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

OMB No 1545-0047

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

B Chapter Company C	A I	For the	2013 calendar year, or tax year beginning and end	ding		
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Number and street (or Pc.D.box final is not delivered to street address) 30.5 50.3 - 22.6 - 6.34.0		chang	Doing Business As		91-1	798108
City or town, state or province, county, and ZIP or foreign postal code PORTLAND, OR 97209 Portland	F	return Termii	Number and street (or P.O. box if mail is not delivered to street address)			
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19 Revenue less expenses. Subtract line 18 from line 12 45,416. 37,564.	щ				147,856.	
Beginning of Current Year End of Year 139, 466. 191,990. 139, 466. 191,990. 139, 466. 191,990. 106,917. 144,481. 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 coopplete. Declaration of preparer (other than officer) is pased on all information of which preparer has any knowledge. Signature of officer Joyce B. WHITE Type or print name and title Print/Type preparer's name Preparer's information of which preparer Print/Type preparer's name GARY MCGEE & CQ LLP Firm's saddress 808 S.W. THIRD AVENUE, SUITE 700 Phone no. (503) 222-2515 May the IRS discuss this return with the preparer shown above? (see instructions)		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_		•
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 coparise. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JOYCE B. WHITE Type or print name and title Print/Type preparer's name YEE LEE LO Preparer Use Only Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No		19	Revenue less expenses. Subtract line 18 from line 12	_		
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PORTLAND, OR 97204 Phone no. (503) 222-2515 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No		-			Tumo City	
May the IRS discuss this return with the preparer shown above? (see instructions)					Phone no. (5	03) 222-2515
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				3.	"	

Form 990 (2013) GRANTMAKERS (Part IV) Checklist of Required Schedules

the the organization described in section 501(c)(3) or 4847(a)(1) (other than a private foundation)? If Yes, 'complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required to complete Schedule B, Schedule of Contributors? 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? If Yes, 'complete Schedule C, Part III 5 Is the organization as election 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Review Propriete Schedule G, Part III 5 Is the organization as election 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewal Procedules 9819 If Yes, 'complete Schedule C, Part III 5 Is the organization as election 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewal Procedules 9819 If Yes, 'complete Schedule C, Part III 5 Is the organization and the state of the organization and the organization or investment of amounts in such funds or accounts I'ves, 'complete Schedule C, Part III 5 Is the organization and the state of the state of the organization and the state of the organization and the state of the state of the organization and the state of the state of the organization and the state of the state of the organization and the state of the state of the state organization and the state of the state of the state organization and the state of the organization report an amount for Investments - other securities in Part X, line 10 the organization report an amount for Investments - other securities in Part X, line 10 that organization report an amount for Investments - other securities in Part X, line 10 that organization report an amount for Investments - other securities in Part X, line 10 the organization report a				Yes	No
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X	С				v
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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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19		4-		v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	0 0-	·		$\vdash \vdash \vdash$	
D II 100 to mio 104, ata the organization attacks and organization				\vdash	
	<u>.</u>	in 100 to line 200, did the organization attach a copy of its against initiation statements to this folding		990	(2013)

Page 4

Form 990 (2013) GRANTMAKERS OF ORE 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? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		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	23		Х
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ŀ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	76. 1.201	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			25.5
	instructions for applicable filing thresholds, conditions, and exceptions):	200	19 cm	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	 	
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- -		
JE	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- <u>*</u> -		
•	Part V, line 1	34	ľ	х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			I
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Fa	വാ	(0040)

GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Form 990 (2013) Page 5 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 Νo 3 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 3 2a filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 X financial account in a foreign country (such as a bank account, secunties account, or other financial account)? 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. $\overline{\mathbf{x}}$ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7¢ 7d d If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/Aorganization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A a Did the organization make any taxable distributions under section 4966? 9a N/A b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: N/A 10a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A 11a a Gross income from members or shareholders 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

> 13b 13c X 14a

N/A

13a

14b

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

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

Form 990 (2013) GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1/98108 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 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		-								
Sec	tion A. Governing Body and Management										
		ı	1 1 1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14								
	If there are material differences in voting rights among members of the governing body, or if the governing			:		1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		1.4								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other								
	officer, director, trustee, or key employee?			_2_		X					
3	Did the organization delegate control over management duties customanly performed by or under the	ne direc	t supervision			7.7					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	Х						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	one or			х					
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ar by th	e following:								
а	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 read	ached a	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e 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 c	hapter	s, 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 boo	ly befo	re 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	e to con	flicts?	12b	X						
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	ın Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	Х						
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 approve	al by ır	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	Х	<u> </u>					
	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 arrange	ment v	vith 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	ate its p	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	ınızatıo	n's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶OR										
18											
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)										
	nedule O)										
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a											
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion: 🕨							
	JOYCE WHITE - 503-226-6340				_						
425 N.W. TENTH AVENUE, SUITE 305, PORTLAND, OR 97209											

Form 990 (2013)	GRANTMAKERS OF OREGON AND SW WAS	HINGTON

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Page 7

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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Difficer		Highest compensated	Ì	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRIDGET BAKER	3.00	x						0.	0.	0 .
DIRECTOR (2) MONIQUE BARTON	3.00	^						0.	0.	0.
DIRECTOR	1 3.00	X					İ	0.	0.	0.
(3) RANDY CHOY	3.00		\vdash				_			•
DIRECTOR	3.00	x						0.	0.	0.
(4) KEAVY COOK	3.00	 -	-	_	_		_			
DIRECTOR		x						0.	0.	0.
(5) GINNY CORNYN	3.00						Г		·	
DIRECTOR		X					ŀ	0.	0.	0.
(6) LILISA HALL	3.00									_
DIRECTOR		X					l	0.	0.	0.
(7) ADRIENNE LIVINGSTON	3.00									
DIRECTOR		X			L			0.	0.	0.
(8) JULIE OMELCHUCK	3.00	l						}		_
DIRECTOR	+	X				_	_	0.	0.	0 .
(9) KARI STANLEY	3.00								•	_
DIRECTOR	- 2 00	Х						0.	0.	0 .
(10) KIM THOMAS	3.00	x					İ	0.	0.	0 .
DIRECTOR (11) BARBARA HALL	3.00	A	_					· · ·	0.	0 .
PRESIDENT	3.00	x		х				0.	0.	0.
(12) CYNTHIA ADDAMS	3.00	 	-	=		-				
VICE-PRESIDENT		x		х				0.	0.	0.
(13) MARK HOLLOWAY	3.00	Г					\vdash			
SECRETARY		X		Х				0.	0.	0.
(14) MARTHA RICHARDS	3.00									
TREASURER		X		X				0.	0.	0.
(15) JOYCE WHITE	40.00									
EXECUTIVE DIRECTOR		<u> </u>	_	X			<u> </u>	85,308.	0.	10,382
		1								
		†	T			Т	T			

Form **990** (2013)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

91-1798108 Part VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 213,941. 1b b Membership dues 1c c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 66,724. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 280,665. h Total. Add lines 1a-1f Business Code 17,560. 900099 17,560. 2 a REGISTRATION FEES Program Service Revenue f All other program service revenue 17,560. Total, Add lines 2a-2f Investment income (including dividends, interest, and 508 508. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 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 Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d

12

Total revenue. See instructions.

0.

<u>508.</u>

298,733.

17,560.

Form 990 (2013) GRANTMAKERS OF Part IX Statement of Functional Expenses

Secti	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 respon										
	not include amounts reported on lines 6b, 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	10,000.	10,000.								
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,	05 600	45.045	45.045							
	trustees, and key employees	95,690.	47,845.	47,845.							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	60 540	48 853	12 222	0 405						
7	Other salaries and wages	69,513.	47,753.	13,333.	8,427.						
8	Pension plan accruals and contributions (include	0 500	, , , ,		200						
	section 401(k) and 403(b) employer contributions)	2,529. 5,711.	2,149. 4,854.		380.						
9	Other employee benefits		4,854.		857.						
10	Payroll taxes	14,254.	6,557.	5,559.	2,138.						
11	Fees for services (non-employees)·										
а	Management										
þ	Legal	г гос		E E O C							
	Accounting	5,506.		5,506.							
	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees				<u></u>						
g	Other. (If line 11g amount exceeds 10% of line 25,	2 004	960.	2 044							
	column (A) amount, list line 11g expenses on Sch 0.)	3,904.	900.	2,944.							
12	Advertising and promotion	8,381.	2,008.	6,373.							
13	Office expenses	7,016.	2,008. 47.	6,969.	·						
14	Information technology	7,010.	4/•	0,303.							
15	Royalties				.						
16	Occupancy	2,493.	598.	1,895.							
17	Travel	4,453.	330.	1,033.							
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	19,390.	19,319.	71.							
19	Conferences, conventions, and meetings	13,330.	19,319.	/ 1 •							
20	Interest										
21	Payments to affiliates	325.		325.							
22	Depreciation, depletion, and amortization	2,436.		2,436.							
23 24	Insurance Other expenses. Itemize expenses not covered	2,430.		2,300	İ						
24	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 0.)										
а	OTHER EXPENSES	5,025.	595.	4,430.							
a b	DUES & MEMBERSHIP FEES	4,612.		4,612.							
C	STAFF TRAINING	4,384.	65.	4,319.							
d				.,							
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	261,169.	142,750.	106,617.	11,802.						
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)										
		· · · · · · · · · · · · · · · · · · ·	·								

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 44,117. 58,664. 1 Cash - non-interest-bearing 90,234. 130,359. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 3,815. 2,967. 4 Accounts receivable, net 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 1,300. <u>o .</u> 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,843. basis. Complete Part VI of Schedule D 10a 4,843. 0. 0. 10c b Less: accumulated depreciation 10b 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments · program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 139,466. 191,990. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 250. 17 17 Accounts payable and accrued expenses 10,000. 18 Grants payable 18 32,299. 37,509. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 32,549. 47,509. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 96,926. 134,481. 27 27 Unrestricted net assets 9,991. 10,000. 28 28 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 106,917. 144,481. 33 33 Total net assets or fund balances 139,466. 191,990. Total liabilities and net assets/fund balances

	990 (2013) GRANTMAKERS OF OREGON AND SW WASHINGTON	91-17	98108	Pag	_{je} 12
Pai	t XI Reconciliation of Net Assets				\Box
	Check if Schedule O contains a response or note to any line in this Part XI	1	-	_	<u>Щ</u>
			200	7	2 2
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	298 261		
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{69.}{64.}$
3	Revenue less expenses. Subtract line 2 from line 1	3	106		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100	, ,	''
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,		1 4 4	4	0.1
	column (B))	10	144	, 4	81.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·	, 1	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	es	NO
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:				İ
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Employer identification number

OMB No 1545-0047

Open to Public Inspection

		GRANTMA	KERS OF OREG	ON AN	D SW	WASHI	NGTON	•	9	1-1798108		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See ınst	ructions.			_	
The organ	ization is not a	private foundation l	because it is: (For lines 1	through	11, check	only one b	ox.)				_	
1 🗀			s, or association of churc									
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
з 🗀			tal service organization of		ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital's name,		
	city, and stat											
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental unit	describ	ed in	_	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗔	A federal, sta	te, or local governme	ent or governmental unit	t describe	d ın sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in		
	=	b)(1)(A)(vi). (Comple							_			
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershij	o fees, a	nd gross receipts fro	m	
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and t	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 30, 1975		
	See section 509(a)(2). (Complete Part III.)											
10 🗀	An organizati	on organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	1).				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit i	of, to perfo	orm the fur	nctions of,	or to cam	out the	purposes of one or		
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	?). See sec	tion 509(a	a)(3). Ch	eck the box that		
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	. b	/pe∥ c∐ Ty	ype III - Fu	nctionally	ntegrated	d	і Ш Тур	e III - No	n-functionally integra	ted	
e 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified	persons other than		
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	tions desc	cribed in s	ection 509)(a)(1) or	section 509(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		,		
		rganization, check th								l		
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	ons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	ın (ıi) and (ı	ıı) below	, Yes I	10	
	-	•	upported organization?							11g(i)		
		•	n described in (i) above?							11g(ii)		
			person described in (i) of							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
		· · · · · · · · · · · · · · · · · · ·	 	I		1		[(v:1)]a	tha			
(i) Name	of supported	(ii) EIN	[(iii) i ype oi organization	1, ,	organization sted in your		notify the	Lorganizatio	n in col.	(vii) Amount of monet	ary	
orga	anization		(described on lines 1-9 above or IRC section	1 ''	document?	_	support?	(i) organiz U.S	ed in the l	support		
			(see instructions))		No	Yes	No	Yes	No			
				Yes	140	165	140	162	-140			
						ļ						
				 			 	 				
					1							
				+	 	 	 	 	-			
						1				1		
				 	 	 		 			—	
		 		t	 	 		-	 		—	
					1	 						
						 	 	<u> </u>	<u> </u>			
Total				ļ								
	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (For	m 990 or 990-EZ) 20	<u></u> 213	

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page 2 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.)

Sec	tion A. Public Support						
Cale	ndar 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.")	246,750.	334,904.	197,987.	313,325.	280,665.	1,373,631.
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · ·
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	246,750.	334,904.	197,987.	313,325.	280,665.	1,373,631.
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)						33,261.
6	Public support. Subtract line 5 from line 4						1,340,370.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	246,750.	(b) 2010 334, 904.	197,987.	313,325.	280,665.	1,373,631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	755.	723.	444.	414.	508.	2,844.
9	Net income from unrelated business						
	activities, whether or not the				ļ		
	business is regularly carried on				<u> </u>		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				l		
11	Total support. Add lines 7 through 10						1,376,475.
12	Gross receipts from related activities	etc. (see instructi	ons)			12	151,965.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	here				_	
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	97.38 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	96.03 %
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			ightharpoons
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		▶ _
t	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	• _
	organization meets the "facts-and-cir		-				▶ᆜ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check t <u>h</u> is box a	and see instruction	ıs 🕨 🔽
					Sche	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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 be	elow, please com	plete Part II.)				
	ction A. Public Support				,		
Cale	ndar 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 ")		<u> </u>		ļ	ļ	
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					1	
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>			ļ	
4	Tax revenues levied for the organ-	_					
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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	·	<u> </u>		ļ		
	Add lines 7a and 7b		 	 		 	
Se	Public support (Subtract line 7c from line 6) ction B. Total Support		l	<u> </u>	<u> </u>	<u></u>	<u> </u>
Cale	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6 Gross income from interest,	<u> </u>					
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	_ -		L <u>. </u>	L	<u> </u>	l
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti-	on 501(c)(3) organi	zation,
_	check this box and stop here						
	ction C. Computation of Publi					1.21	
	Public support percentage for 2013 (I			column (f))		15	%
	Public support percentage from 2012 ction D. Computation of Inves				<u> </u>	16	%
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •			18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ai						▶□
ı	o 33 1/3% support tests - 2012. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	FINALE IOUTHURIOH, IT LITE OF GREEKEELD	,, are not one of	III IU 17, IS	,	JUN WING 300 II		

Schedule A	(Form 990 or 990-E	Z) 2013 GRAN	ITMAKERS	OF OF	REGON A	AND SW	WASHIN	GTON 91-	<u> 1798108</u>	Page 4
Part IV:		Information	Provide the	explanations	s required by	/ Part II, line	10; Part II, lin	e 17a or 17b; a	nd Part III, line	e 12.
•	Also complete this	part for any add	ditional informa	ation (See in	nstructions).					
						 -				
			 					<u> </u>		
		-			_					
					_					
			 				 .			
										<u>.</u>
									 .	
	· - -									
				·						
										
								· ·		
			<u> </u>							·
			· · · · · ·							

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Rublic

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Ves " to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-F7, Part V, line 35c (Proxy Tax), then

	•	01(c)(4), (5), or (6) organizat	tions: Complete Part III	, , , , , , , , , , , , , , , , , , ,		,	
	ne of orga	nızatıon				Emplo	yer identification number
			KERS OF OREGON AL				91-1798108
Pa	irt:l-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	27 or	ganization.
1	Provide a	a description of the organiz	ation's direct and indirect politication	al campaign activities i	n Part IV.	_	
2	Political (expenditures				▶\$	
3	Voluntee	r hours					
Pa	rt:I-B	Complete if the org	anization is exempt und	er section 501(c)((3).		
			incurred by the organization und			▶\$	
			incurred by organization manage			> \$	···
		•	n 4955 tax, did it file Form 4720 i			•	Yes No
	•	orrection made?		·			Yes No
ь	If "Yes,"	describe in Part IV.					
Pa	art.l-C	Complete if the org	janization is exempt und	er section 501(c),			
1	Enter the	amount directly expended	by the filing organization for sec	ction 527 exempt funct	tion activities	▶\$	
2	Enter the	amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527		
	exempt f	unction activities				▶\$	
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
	line 17b					▶\$	
4		ılıng organızatıon file Form					└─ Yes └─ No
5			nployer identification number (Ell				
			tion listed, enter the amount paid				
			omptly and directly delivered to a			eparat	re segregated fund or a
	political	action committee (PAC). If	additional space is needed, prov	1			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount of political contributions received and
					filing organization funds. If none, ente		promptly and directly
					1.0.1.0.7 1. 1.0.1.0, 0.1.1.0		delivered to a separate
							political organization. If none, enter -0
				 			ii florie, enter -o
_					-		
						,	
				 			

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 GR. Part II-A Complete if the organi	ANTMAKERS	OF OREGON A	AND SW WASH	INGTON 91-1	798108 Page 2		
(election under section		ipt under coolie.					
A Check If the filing organization expenses, and share of	belongs to an affili excess lobbying e	expenditures).		group member's nam	e, address, EIN,		
B Check ► if the filing organization Limits of (The term "expenditure")	n Lobbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influence	e public opinion (c	irass roots lobbying)					
b Total lobbying expenditures to influence							
c Total lobbying expenditures (add lines		, , , , ,		0.			
d Other exempt purpose expenditures	•			249,367.			
e Total exempt purpose expenditures (a	dd lines 1c and 1d)		249,367.			
f Lobbying nontaxable amount. Enter th			n columns.	49,873.			
If the amount on line 1e, column (a) or (b)	1	ying nontaxable amo					
Not over \$500,000		he amount on line 1e					
Over \$500,000 but not over \$1,000,00		0 plus 15% of the exce	ess over \$500,000.				
Over \$1,000,000 but not over \$1,500,0		0 plus 10% of the exce					
Over \$1,500,000 but not over \$17,000		0 plus 5% of the exces					
Over \$17,000,000	\$1,000,0						
g Grassroots nontaxable amount (enter 2	25% of line 1f)			12,468.			
h Subtract line 1g from line 1a. If zero or	less, enter -0-			0.			
i Subtract line 1f from line 1c. If zero or	less, enter -0-			0.			
j If there is an amount other than zero o	n either line 1h or l	ine 1i, did the organiza	ation file Form 4720				
reporting section 4911 tax for this year					Yes No		
	ns that made a se		Section 501(h) n do not have to comp s 2a through 2f on pa				
	Lobbying Expen	ditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total		
2a Lobbying nontaxable amount	69,874.	54,435.	64,801.	49,873.	238,983.		
b Lobbying ceiling amount (150% of line 2a, column(e))					358,475.		
c Total lobbying expenditures							
d Grassroots nontaxable amount	17,469.	13,609.	16,200.	12,468.	59,746.		
e Grassroots ceiling amount (150% of line 2d, column (e))					89,619.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page 3 Part II-B . Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or		<u> </u>		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	,			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>	
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?			•	
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l . [
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	1 NO, O	1 (b) Par	. III-A, III	
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	- <u>'</u> -		
2	expenses for which the section 527(f) tax was paid).	Çai			
•	Current year		2a		
			2b		
	Carryover from last year Total		2c		
C 3			3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	CARR	<u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par] 3		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	n liet\: Part	II.A line 2: a	nd Part II-P	L line 1
	complete this part for any additional information.	ף וושנין, וי מוני	ii 71, iii 10 2, u	ind i dit ii E	,
A13U,	complete this part for any additional information.				
		· ·			
		<u> </u>			

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.

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

Open to Public

OMB No 1545-0047

Name of the organization

GRANTMAKERS OF OREGON AND SW WASHINGTON

Employer identification number 91-1798108

Pai	tils Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	organization anowards 100 to 10111 000,1 art 17, inte	(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		
-	Did the organization inform all donors and donor advisors in v	writing that the assets hold in depart advised fi	unds
5	are the organization's property, subject to the organization's		Yes No
_		•	
6	Did the organization inform all grantees, donors, and donor a		· ·
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	Yes No
Pai	mpermissible private benefit? till S Conservation Easements. Complete if the org	ranization answored "Vas" to Form 990. Part I	
			v, mie 7.
1	Purpose(s) of conservation easements held by the organization		ally important land area
	Preservation of land for public use (e.g., recreation or e		• •
	Protection of natural habitat	Preservation of a certified	nistone structure
•	Preservation of open space	6 - J	
2	Complete lines 2a through 2d if the organization held a qualif	ned 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
	Total construction of a construction		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic str	• •	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, rel	leased, extinguished, or terminated by the org	anization during the tax
	year -		
4	Number of states where property subject to conservation ear	<u> </u>	
5	Does the organization have a written policy regarding the per		□ v _a □ v _a
_	violations, and enforcement of the conservation easements if		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(n)(4)	Yes No
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the c	organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Othe	r Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		difficial Addets.
			and belongs short works of ort
ıa	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public ext	•	
	•		or public service, provide, in Part Alli,
	the text of the footnote to its financial statements that descri		l balance about works of ort. buttorned
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance or public s	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 tre	,	n, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2013 GRANTMA	KERS OF OR	EGON	AND S	W WASH	INGTO	1 9	91-17	98108	Page 2
Par		ollections of A	rt, His	torical Tr	easures, d	or Other	Simila	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	it are a sigr	nificant (use of its	collection	items
	(check all that apply):									
а	Public exhibition	c			hange progra	ams				
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	hey further t	he organızatı	on's exem _l	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or oth	er sımılar a	ssets	_	_	_
	to be sold to raise funds rather than to be ma		_					L	Yes	<u> </u>
Par	t IV Escrow and Custodial Arran	- '	ete ıf the	organizatio	n answered	"Yes" to Fo	orm 990,	, Part IV, I	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not in	cluded	_	7	
	on Form 990, Part X?								」Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table [.]						
							\vdash		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		T.:	
	Did the organization include an amount on F	•				_		L	」 Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete		r							
		(a) Current year	(b) P	Prior year	(c) Two year	rs dack (d) Three y	ears back	(e) Four y	rears back
1a	Beginning of year balance		ļ 1						-	
b	Contributions								ļ	
С	Net investment earnings, gains, and losses		ļ						ļ	
d	Grants or scholarships		<u> </u>						ļ	
е	Other expenditures for facilities									
	and programs		1						<u> </u>	
f	Administrative expenses		ļ							
g	End of year balance		L		<u> </u>			-	<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be also at the contract of the		-4 41							
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ina aaministe	erea for the	organiz	ation		/aa Na
	by.									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	s licted on room mode	n Caba	dula DO					3a(ii) 3b	
	If "Yes" to 3a(ii), are the related organizations	· ·							30	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		Jwillent	iurius.					•	
<u>. a.</u>	Complete if the organization answere) Part IV	/ line 11a S	ee Form 990	Part X In	o 10			
	Description of property	(a) Cost or o			or other		umulate	d l	(d) Book	value
	Description of property	basis (investi			(other)		eciation	·	(u) Book	value
10	Land	225.5 (1117561						- 		
	Buildings			 				-+		
	Leasehold improvements			 						
	Equipment			 	4,843.		4,84	43.		0.
	Other			 	_,		_, _			<u></u>
	Add lines 1s through 1s (Column (d) must e	aual Form 000 Pad	· V. colur	mn (P) line i	10(0))					Λ.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	ile D (Form 990) 2013 GRANTMAKERS OF OREGON AND		
<u>Part</u>	<u></u>		e per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 T	otal revenue, gains, and other support per audited financial statements		1
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
a N	let unrealized gains on investments	2a	
b C	Ponated services and use of facilities	2b	
c F	Recovenes of prior year grants	2c	
d C	Other (Describe in Part XIII)	2d	
e A	add lines 2a through 2d	-	2e
3 S	Subtract line 2e from line 1		3
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	<u></u>	4c
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part		ents With Expens	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		por recourse
4 T	otal expenses and losses per audited financial statements	·	1
	·		- '
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	22	
	Onated services and use of facilities	2a 2b	
	Prior year adjustments		<u> </u>
	Other losses	2c	
	Other (Describe in Part XIII.)	2d	
e A	Add lines 2a through 2d		2e
3 S	Subtract line 2e from line 1		3
	mounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	
b (Other (Describe in Part XIII)	4b	
c A	Add lines 4a and 4b		4c
5 _T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part	XIII Supplemental Information.		
rovide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line 2; Part XI,
nes 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

2013	Open to Public
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Inspection

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

Schedule I (Form 990) (2013) ² [**Employer identification number** 91-1798108 2014 ANNUAL CONFERENCE (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed SW WASHINGTON (d) Amount of 10,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. GRANTMAKERS OF OREGON AND 501(C)(3) Enter total number of other organizations listed in the line 1 table 91-1110995 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2101 FOURTH AVENUE, NO. 650 or government PHILANTHROPY NORTHWEST Name of the organization SEATTLE, WA 98121 Part Part II

91-1798108

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) GOSW WILL REQUIRE A DETAILED REVENUE AND 5 F PartilV: Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information RAISING SPONSORSHIPS TO UNDERWRITE A JOINT 2014 ANNUAL CONFERENCE WITH EXPLANATION: GRANTMAKERS OF OREGON AND SW WASHINGTON (GOSW) COMMITTED (d) Amount of non-cash assistance EXPENSE REPORT OF THE 2014 ANNUAL CONFERENCE FROM THE GRANTEE. (c) Amount of cash grant (b) Number of recipients ANOTHER NONPROFIT ORGANIZATION. (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2013)

SCHEDULE 0

(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 "Open to Public "Inspection"

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 GRANTMAKERS OF OREGON AND SW WASHINGTON

Employer identification number 91-1798108

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GRANTMAKERS OF OREGON AND SOUTHWEST WASHINGTON (GRANTMAKERS) ENVISIONS
A PHILANTHROPIC COMMUNITY THAT ENABLES ALL PEOPLE OF OUR REGION TO
REACH THEIR FULL POTENTIAL. GRANTMAKERS ALLOWS FUNDERS TO ENGAGE AT
THE LOCAL LEVEL BY PROVIDING SPACE - BOTH LITERALLY AND FIGURATIVELY -
FOR FUNDERS TO COME TOGETHER TO ADDRESS COMMUNITY ISSUES, EXPLORE
SOLUTIONS, CELEBRATE SUCCESSES AND SHARE BEST PRACTICES. GRANTMAKERS
IS ONE OF 32 REGIONAL ASSOCIATIONS ACROSS THE COUNTRY. WHILE EACH
REGIONAL ASSOCIATION IS A DISTINCT ENTITY REFLECTING IT GEOGRAPHIC
REACH, WE ALL SHARE SOME COMMON TRAITS THAT SERVE THE FUNDING
COMMUNITY:
- WE CONNECT A DIVERSE MEMBERSHIP - LARGE, SMALL, PRIVATE, PUBLIC,
CORPORATE, COMMUNITY, FAMILY, NEW, SEASONED;
- THROUGH OUR NETWORKS, WE COLLECTIVELY HOLD LOCAL INTELLIGENCE ON
ISSUES AND PRACTICES;
- LOCALLY, NATIONALLY AND INTERNATIONALLY, WE MOVE INFORMATION
EFFICIENTLY AND EFFECTIVELY;
- AND, WE ALL VALUE AND NUTURE A CULTURE OF SHARING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RESOURCES FOR PROMOTING PHILANTHROPY AND EDUCATIONAL MATERIAL ON ISSUES

Schedule O (Form 990 or 990-EZ) (2013) Employer identification number Name of the organization 91-1798108 GRANTMAKERS OF OREGON AND SW WASHINGTON IN THE REGION. THE GREATEST PERCENTAGE OF MATERIAL ON THE WEBSITE IS ACCESSIBLE TO THE PUBLIC. FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: THE BYLAWS WERE AMENDED TO REPLACE A NOMINATING COMMITTEE WITH A GOVERNANCE COMMITTEE AND TO CHANGE BOARD TERMS OF OFFICE FROM TWO YEARS TO THREE YEARS. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF THE PRESIDENT OF THE BOARD APPROVES THE DIRECTORS FOR REVIEW AND COMMENT. DOCUMENT BEFORE IT IS FILED BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 12C: RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY, A LIST OF THE

EXPLANATION: AT THE FIRST MEETING OF THE YEAR, THE BOARD OF DIRECTORS ORGANIZATION'S VENDORS AND A DECLARATION OF CONFLICTS IS SIGNED, DATED AND RETURNED TO THE EXECUTIVE DIRECTOR. IF DURING THE COURSE OF THE ORGANIZATION'S BUSINESS A POTENTIAL FOR CONFLICT ARISES, THE PRESIDING OFFICER WILL ASK THE BOARD OF DIRECTORS TO VERBALLY DECLARE ANY CONFLICT.

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

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE PERSONNEL COMMITTEE AND OVERSEES ANY CHANGE IN PERSONNEL, INCLUDING RESEARCHING THE FIELD FOR COMPARABLE SALARIES AND BENEFITS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GRANTMAKER'S ANNUAL FINANCIAL STATEMENTS, CONFLICT OF INTEREST Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization GRANTMAKERS OF OREGON AND SW WASHINGTON	Employer identification number 91-1798108
POLICY AND BYLAWS CAN BE REQUESTED DIRECTLY FROM THE EXEC	CUTIVE DIRECTOR.
THE BOARD OF DIRECTORS IS COMMITTED TO TRANSPARENCY AND E	THICAL BEHAVIOR IN
ALL ITS ACTIVITIES AND WILL ENSURE ADHERENCE TO ALL APPLI	CABLE LOCAL,
STATE, AND FEDERAL LAWS AND REGULATIONS.	
	
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Form **8868**

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you a	tre filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box					
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)).			
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	orm 8868.			
	c filing (e-file). You can electronically file Form 8868 if	-			•	•		
-	o file Form 990-T), or an additional (not automatic) 3-mo		•		•			
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for	Transfers	Associated With	Certain		
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ctronic filing of th	us form,		
	irs gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
•	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete				
Part I only	• • •							
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	trusts must use Form 7004 to reques	st an exte	nsion of time			
to file inco	ome tax returns.			Enter fil	er's identifying r	ւսmber		
Type or print	Name of exempt organization or other filer, see instru	ictions.		Employe	er identification nu	ımber (EIN) or		
File by the	GRANTMAKERS OF OREGON AND				91-1798			
due date for filing your	Number, street, and room or suite no. If a P.O box, s		rions	Social se	ecurity number (S	SN)		
return See	425 N.W. TENTH AVENUE, NO.	-		L				
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97209							
Enter the l	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1		
Application	on	Return	Application		 	Return		
ls For		Code	Is For					
	or Form 990-EZ	01	Form 990-T (corporation)					
Form 990-		02	Form 1041-A			07		
	O (individual)	03	Form 4720 (other than individual)			09		
Form 990-		04	Form 5227	_		10		
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069					
	T (trust other than above)	06	Form 8870					
	JOYCE WHITE					12		
The bo	oks are in the care of 425 N.W. TENTH	AVEN	UE, SUITE 400 - PO	RTLAN	D, OR 97	209		
	one No ► 503-226-6340		Fax No. ▶					
	rganization does not have an office or place of business	s in the Un	nited States, check this box	_				
	s for a Group Return, enter the organization's four digit			f this is fo	r the whole arous	check this		
oox 🕨 🗌	i i	and atta	ich a list with the names and EINs of	f all memb	ers the extension	n is for		
1 I req	uest an automatic 3-month (6 months for a corporation							
			tion return for the organization name		The extension			
is fo	r the organization's return for	_	-					
►Ū	X calendar year 2013 or							
►□	tax year beginning	, an	d ending					
					_			
2 If the	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on Initial return	Fınal retur	'n			
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 4	enter the tentative tax less any		 			
	refundable credits. See instructions.	J. 2000, (in to the tank 1000 arry	20		Λ		
	s application is for Forms 990-PF, 990-T, 4720, or 6069.	enter any	v refundable credits and	3a	\$	0.		
	nated tax payments made Include any prior year overp			24		Λ		
	ince due. Subtract line 3b from line 3a. Include your pa			3b_		0.		
	sing EFTPS (Electronic Federal Tax Payment System)			25	<u>*</u>	Λ		
				3c	<u>Ψ</u>	0.		
Caution. It estruction	f you are going to make an electronic funds withdrawal s. ,	(direct del	bit) with this Form 8868, see Form 8	453-EO aı	nd Form 8879-EC	for payment		