

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
211INFO

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1435 NE 81ST AVE 500

City or town, state or country, and ZIP + 4
PORTLAND OR 97213

D Employer identification number
93-0784586

E Telephone number
503-226-3099

G Gross receipts\$ 1,618,386

F Name and address of principal officer:

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.211INFO.ORG**

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1980** **M State of legal domicile:** **OR**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 211INFO CONNECTS THE PEOPLE OF OREGON AND SOUTHWEST WASHINGTON WITH THE COMMUNITY RESOURCES THEY NEED. WE DO SO VIA A FREE, CONFIDENTIAL TELEPHONE LINE - 211 - AND THROUGH OUR WEBSITE WWW.211INFO.ORG.		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	29
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
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)	1,021,255	1,598,546
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,766	19,253
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	655	269
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,520	318
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,073,196	1,618,386
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	801,381	975,903
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,852		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	337,702	553,378
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,139,083	1,529,281	
19 Revenue less expenses. Subtract line 18 from line 12	-65,887	89,105	
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)	250,804	322,584
	22 Net assets or fund balances. Subtract line 21 from line 20	86,908	69,583
		163,896	253,001

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: **LIESL WENDT** Date: _____
 Type or print name and title: **CEO**

Paid Preparer's Use Only

Preparer's signature: **James E. Richman** Digitally signed by James E. Richman DN: cn=James E. Richman, o, ou, email=jim@jimrichmancpa.com, c=US Date: 2011.05.12 15:29:40 -07'00'

Date: _____ Check if self-employed

Preparer's identifying number (see instructions): **P00088854**

Firm's name (or yours if self-employed), address, and ZIP + 4: **JAMES E. RICHMAN, CPA, PC 1 SW COLUMBIA, SUITE 400 PORTLAND, OR 97258**

EIN ▶ **93-1309646** Phone no. ▶ **503-295-3780**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

211INFO CONNECTS THE PEOPLE OF OREGON AND SOUTHWEST WASHINGTON WITH THE COMMUNITY RESOURCES THEY NEED. WE DO SO VIA A FREE, CONFIDENTIAL TELEPHONE LINE - 211 - AND THROUGH OUR WEBSITE WWW.211INFO.ORG.

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

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

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

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

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

4a (Code:) (Expenses \$ **728,461** including grants of\$) (Revenue \$)

INFORMATION AND REFERRAL:

STATEWIDE EXPANSION EFFORTS ARE DESIGNED TO EXPONENTIALLY IMPROVE 211INFO'S ABILITY TO PROVIDE COMPREHENSIVE INFORMATION AND REFERRAL TO THE PEOPLE OF OREGON AND SOUTHWEST WASHINGTON. AS COUNTIES ARE ADDED TO THE AGENCY'S DATABASE, RESIDENTS MAY BE DIRECTED TO COMMUNITY SERVICES IN NEIGHBORING COMMUNITIES OR IN OTHER PARTS OF THE STATE.

IN FISCAL YEAR 2009/10, THAT MEANT OFFERING RESOURCE INFORMATION TO CALLERS FROM YAMHILL COUNTY, FOR EXAMPLE, WHO DID NOT PREVIOUSLY HAVE ACCESS TO 211 INFORMATION AND REFERRAL.

4b (Code:) (Expenses \$ **447,155** including grants of\$) (Revenue \$)

OREGON SAFENET:

OREGON SAFENET IS A SPECIAL 10-DIGIT TELEPHONE LINE THAT PROVIDES ALL OREGONIANS WITH INFORMATION ABOUT THEIR LOCAL OFFICES THAT PROVIDE SNAP BENEFITS (FOOD STAMPS); MATERNAL AND CHILD NUTRITION (WIC); THE OREGON BREAST AND CERVICAL CANCER PROGRAM (BCCP); FORECLOSURE PREVENTION COUNSELING PROGRAMS; AND COMMUNITY HEALTH CLINICS. THE SAFENET LINE IS ANSWERED BY 211INFO'S COMMUNITY INFORMATION SPECIALISTS.

4c (Code:) (Expenses \$ **87,561** including grants of\$) (Revenue \$)

HOUSING CONNECTIONS:

HOUSING CONNECTIONS IS A FREE RESOURCE FOR PROPERTY OWNERS, PROPERTY MANAGERS AND LANDLORDS WHO WANT TO ADVERTISE RENTAL PROPERTIES IN CLARK, CLACKAMAS, MULTNOMAH AND WASHINGTON COUNTIES. THE HOUSING CONNECTIONS WEBSITE ALLOWS USERS TO LIST, EDIT AND MAINTAIN THEIR ENTIRE INVENTORY OF RENTAL PROPERTIES. 211INFO COMMUNITY INFORMATION SPECIALISTS SEARCH THE DATABASE FOR POTENTIAL RENTERS WHO DO NOT HAVE ACCESS TO THE INTERNET.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **153,390** including grants of\$) (Revenue \$ **19,253**)

4e Total program service expenses **1,416,567**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> ● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. ● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. ● Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. ● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. ● 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 6		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 55		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELIZABETH MCFARLIN 1435 NE 81ST AVENUE, SUITE 500**

PORTLAND

OR 97213

503-226-3099

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RANDY BLACKBURN BOARD MEMBER	1.00	X					0	0	0	
VIC FALGOUT BOARD MEMBER	1.00	X					0	0	0	
MIKE FIELDMAN BOARD MEMBER	1.00	X					0	0	0	
LEE GIRARD BOARD MEMBER	1.00	X					0	0	0	
HOWARD KLINK BOARD MEMBER	1.00	X					0	0	0	
JOAN R. LEWIS PRESIDENT	1.00	X		X			0	0	0	
CRAIG OPPERMAN BOARD MEMBER	1.00	X					0	0	0	
LEROY PATTON BOARD MEMBER	1.00	X					0	0	0	
J. MICHAEL SCHULTZ VP/TREASURER	1.00	X		X			0	0	0	
MARTIN TAYLOR BOARD MEMBER	1.00	X					0	0	0	
JOHN TAPOGNA TREASURER	1.00	X		X			0	0	0	
MARK TENNYSON SECRETARY	1.00	X					0	0	0	
LIESL WENDT CEO	40.00			X			65,818	0	0	
ELIZABETH MCFARLIN FINANCIAL MG	40.00			X			49,882	0	5,065	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 327,750					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,177,884					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 92,912					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	▶	1,598,546				
Program Service Revenue		Busn. Code					
	2a DIRECTORY AND DATA SALES	511140	10,015	10,015			
	b COMMUNITY TRAININGS	611710	9,238	9,238			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f	▶	19,253					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	269			269	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	▶					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events		▶					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS			318		318		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶		318				
12 Total Revenue. See instructions.	▶		1,618,386	19,253	0	587	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,267	83,040	6,459	2,768
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	742,851	685,122	43,722	14,007
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,282	8,559	547	176
9 Other employee benefits	53,835	49,654	3,167	1,014
10 Payroll taxes	77,668	71,455	4,660	1,553
11 Fees for services (non-employees):				
a Management				
b Legal	5,984	5,425	435	124
c Accounting	10,365	9,397	753	215
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	222,704	210,500	9,492	2,712
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	76,078	69,611	4,945	1,522
17 Travel	13,195	12,008	924	263
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,478	28,590	593	295
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COMMUNICATIONS	87,253	82,075	3,625	1,553
b OUTREACH	41,774	40,521		1,253
c OTHER EXPENSES	26,306	23,937	1,839	530
d OFFICE SUPPLIES	17,741	15,967	1,242	532
e PRINTING & PUBLICATIONS	11,210	10,202	785	223
f All other expenses	11,290	10,504	674	112
25 Total functional expenses. Add lines 1 through 24f	1,529,281	1,416,567	83,862	28,852
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest bearing	17,824	1	7,312
	2	Savings and temporary cash investments	14,483	2	79,773
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	116,337	4	116,915
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,778	9	40,046
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	194,702		
	10b	Less: accumulated depreciation	116,164	10c	78,538
	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)	250,804	16	322,584	
Liabilities	17	Accounts payable and accrued expenses	47,143	17	44,487
	18	Grants payable		18	
	19	Deferred revenue	27,500	19	16,800
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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. Complete Part X of Schedule D	12,265	25	8,296
	26	Total liabilities. Add lines 17 through 25	86,908	26	69,583
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	163,896	27	164,001
	28	Temporarily restricted net assets		28	89,000
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	163,896	33	253,001	
34	Total liabilities and net assets/fund balances	250,804	34	322,584	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	601,242	950,340	911,914	1,021,255	1,598,546	5,083,297
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	601,242	950,340	911,914	1,021,255	1,598,546	5,083,297
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						5,083,297

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	601,242	950,340	911,914	1,021,255	1,598,546	5,083,297
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	654	1,036	671	655	269	3,285
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,645	18,945	23,327	7,520	318	51,755
11 Total support. Add lines 7 through 10						5,138,337
12 Gross receipts from related activities, etc. (see instructions)					12	453,879
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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.93%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.52%
16a 33 1/3 % support test—2009. 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—2008. 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—2009. 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—2008. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS **\$ 51,755**

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

211INFO

Employer identification number

93-0784586

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization 211INFO	Employer identification number 93-0784586
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY 619 SW 11TH AVE PORTLAND OR 97205	\$ 226,744	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MULTNOMAH COUNTY 421 SW 6TH AVE, STE 200 PORTLAND OR 97204	\$ 145,584	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	OREGON SAFE NET 500 SUMMER ST NE E03 SALEM OR 97301	\$ 372,551	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WASHINGTON COUNTY 155 N FIRST AVE, STE 300MSZ1 HILLSBORO OR 97214	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	PORTLAND HOUSING BUREAU 1221 SW 4TH AVE RM 140 PORTLAND OR 97204	\$ 268,208	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UW OF DESCHUTES COUNTY PO BOX 5969 BEND OR 97708	\$ 63,270	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization 211INFO	Employer identification number 93-0784586
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	UW OF THE MID-WILLAMETTE VALLEY 455 BILLER AVE NE SALEM OR 97301	\$ 37,736	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DHS SELF SUFFICIENCY 500 SUMMER ST NE E48 SALEM OR 97303	\$ 91,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COLLINS FOUNDATION 1618 SW FIRST AVE, STE 505 PORTLAND OR 97201	\$ 48,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

211INFO

Employer identification number

93-0784586

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts required to be reported under SFAS 116.

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	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 XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	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 XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		194,702	116,164	78,538
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				78,538

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

211INFO

Employer identification number
93-0784586

FORM 990, PART III, LINE 2

DURING THE H1N1 INFLUENZA OUTBREAK IN 2009, THE STATE OF OREGON CONTRACTED WITH 211INFO TO ESTABLISH AN INFLUENZA HOTLINE FOR THE GENERAL PUBLIC, HEALTH CARE PROVIDERS AND LABS. THE HOTLINE BEGAN TAKING CALLS SEPT. 15, 2009, AND ANSWERED CALLS MONDAY-FRIDAY 8 A.M. TO 6 P.M. WITH SOME EXTENDED HOURS DURING THE PEAK OF THE CRISIS AND CONTINUED THROUGH MARCH 2010.

THE HOTLINE PROVIDED INFORMATION ON VACCINATION LOCATIONS AND ANSWERS TO GENERAL QUESTIONS ABOUT THE VACCINE AND H1N1 AND SEASONAL FLU. TO PROVIDE THE HOTLINE, 211INFO ADDED 14 TEMPORARY STAFF MEMBERS. BECAUSE THE H1N1 SITUATION CONTINUED TO CHANGE SO QUICKLY, 211INFO USED A VARIETY OF MECHANISMS TO RESPOND TO CHANGING STATE DIRECTIVES. STAFF REMAINED READY TO UPDATE OUR PRACTICES AND MESSAGING TO SUIT THE INFORMATION ON THE GROUND.

211INFO PROVIDED DAILY REPORTS FOR STATE OF OREGON STAFF EACH MORNING. DAILY REPORTS INCLUDED THE NUMBER OF CALLS, DEMOGRAPHIC DATA INCLUDING LOCATION OF CALLER, AGE RANGE, GENDER AND GENERAL INFORMATION ON CALL TYPE. REPORTS WERE GENERATED IN THE EVENING SO THE STATE TEAM WOULD HAVE THEM FOR THEIR 8 A.M. STRATEGY CALL THE NEXT MORNING.

THE HOTLINE EXCEEDED EXPECTATIONS, WITH 537 CALLS PER 100,000 PEOPLE IN THE ROUGHLY TWO-MONTH PERIOD FROM OCTOBER 21 TO DECEMBER 31. THE PEAK WAS 642 CALLS IN ONE DAY, WITH 400 PER DAY FOR ABOUT THREE WEEKS AT THE HEIGHT OF THE EVENT. OVERALL, 211INFO ANSWERED 15,327 CALLS ON THE FLU HOTLINE.

Name of the organization

211INFO

Employer identification number

93-0784586

IN ADDITION TO HELPING COMMUNITY MEMBERS, THE H1N1 LINE WAS HELPFUL IN PROVIDING INFORMATION TO THE STATE OF OREGON REGARDING CALLERS' CONCERNS AND THEIR RESPONSES, SUCH AS IF THEY WERE ANXIOUS, HOW THEY WERE INTERPRETING NEWS, ETC. IN TURN, THE STATE WAS ABLE TO USE THE DAILY REPORTS TO SHAPE THE PUBLIC MESSAGING.

KEY TO SUCCESS IN THE FIRST FEW WEEKS WAS THAT 211 INFO WAS EQUIPPED TO HANDLE HIGH CALL VOLUME; COULD QUICKLY CHANGE MESSAGING TO CALLERS; BUILT STAFF KNOWLEDGE RAPIDLY; PROVIDED FIRST-RATE CUSTOMER SERVICE; AND HAD STRONG INTERNAL ORGANIZATION.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

211INFO INITIATED A VOLUNTEER AND INTERNSHIP PROGRAM DURING THE FISCAL YEAR. A VOLUNTEER COORDINATOR RECRUITED AND TRAINED VOLUNTEERS AND INTERNS FROM THE STANDARD INSURANCE, NORDSTROM, MULTNOMAH COUNTY LIBRARY, PORTLAND STATE UNIVERSITY, POTTERY BARN AND REALTY SOLUTIONS. INTERNS CAME FROM HANDS ON GREATER PORTLAND, MOUNT HOOD COMMUNITY COLLEGE'S STEPS TO SUCCESS AND MENTAL HEALTH AND HUMAN SERVICES PROGRAMS, SENIORS MAKE SENSE, AND THE UNIVERSITY OF PORTLAND'S MOREAU CENTER FOR SERVICE AND LEADERSHIP. VOLUNTEERS AND INTERNS WORKED IN EVERY 211INFO DEPARTMENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

STATEWIDE EXPANSION AND OUTREACH:

211INFO'S MISSION IS TO CONNECT THE PEOPLE OF OREGON AND SOUTHWEST WASHINGTON WITH THE COMMUNITY SERVICES THEY NEED. DURING THE FISCAL YEAR

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ENDING JUNE 30, 2010, THE AGENCY SET THE GROUNDWORK TO EXPAND TO ALL 36 OREGON COUNTIES AS WELL AS FOUR IN SOUTHWEST WASHINGTON. ACCOMPLISHMENTS DURING THE FISCAL YEAR INCLUDED:

211INFO CULTIVATED CONTACTS WITH POTENTIAL PARTNERS IN EVERY OREGON COUNTY, SENDING AN INTRODUCTORY TOOLKIT TO 71 POTENTIAL PARTNERS. 211INFO STAFF MADE PRESENTATIONS TO STAKEHOLDERS IN BENTON, COLUMBIA, DOUGLAS, HOOD RIVER, JACKSON, LANE, LINCOLN, LINN AND MARION COUNTIES.

A STATEWIDE COMMUNICATIONS STRATEGY WAS ESTABLISHED AND INCORPORATED INTO AN OUTREACH TOOLKIT TO SHARE WITH LOCAL AND REGIONAL PARTNERS. A WEBSITE REDESIGN WAS PREPARED FOR IMPLEMENTATION IN SEPTEMBER 2010.

A STRATEGIC PLAN WAS DEVELOPED THAT SET OUT STEPS FOR STATEWIDE EXPANSION USING A COST-EFFECTIVE AND LOCALLY RESPONSIVE STRUCTURE OF A CENTRAL CALL CENTER AND 10 REGIONAL RESOURCE AND OUTREACH HUBS.

RESOURCE DEPARTMENT STAFF INSTALLED THE REFERNET DATABASE, CONVERTING RECORDS FROM THE PREVIOUS DATABASE, TRAINING STAFF AND IMPLEMENTING A TAXONOMY-BASED STRUCTURE FOR CATEGORIZING AND UPDATING RESOURCE INFORMATION.

IN MAY, 211INFO INVITED PARTNERS FROM SEVEN COUNTIES TO A TWO-DAY TRAINING IN THE NEW REFERNET DATABASE SOFTWARE. DATA MANAGERS FROM WASHINGTON, MULTNOMAH, DESCHUTES AND CLACKAMAS COUNTIES MET NEW PARTNERS FROM LANE, LINCOLN AND JACKSON COUNTIES, AND THE FOUNDATION OF AN EXPANDED NETWORK WAS FORMED. THE RESOURCE PARTNERS WORKGROUP WAS INITIATED AT THIS MEETING AND

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CONTINUES TO COMMUNICATE AT LEAST MONTHLY TO ENSURE THAT THE 211 DATABASE IS STANDARDIZED, UPDATED AND ACCURATE. JACKSON, LANE AND LINCOLN COUNTIES STARTED INPUTTING RESOURCES INTO THE DATABASE MONTHS BEFORE 211 SERVICE WAS SCHEDULED TO BEGIN.

WINTER SHELTER:

WINTER SHELTER IS A SEASONAL PROGRAM FUNDED BY THE CITY OF PORTLAND HOUSING BUREAU AND MULTNOMAH COUNTY. DURING THE WINTER MONTHS, 211INFO EXPANDS ITS HOURS FROM 8 A.M. TO 6 P.M. WEEKDAYS TO OFFERING SERVICE SPECIFIC TO MULTNOMAH COUNTY FROM 8 A.M. TO 10 P.M. SEVEN DAYS A WEEK. THE PROJECT IS DESIGNED TO DIRECT PEOPLE TO SHELTERS, REDUCING THE POSSIBILITY OF DEATHS RELATED TO EXPOSURE TO SEVERE WEATHER.

OTHER PROGRAMS FURTHERING 211'S MISSION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS. THE BOARD TREASURER AND THE CHIEF EXECUTIVE OFFICER REVIEW THE 990 DRAFT, RECEIVED ANY REVIEW COMMENTS FROM BOARD MEMBERS, AND RECOMMEND ANY NECESSARY CHANGES PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS DISCUSS ANY POTENTIAL CONFLICTS OF INTEREST AT BOARD MEETINGS.

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

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211INFO PARTICIPATES EVERY-OTHER YEAR IN A NON-PROFIT SALARY SURVEY WHICH COMPARES SALARIES AND BENEFITS FOR LOCAL AREA.

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

211INFO PARTICIPATES EVERY-OTHER YEAR IN A NON-PROFIT SALARY SURVEY WHICH COMPARES SALARIES AND BENEFITS FOR LOCAL AREA.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.