEEDS, HOME VISITATION, CRISIS MANAGEMENT, AND REFERRAL SERVICES TO ADDRESS DOMESTIC VIOLENCE ISSUES AND PARENT EDUCATION. GRANT AMOUNT - \$24,000.

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 - \$37,000.

CEDARS YOUTH SERVICES: STREET OUTREACH PROGRAM PROVIDES FOOD FOR YOUTH OUTREACH WORKERS TO DISTRIBUTE TO HOMELESS TEENS. OUTREACH WORKERS ALSO PROVIDE EDUCATION ABOUT HOMELESS SERVICES THAT ARE AVAILABLE IN THE COMMUNITY TO ASSIST THEM IN FINDING ALTERNATIVE AND SAFER LIVING ENVIRONMENTS. GRANT AMOUNT - \$5,000.

CENTER FOR PEOPLE IN NEED, INC: NEIGHBORHOOD FOOD PROGRAM PROVIDES

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WEEKLY FOOD DISTRIBUTION AT 5 NEIGHBORHOOD SITES TO THE LOW INCOME AND WORKING POOR OF LINCOLN AND LANCASTER COUNTY. GRANT AMOUNT - \$25,000.

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 - \$18,000.

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 - \$6,000.

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; AND 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 - \$30,000.

FRESH START, INC: FRESH START PROGRAM PROVIDES TRANSITIONAL HOUSING; CASE MANAGEMENT; AND COUNSELING SERVICES FOR WOMEN REFERRING CLIENTS TO SERVICES FOR SUBSTANCE ABUSE, DOMESTIC VIOLENCE, EDUCATION, EMPLOYMENT, MEDICAL NEEDS, AND HOUSING ASSISTANCE. GRANT AMOUNT - \$27,402.

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

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COUNSELING SERVICES FOR WOMEN AND THEIR CHILDREN WHO ARE HOMELESS DUE TO DOMESTIC VIOLENCE. GRANT AMOUNT - \$73,809.

GOOD NEIGHBOR COMMUNITY CENTER: BASIC NEEDS PROGRAM ASSISTS CLIENTS WITH RENT AND UTILITIES. GRANT AMOUNT - \$6,023.

GOOD NEIGHBOR COMMUNITY CENTER: FOOD ASSISTANCE PROGRAM PROVIDES FOOD TO PEOPLE IN NEED THROUGH SHOPPER® CHOICE SELECTION AND AVAILABILITY OF PRODUCTS TO SATISFY VARIOUS ETHNIC NEEDS. GRANT AMOUNT - \$17,000.

INDIAN CENTER, INC: USDA COMMODITIES FOOD PROGRAM PROVIDES USDA COMMODITIES MONTHLY TO MOTHERS, INFANTS, AND THE ELDERLY. GRANT AMOUNT - \$5,000.

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 TO VICTIMS OF DOMESTIC VIOLENCE AND COLLABORATES WITH OTHER LOCAL DOMESTIC VIOLENCE PROGRAMS TO PROVIDE WRAP-AROUND SERVICES FOR CLIENTS. GRANT AMOUNT - \$15,000.

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 - \$72,000.

MATT TALBOT KITCHEN AND OUTREACH, INC: HUNGER RELIEF & OUTREACH PROGRAM PROVIDES TWO HOT & NUTRITIOUS MEALS A DAY TO THE WORKING POOR, HUNGRY, AND HOMELESS, AS WELL AS INFORMATION & REFERRAL; ADVOCACY; AND LIFE SKILLS AND IDENTIFICATION PROGRAM SERVICES. GRANT AMOUNT - \$11,000.

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MATT TALBOT KITCHEN AND OUTREACH, INC: SHELTER & PREVENTION PROGRAM PROVIDES TRANSITIONAL HOUSING WITH CASE MANAGEMENT, GOAL PLANNING, ADVOCACY, AND REFERRAL SERVICES. GRANT AMOUNT - \$17,000.

PEOPLES CITY MISSION: FAMILY SHELTER 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; DEVELOPMENT OF SAFETY PLANS; TRAUMA INFORMED SERVICES; AND MEDICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE SERVICES FOR WOMEN AND CHILDREN. GRANT AMOUNT - \$23,000.

TABITHA, INC: TABITHA AND EASTERDAY ADULT DAY SERVICES PROGRAM PROVIDES SAFE, SUPPORTIVE, STRUCTURED, AND SUPERVISED ADULT DAY SERVICES 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 - \$8,000.

TABITHA, INC: TABITHA MEALS ON WHEELS PROGRAM DELIVERS A HOT, NUTRITIOUS, AND READY TO EAT MEAL TO A PERSON IN THEIR HOME ENABLING THEM TO MAINTAIN INDEPENDENCE. OTHER SERVICES INCLUDE DONATED BREAD, USED CLOTHING, AND COMMUNITY SERVICES INFORMATION. GRANT AMOUNT - \$5,000.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: BASIC & EMERGENCY FAMILY SERVICES PROGRAM PROVIDES FOOD AND BASIC NEEDS TO PEOPLE IN CRISIS. GRANT AMOUNT - \$19,820.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: DISASTER SERVICES PROGRAM SUPPORTS EMERGENCY AND COMMUNITY RESPONDERS DURING CRISIS RESPONSE

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EFFORTS. GRANT AMOUNT - \$5,000.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: UTILITY ASSISTANCE PROGRAM PROVIDES RENT AND ENERGY ASSISTANCE TO INDIVIDUALS AND FAMILIES AT RISK OF BECOMING HOMELESS. GRANT AMOUNT - \$18,000.

VOICES OF HOPE LINCOLN, INC: VOICES OF HOPE PROGRAM PROVIDES 24 HOUR CRISIS INTERVENTION AND ADVOCACY; INDIVIDUAL AND GROUP COUNSELING; AND INFORMATION AND REFERRAL TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN. SERVICES INCLUDE ON-GOING CASE MANAGEMENT, COUNSELING, TRAINING, AND AN INDIVIDUALIZED CASE PLAN FOR WOMEN IN BATTERED SITUATIONS. GRANT AMOUNT - \$74,000.

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 2013-2014 FISCAL YEAR, 5,643 CALLS WERE RECEIVED. THE MAJORITY OF CALLERS WERE SEEKING HOUSING AND UTILITIES ASSISTANCE. UNITED WAY ALLOCATED \$50,000 FOR THIS INITIATIVE. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.

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COMMUNITY LEARNING CENTERS (CLC): \$38,000 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 CLC INITIATIVE IS FOCUSED ON ACHIEVING THREE MAJOR OUTCOMES: IMPROVED STUDENT LEARNING AND DEVELOPMENT; STRONG AND SUPPORTIVE FAMILIES; AND ENGAGED NEIGHBORHOODS. DURING THE 2013-2014 SCHOOL YEAR, THE 168 STUDENTS THAT ATTENDED THE CLC FOR 30 DAYS OR MORE SHOWED FEWER SCHOOL ABSENCES AND HIGHER READING AND MATH SCORES IN BOTH 7TH AND 8TH GRADE.

EXPENSES \$ 38,000. INCLUDING GRANTS OF \$ 38,000. REVENUE \$ 0.

WOMEN IN PHILANTHROPY (WIP) INITIATIVE: UNITED WAYS ANNUAL WIP HELPING HANDS GLOVE AUCTION RAISED FUNDS TO PROVIDE DIAPERS AND CLOTHING TO LOW INCOME FAMILIES. THE WIP INITIATIVE AWARDED \$24,497 TO SEVEN UNITED WAY PARTNER AGENCIES TO PURCHASE DIAPERS AND CLOTHING FOR THE CHILDREN AND FAMILIES THEY SERVE.

EXPENSES \$ 24,497. INCLUDING GRANTS OF \$ 24,497. REVENUE \$ 0.

SUMMER FOOD PROGRAM: \$10,000 WAS ALLOCATED FOR THIS PROGRAM WHICH IS SPONSORED BY THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT. IN THE SUMMER OF 2014, THERE WERE 37 FEEDING SITES WITH 88,725 MEALS (31,632 BREAKFASTS AND 57,093 LUNCHESES) SERVED TO ELIGIBLE CHILDREN. THIS IS AN AVERAGE OF 1,706 MEALS PER DAY OVER THE 52 DAYS WITH MORE THAN 2,850 CHILDREN RECEIVING MEALS AT LEAST PERIODICALLY THROUGHOUT THE SUMMER.

EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

BACKGROUND CHECKS: UNITED WAY ALLOCATED \$4,462 TO ITS PARTNER AGENCIES TO CONDUCT BACKGROUND CHECKS FOR STAFF AND VOLUNTEERS SERVING

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VULNERABLE POPULATIONS.

EXPENSES \$ 4,462. INCLUDING GRANTS OF \$ 4,462. REVENUE \$ 0.

DESIGNATIONS: UNITED WAY PROCESSED \$2,473,539 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 \$ 2,473,539. INCL GRANTS OF \$ 2,473,539. REVENUE \$ 149,460.

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.

LINCOLN VITAL SIGNS: UNITED WAY HAS ALLOCATED \$25,000 TO THIS COMMUNITY WIDE INITIATIVE WHOSE PURPOSE IS TO COLLECTIVELY ADDRESS COMMUNITY ISSUES IN LINCOLN. THIS FUNDING WILL SUPPORT PROJECT EFFORTS TO IDENTIFY, REACH CONSENSUS, AND ENGAGE THE COMMUNITY IN ONE TO THREE TARGETED COMMUNITY RESPONSES WHICH WILL CREATE POSITIVE CHANGE IN LINCOLN.

EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0.

VIRTUAL BOOK DRIVE: AN ONLINE CAMPAIGN SPONSORED BY THE UNITED WAY

WOMEN IN PHILANTHROPY AND EMERGING LEADERS GROUPS RAISED \$5,082 FOR THE

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PURCHASE OF BOOKS FOR CHILDREN IN LANCASTER COUNTY. VOLUNTEERS DURING DAY OF ACTION AND DAY OF CARING READ AND DISTRIBUTED OVER 1,464 BOOKS TO 803 CHILDREN.

EXPENSES \$ 5,082. INCLUDING GRANTS OF \$ 5,082. REVENUE \$ 0.

VITAL SIGNS REPORT: THIS JOINT COMMUNITY REPORT WILL ENABLE TRACKING AND ANALYSIS OF KEY COMMUNITY INDICATORS ALLOWING LINCOLN® FUNDING ORGANIZATIONS TO BETTER RESPOND TO COMMUNITY ASSETS AND CHALLENGES. UNITED WAY ALLOCATED \$5,000 TO SUPPORT THIS INITIATIVE.

EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

PROGRAM GENERAL OPERATING COSTS: EXPENSES OF \$1,329,390 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 \$ 1,328,459. INCLUDING GRANTS OF \$ 742,944. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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.

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FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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 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

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VOTES TAKEN IN CONNECTION WITH THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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 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:

EXPLANATION: 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,

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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 XII, LINE 2C

EXPLANATION: UNITED WAY OF LINCOLN AND LANCASTER COUNTY'S FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT AND APPROVAL OF THE ANNUAL AUDIT AND THE FORM 990.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

