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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

AI	For the	2014 calendar year, or tax year beginning	and	enung		
В	Check if	C Name of organization			D Employer identificat	tion number
	Addre		SW WASHINGT	ON		
	Name chang				91-179	98108
	Initial return	Number and street (or P.O. box if mail is not delivered to	to street address)	Room/surte	E Telephone number	
一	Final return/	425 N W TENTH AVENUE	,	305		26-6340
	termin ated		foreign postal code		G Gross receipts \$	414,341.
Г	Ameno		g p		H(a) Is this a group retu	•
F	Applic		B. WHITE		for subordinates?	Yes X No
	pendir	SAME AS C ABOVE			H(b) Are all subordinates inclu	
_	Tay.ay		sert no.) 4947(a)(1)	or 527	If "No," attach a lis	
		te: WWW.GOSW.ORG			H(c) Group exemption r	•
K	Form of	organization: X Corporation Trust Association	on Other	L Year	of formation: 1998 M S	
	art I					
_		Briefly describe the organization's mission or most signification	cant activities SEE	SCHEDU	LE O	
Governance	'	bliefly describe the organization 3 mission of most significant	<u>===</u>			
퍨	2	Check this box ft the organization discontinued	d its operations or dispo	sed of more	than 25% of its net asse	ts
Ş.		Number of voting members of the governing body (Part \			3	14
යි		Number of independent voting members of the governing			4	14
Activities &		Total number of individuals employed in calendar year 20			5	
ı≞		Total number of volunteers (estimate if necessary)	514 (i ait v, iiio zaj		6	47
≩		Total unrelated business revenue from Part VIII, column ((C) line 12		7a	0.
¥		Net unrelated business taxable income from Form 990-T,			7b	0.
n		Net unrelated business taxable income from 1 om 950-1,	, III e 54		Prior Year	Current Year
	。	Contributions and grants (Part VIII, line 1h)			280,665.	399,714.
₽₽	8	Program service revenue (Partvil, ine 2g) F		_	17,560.	14,419.
٤Ę	100		7d)		508.	208.
T &	10	Investment income (Raft VIII, column (A), lines 3, 4, and 7 Other revenue (Part), column (A), lines 5, 6d, 8c, 9c, 1			0.	0.
	11	Total revenue - add Ries 8 through 1 must equal Part	(III. solumn (A) line 10)	—	298,733.	414,341.
<u></u>	12	Grants and similar amounts paid (Part IX, column (A)			10,000.	0.
JUL 20 2 3	13) — — — — — — — — — — — — — — — — — — —			0.	0.
.	14	Benefits paid to or for members (Partix, column (A), line Salaries, other compensation, employee benefits (Partix	4) (aakumn (A) linaa E 10)	. –	187,697.	207,072.
es Ses	15			· -	0.	0.
~ :₽	100	Professional fundraising fees (Part IX, column (A), line 11	•) 17,8	54		
謡	_ D	Total fundraising expenses (Part IX, column (D), line 25)			63,472.	126,927.
O.	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2		_	261,169.	333,999.
		Total expenses Add lines 13-17 (must equal Part IX, colu	umn (A), line 25)		37,564.	80,342.
		Revenue less expenses Subtract line 18 from line 12	-	- -	ginning of Current Year	-
sts or	Ĭ	T. 1. (D. 1.) (D. 1.)		100	191,990.	End of Year 258, 411.
Net Asset	20	Total assets (Part X, line 16)		-	47,509.	33,588.
<u>e</u>	21	Total liabilities (Part X, line 26)	•		144,481.	224,823.
	art II	Net assets or fund balances Subtract line 21 from line 2 Signature Block	:0		144,401.	224,023.
		alties of perjury, I declare that I have examined this return, including	ing accompanying schedul	ac and statem	ente and to the best of my k	nowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is be				illowicage and bollor, it is
110	c, cone	ct, and complete. Certain and if or pregare configuration cery is or		villon proparci	1 /- 12-	1 —
٥.		Signature of officer	<u> </u>		Date	15
Sig	-	JOYCE B. WHITE				
He	ere	Type or print name and title				
_			arer's symature		Date Check	TI PTIN
Pa	id	Print/Type preparer's name YEE LEE MCGEE	aron o openature		6/12/15	P01294356
	iu eparer				Firm's EIN	F 01274330
	e Only	Firm's name GARY MCGEE & CO. LL Firm's address 808 S.W. THIRD AVEN		00	T IIIII S EIN	
US	e only	PORTLAND, OR 97204	COTIE /	, 0	Phone no. (50	3) 222-2515
_		<u> </u>			Tallone no. (30	
		RS discuss this return with the preparer shown above? (s				Yes No
420	DOM: 11	oz sa – i ma por poporwork Haduction act Notica Sa i	e ma congrata incitii?	TITATIS		E0100 2525U (20174

	990 (2014) GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	GRANTMAKERS OF OREGON AND SOUTHWEST WASHINGTON'S MISSION IS TO PROMOTE
	EFFECTIVE PHILANTHROPY IN OREGON AND SOUTHWEST WASHINGTON BY PROVIDING
	OUR MEMBERS WITH THE SERVICES AND SUPPORT THEY NEED TO SUCCEED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 207,061. including grants of \$) (Revenue \$ 14,419.)
	RIVERGATHERING/COMMUNICATIONS - IN 2014, GRANTMAKERS OF OREGON AND
	SOUTHWEST WASHINGTON PARTNERED ON A CONFERENCE THAT BROUGHT TOGETHER
	360 FUNDERS FROM SIX STATES TO LEARN ABOUT COMMUNITY ISSUES AND BEST
	PRACTICES IN PHILANTHROPY.
	EDUCATION PROGRAMS - THE ORGANIZATION DESIGNED AND IMPLEMENTED OVER 30
	EDUCATION PROGRAMS ATTENDED BY OVER 700 MEMBERS.
	PARTNERSHIPS - THE ORGANIZATION PARTNERED WITH THE FOUNDATION CENTER TO
	ENCOURAGE FOUNDATIONS TO SUBMIT THEIR GRANTS TO THE FOUNDATION CENTER,
	THEREBY INCREASING REAL TIME DATA ON GIVING IN OREGON AND SW WASHINGTON
	TO ALMOST 30 REGIONAL ASSOCIATIONS OF GRANTMAKERS ACROSS THE COUNTRY.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 207,061.

			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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete		-	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	,		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420		х
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			Ť
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	l	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Γ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
		Form	990	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	ł		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
þ	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			37
	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 "Yes,"			₩
	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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		İ	
_	instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		\mathbf{x}^{-1}
	A current or former officer, director, trustee, or key employee? If "res," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{1}{X}$
29 30	Did the organization receive more than \$25,000 in non-cash contributions in 1705, complete conservation		 	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32	i	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Ì	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	, ggn	(2014)

	990 (2014) GRANTMAKERS OF OREGON AND SW WASHINGT	ON	91-1798	108	P	age 5
Par						_
	Check if Schedule O contains a response or note to any line in this Part V		·			<u> </u>
			4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportat	ole gaming			
	(gambling) winnings to prize winners?			1c	_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,			
	filed for the calendar year ending with or within the year covered by this return	2a	3	-		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	•	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			-	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)? .	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			-,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ection?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	ınızatıon solicit	_		_v
	any contributions that were not tax deductible as charitable contributions?			6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions oi	r gifts			1
	were not tax deductible?			6b		├
7	Organizations that may receive deductible contributions under section 170(c).] :		X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a_		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired	l _		v
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- .		X.
е	· · · · · · · · · · · · · · · · · · ·		177	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		00	7f	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	
h	· · · · · · · · · · · · · · · · · · ·			7h	147	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ı by tile	H/H	8		-
_	sponsoring organization have excess business holdings at any time during the year?			 °		
9	Sponsoring organizations maintaining donor advised funds.		N/A	9a	-	1
a	•		N/A	9b		┢─
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		24/ 21	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		1	1	1
b	Section 501(c)(12) organizations. Enter	100		1		1
11	N/A	11a				
a b				1		
D	amounts due or received from them)	116				ļ
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				┢
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
а	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N/A	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O		,	<u> </u>		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				ļ
_	Enter the amount of reserves on hand	13c		1		1
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		┢
	in 100, made it made a community to the report through payments of the province an experimental and the community of the comm				. 000	(2014

Form 990 (2014) GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page
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

	to line 6a, 6b, of 10b below, describe the discurstances, processes, or charges in ocheque of declinistractions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
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 relationship with any other	-		7.
	officer, director, trustee, or key employee?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	<u></u> -	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		- پې	
12a	· · · · · · · · · · · · · · · · · · ·	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	 -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
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?	_	- <u>-</u> -	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		<u></u>
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ļ		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion 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 (Section 501(c)(3)s only)	avaılai	ole	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records		_	
	JOYCE WHITE - 503-226-6340		_	
	425 N.W. TENTH AVENUE, SUITE 305, PORTLAND, OR 97209			

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)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	not c	t check more than one nless person is both an				Reportable	Reportable	Estimated
	hours per	offic	, unie cer an	ss pe dad	rson irecto	ıs bot or/trus	h an tee)	compensation	compensation	amount of
	week (list any	5			ŀ	Γ	Ĺ	from the	from related organizations	other compensation
	hours for	direct				,		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			Safe		(W-2/1099-MISC)	(** 2, 1000 *********************************	organization
	organizations	Lans.	nal tru		oyee	e e				and related
	below	Individual trustee or director	Institutional trustee	, 55	Key employee	lest co	Ę			organizations
	line)	ig i	Bul	Officer	Ķe	Highest compensated employee	Former			
(1) RANDY CHOY	3.00	'								
DIRECTOR	2 2 2	Х		<u> </u>	_	<u> </u>		0.	0.	0.
(2) KEAVY COOK	3.00	'	l		1		1	}	_	_
DIRECTOR		Х	L	L	L	<u> </u>	<u> </u>	0.	0.	0.
(3) KATHLEEN GEORGE	3.00									
DIRECTOR		X	<u> </u>			L		0.	0.	0.
(4) LILISA HALL	3.00									_
DIRECTOR		X	<u> </u>	_	<u> </u>	$oxed{oxed}$	<u> </u>	0.	0.	0.
(5) ANGELA HULT	3.00									
DIRECTOR		X	<u> </u>		L			0.	0.	0.
(6) CRAIG KELLEY	3.00					Ì			_	
DIRECTOR		Х			L	lacksquare		0.	0.	0.
(7) ADRIENNE LIVINGSTON	3.00							_	_	
DIRECTOR		X			L			0.	0.	0.
(8) KARI STANLEY	3.00	1								
DIRECTOR		X		<u> </u>	┖			0.	0.	0.
(9) VON SUMMERS	3.00	1	1		Ì	1	İ	_		
DIRECTOR		X			┖	_		0.	0.	0.
(10) KIM THOMAS	3.00				1					_
DIRECTOR		X		L		_		0.	0.	0.
(11) BARBARA HALL	3.00	ļ	ļ				ļ			_
PRESIDENT	1 2 2	X	_	X	<u> </u>	_		0.	0.	0.
(12) CYNTHIA ADDAMS	3.00	ļ		l						_
VICE-PRESIDENT	1 2 2	Х		X	╙	┞	L.	0.	0.	0.
(13) JULIE OMELCHUCK	3.00	١						1		_
SECRETARY	1	X	_	X	<u> </u>		<u> </u>	0.	0.	0.
(14) MARTHA RICHARDS	3.00	↓	ı							_
TREASURER	40-00	Х	L	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(15) JOYCE WHITE	40.00							006	ĺ	
EXECUTIVE DIRECTOR		├ -	<u> </u>	X	ļ	\vdash	L-	87,867.	0.	10,318
	 	-			Ì					
		1	L	Ш	Ь.	↓_	$ldsymbol{ld}}}}}}$	<u> </u>		L
	ļ—.		I —							

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi	tion	than	one	Reportable Reportable			Estimated		
	hours per	box	unle	ss per	rson	is bot	h an	compensation compensation				ount of	
	week	-	er an	o a u	recio	Jirtius	(66)	from	from related			ther	
	(list any hours for	ırecta						the organization	organizations (W-2/1099-MISC	"	•	ensatio	on
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-271099-181150	"		m the nızatıo	n
	organizations	ruste	l trus		99/	mpeu		(***-2/1033***********************************			_	related	
	below	individual trustee or director	institutional trustee	.	Key employee	est co oyee	GL					nization	
	line)	hdıv	Insti	Officer	Key e	Highest compensated employee	Former						
					L	_				\rightarrow		_	
					<u> </u>	<u> </u>				\rightarrow			
						1							
		<u> </u>	-		┝		_			_			
	-	ł		ļ	l	Į.							
		┢	 	 	\vdash	├	-			+			
	-	ł											
	 	├	┢	├─	┝	╁	├─	-		-			
	<u> </u>												
	· ·				\vdash	\vdash	H			\dashv			
	_	1					1			- 1			
					\vdash	\vdash	\vdash						
						1							
1b Sub-total	L					1	<u> </u>	87,867.		0.	10	,31	8.
c Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)	•							87,867.		0.	10	,31	8.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	,			
compensation from the organization									-				<u> </u>
•										_		Yes	No
3 Did the organization list any former officer	director, or tra	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			- -	
line 1a? If "Yes," complete Schedule J for s	such individual									Ļ	3		<u> </u>
4 For any individual listed on line 1a, is the s	•							· · · · · · · · · · · · · · · · · · ·	the organization	ļ.			-
and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sch	edul	e J i	for such individual		-	4		X
5 Did any person listed on line 1a receive or	•					-	relat	ted organization or indiv	idual for services	- 1		-	v
rendered to the organization? If "Yes," con	nplete Schedui	e J i	or s	uch	per	son					5		X
Section B. Independent Contractors									#100 000 - (
Complete this table for your five highest countries the organization. Report compensation for										pensa	illon fr	OM	
(A)	trie caleridar y	ear	ena	ing v	WILIT	OI W	716116	(B)	year		(C	· · · ·	
Name and business	address	N	ON	E			- 1	Description of	services	Co		<i>,</i> Isation	
 				_						_			
									·				
								-					
	-												
						_			Т				
2 Total number of independent contractors		not l	ımıte	ed to		_	ste	d above) who received i	more than				
\$100,000 of compensation from the organ	ization 🕨					0_							
											Form 9	990 (2	014)

Page 9

	_		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
!						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts tr	1 8	а	Federated campaigns	1a					
اقتا			Membership dues	1b	192,711.				
الجَيْ			Fundraising events	1c					
<u>#</u> }			Related organizations	1d					
ν <u>Έ</u>			Government grants (contribut	ions) 1e					
<u>8</u> 2			All other contributions, gifts, gran	· —					
풀립			similar amounts not included above	1 1	207,003.				
Ēδ		g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			399,714.			
					Business Code				_
g	2	а	REGISTRATION FE	ES	900099	14,419.	14,419.		
ا ہ جَ		b							
8 8		C							
e all		d							
Program Service Revenue		e							
<u>ا</u> ية		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f			14,419.			
	3		Investment income (including	dividends, inter	est, and				
1			other similar amounts)		▶	208.		-	208.
	4		Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties		•				
				(i) Real	(II) Personal				
	6	а	Gross rents						İ
		b	Less rental expenses				1		
		С	Rental income or (loss)				-		
		d	Net rental income or (loss)		. ▶				
	7	а	Gross amount from sales of	(i) Securities	(II) Other		Ì		
			assets other than inventory						1
		b	Less cost or other basis						
1			and sales expenses						
1		С	Gain or (loss)	L	<u> </u>				
		d	Net gain or (loss)		<u> </u>				
<u>o</u>	8	а	Gross income from fundraisin	g events (not					
venue			ıncludıng \$	of					
ا في			contributions reported on line	1c) See					ĺ
<u>.</u>			Part IV, line 18	а					
Other Re			Less direct expenses	b	· [
_			Net income or (loss) from fund		> _		ļ		
	9	а	Gross income from gaming ac	ctivities See					
			Part IV, line 19	а					1
			Less direct expenses	b	· L				
			Net income or (loss) from gan	-	<u> </u>		ļi	-	
	10	а	Gross sales of inventory, less						1
			and allowances	a .	-				
			Less cost of goods sold	t t	·				
-		С	Net income or (loss) from sale		<u> </u>				-
-	4.4	_	Miscellaneous Revenu	ie	Business Code				
[11				_				
		b			-				
		C	All other revenue		<u> </u>				
		d	Total, Add lines 11a-11d		<u> </u>				
	12	e	Total revenue. See instructions.			414,341.	14,419.	0.	208
432009 11-07-1		_	. J. a J. J						Form 990 (2014

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 90,367. 45,183. 45,184. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 77,032. 48,292. 16,667. 12,073. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 23,783. 13,678. 8,028. 2,077. Other employee benefits 9 15,890. 9,139. 5,363. 1,388. Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal 1,560. 1,560. c Accounting d Lobbyina Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 7,045 7,045. 12 Advertising and promotion 2,172. 16,521. 14,349. Office expenses 13 7,099. 3,550. 3,549. 14 Information technology 15 Royalties 3,054. 3,054. Occupancy 16 2,048. 1,991. 57. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 521. 521 Depreciation, depletion, and amortization 22 1,286. 1,286. 23 Insurance Other expenses, Itemize expenses not covered 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 O.) 62,000. 62,000. CONFERENCE EXPENSES OTHER EXPENSES 16,604. 13,407. 881 2,316. 5,274. 2,637. DUES & MEMBERSHIP FEES 2,637. STAFF TRAINING 3,915. 1,957. 1,958. All other expenses 333,999. 207,061 109,084. 17,854. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ____ if following SOP 98-2 (ASC 958-720)

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
Ĭ	1	Cash - non-interest-bearing	_		58,664.	1	121,514.
	2	Savings and temporary cash investments			130,359.	2	130,510.
i	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,967.	4	1,480.
	5	Loans and other receivables from current and fo	ormer off	cers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L	•	·		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
l		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections					
y.		employees' beneficiary organizations (see instr)			<u>-</u>	6	
Assets	7	Notes and loans receivable, net	•	Ī		7	
۲ ک	8	Inventories for sale or use	ļ		8		
	9	Prepaid expenses and deferred charges			9		
- 1		Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	9,676.			
	b	Less accumulated depreciation	10b	5,364.	0.	10c	4,312.
	11	Investments - publicly traded securities			11	-	
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		0.	15	595.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	191,990.	16	258,411.
	17	Accounts payable and accrued expenses			-	17	
	18	Grants payable	10,000.	18	0.		
	19	Deferred revenue			37,509.	19	33,588.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete	Part IV c	f Schedule D		21	
တ္	22	Loans and other payables to current and forme	r officers	, directors, trustees,			
Liabilities		key employees, highest compensated employee					
ap		Complete Part II of Schedule L		, ,		22	
=	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate		T I		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				1	
		Schedule D	·	·		25	
	26	Total liabilities. Add lines 17 through 25			47,509.	26	33,588.
		Organizations that follow SFAS 117 (ASC 958	B), checl	here X and			
S		complete lines 27 through 29, and lines 33 ar				1	
ž	27	Unrestricted net assets		.	134,481.	27	204,823.
ala	28	Temporarily restricted net assets			10,000.	28	20,000.
<u> </u>	29	Permanently restricted net assets				29	
Ë		Organizations that do not follow SFAS 117 (A	ASC 958	, check here 🕨 🗔			
<u>^</u>	!	and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	3			30	
155	31	Paid-in or capital surplus, or land, building, or e	quipmen	t fund .		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			144,481.	33	224,823.
	34	Total liabilities and net assets/fund balances		191,990.	34	258,411.	

Form	990 (2014) GRANTMAKERS OF OREGON AND SW WASHINGTON	91-1	798108	Pag	e 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	414		
2	Total expenses (must equal Part IX, column (A), line 25)	2	333		
3	Revenue less expenses Subtract line 2 from line 1	3			42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144	, 4	81.
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,		0.0		
_	column (B))	10	224	1,8	<u>23.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	162	140
	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?	•	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1
	separate basis, consolidated basis, or both			-	,
	Separate basis Consolidated basis Both consolidated and separate basis			_	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			1
	consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				, !
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			į
	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 Sch	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 Si	ngle Audıt			1
	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 requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

nternal 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. Inspection

Inspection

2014

Open to Public Inspection

GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (i) Name of supported (IV) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section instructions) Instructions) Yes (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 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		<u></u>	·			·			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and	(2) 2010	(2) 2011	(0) 2012	(0) 2010		(i) Total			
-	membership fees received (Do not									
	include any "unusual grants ")	334,904.	197,987.	313,325.	280,665.	399,714.	1,526,595.			
2	Tax revenues levied for the organ-	•	• -		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , ,			
_	ization's benefit and either paid to				1					
	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	334,904.	197,987.	313,325.	280,665.	399,714.	1,526,595.			
5	The portion of total contributions									
	by each person (other than a				1					
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						88,100.			
6	Public support. Subtract line 5 from line 4						1,438,495.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	334,904.	197,987.	313,325.	280,665.	399,714.	1,526,595.			
8	Gross income from interest,						-			
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	723.	444.	414.	508.	208.	2,297.			
9	Net income from unrelated business									
	activities, whether or not the				;					
	business is regularly carried on									
10	Other income Do not include gain						_			
	or loss from the sale of capital			!						
	assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10		<u>.</u>				1,528,892.			
12	Gross receipts from related activities,					12	151,834.			
13	First five years. If the Form 990 is for	_	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)				
80	organization, check this box and stor	here	roontogo							
	ction C. Computation of Publ		_ 			1 . 1	04 00			
	Public support percentage for 2014 (-	column (f))		14	94.09 % 97.38 %			
15	Public support percentage from 2013					15				
168	33 1/3% support test - 2014. If the	_			14 is 33 1/3% or r	nore, check this bo				
	stop here. The organization qualifies		=			·	▶ X			
	33 1/3% support test - 2013. If the	_		•	ine 15 is 33 1/3%	o or more, cneck tr	nis dox			
47.	and stop here. The organization qual		• • • •		0 10 160 or 16b	and line 14 is 100/	P			
172	10% -facts-and-circumstances tes	_					•			
	and if the organization meets the "facts and circumstances"			=	•	it vi now the organ	ıı∠atıorı ⊾ [□]			
	meets the "facts-and-circumstances"	-	•		-	170 and less 15 :-	10% or			
	10% -facts-and-circumstances tes									
	more, and if the organization meets the				,		,			
1Ω	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
10	Tivate loundation. If the organization	on did not check a	DOX OIT HITE 13, 10	a, 100, 17a, 01 17						
					Scho	edule A (Form 990	OI 330-EZ) 2014			

Schedule A (Form 990 or 990-EZ) 2014 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

Sed	ction A. Public Support	now, please com	piete i ait ii j				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 2010	(2/20:1	(0/2012	(9/20:0	<u> </u>	19 :0:0
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			i			
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						
	A Amounts included on lines 1, 2, and 3 received from disqualified persons 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						
	Add lines 7a and 7b	· 				İ	
8	Public support (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(4) 2010	(2) 2011	(0) 2012	(4) 2010	(0,2011	(1) 10121
-	a Gross income from interest, 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						
11	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 VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		- 61 1			504(-)(2)	
14	First five years. If the Form 990 is for	tne organization	s iirst, secona, thi	ra, rourtn, or tifth t	ax year as a secti	on 501(c)(3) organi	zation,
<u>S</u>	check this box and stop here ction C. Computation of Publi	c Support Pa	rcentage				₽□
	Public support percentage for 2014 (li			column (fl)		15	
	Public support percentage for 2014 (iii Public support percentage from 2013	. ,,	•	Column (i))		16	% %
	ction D. Computation of Inves					1 10 1	
17			-			17	%
18		•	•	ne io, column (i))		18	
	a 33 1/3% support tests - 2014. If the			on line 14 and in	e 15 is more than	·	
131	more than 33 1/3%, check this box ar	-					▶ □
	33 1/3% support tests - 2013. If the	•	-		• • •		and
	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization			•		~	

Schedule A (Form 990 or 990 EZ) 2014 GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Org	anizations
-------------------------------	------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part vi how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part yi.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	I	Yes	No
Į	1		
	2		
	3a		
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	3b		į
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-	3с		;
	4a		
			1
	4b		
			1
	4c		;
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	5b		
	5c		,
	6		<u> </u>
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	9a	_	<u> </u>
	9b	 L	'
	9c		
	-		-
	10b	<u> </u>	<u>L</u>

	dule A (Form 990 or 990-EZ) 2014 GRANTMAKERS OF OREGON AND SW WASHINGTON 91-17	98T0	8 Pa	ge 5
Par	t IV Supporting Organizations (continued)		V [Na.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a		
.	A family member of a person described in (a) above?	11b	-+	
	·			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	LI	-
<u> </u>	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	- 4	-	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		 	
2	Did the organization operate for the benefit of any supported organization other than the supported	İ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		:	
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	ļ
	income or assets at all times during the tax year? If "Yes," describe in part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		1	t
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>p_{art VI}</i> .	 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard	3b	1	

	dule A (Form 990 or 990-EZ) 2014 GRANTMAKERS OF OREGON A			1-1798108 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_	·	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		 -		(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	ł		
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		L <u></u>
7	Check here if the current year is the organization's first as a non-functional	lly-integr	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014 GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 а ь C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c 8 Breakdown of line 7 b c d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Part VI I	(Form 990 or 990-EZ) 2014 GRANTMAKERS OF OREGON AND SW WASHINGTON 91-1798108 Page & Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12.
	Also complete this part for any additional information (See instructions)
_	
_	
-	

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.

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

2014

Open to Public Inspection

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 "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• :	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III				
Nam	ne of organization				Emplo	yer identification number
	GRANTMA	KERS OF OREGON A	ND SW WASHI	NGTON		91-1798108
Pa	rt I-A Complete if the or	ganization is exempt und	der section 501(c) or is a section 5	27 or	ganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	cał campaign activities	ın Part IV	> \$	
Pa	rt I-B Complete if the or	ganization is exempt und	der section 501(c)(3).		
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		▶ \$	
2	Enter the amount of any excise tax	cincurred by organization manag	ers under section 495	5	> \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?			Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the or	ganization is exempt und	der section 501(c), except section	501(c	c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	▶\$.	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527		
	exempt function activities				▶\$	
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-POI	L,		
	line 17b				▶\$	
4	Did the filing organization file Form	-				Yes No
5	Enter the names, addresses and e made payments For each organiza contributions received that were p political action committee (PAC) If	ation listed, enter the amount pa romptly and directly delivered to	id from the filing organ a separate political or	ization's funds. Also er ganization, such as a s	nter the	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi	rom	(e) Amount of political
	(1)			filing organization funds If none, ente	n's	contributions received and promptly and directly delivered to a separate political organization If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014	GRANTMAR	KERS	OF OREGON A	AND SW WASH	INGTON 91-1	798108 Page 2
Part II-A Complete if the orga	anization is	s exem	pt under section	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
	=			Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share			•			
B Check ▶ ☐ If the filing organization	ion checked b	ox A and	l "limited control" pro	visions apply		
Limits	s on Lobbying	Expend	ditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means	s amoun	ts paid or incurred.)		totals	totals
1a Total lobbying expenditures to influ	ence public or	onion (ar	ass roots lobbying)		0.	·· ·
b Total lobbying expenditures to influ			• •		0.	
c Total lobbying expenditures (add lin	Ū		(4,,,,		0.	
d Other exempt purpose expenditure	•				316,145.	
e Total exempt purpose expenditures		and 1d)			316,145.	
f Lobbying nontaxable amount Enter	•	•	following table in both	n columns	63,229.	
If the amount on line 1e, column (a) or			ying nontaxable amo			
Not over \$500,000			e amount on line 1e	Juli 151		
Over \$500,000 but not over \$1,000			plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,50			plus 10% of the exce			-
Over \$1,500,000 but not over \$17,0		·	plus 5% of the exces			
Over \$17,000,000	00	35 3731 \$ 1,000,000				
0.000		.,,000,00				
g Grassroots nontaxable amount (ent	ter 25% of line	1f)			15,807.	
h Subtract line 1g from line 1a If zero		•			0.	
i Subtract line 1f from line 1c If zero	•				0.	
j If there is an amount other than zero	•		ne 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	_				Γ	Yes No
- I a a a a a a a a a a a a a a a a a a		ear Aver	aging Period Under	section 501(h)		
(Some organizations th				• •	of the five columns b	elow.
· -	See the	separat	e instructions for lin	es 2a through 2f.)		
	Lobbying	Expend	litures During 4-Yea	r Averaging Period		
Calendar year				-		
(or fiscal year beginning in)	(a) 2011		(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Labburg partayable amount	54,4	135.	64,801.	49,873.	63,229.	232,338.
Lobbying nontaxable amount b Lobbying ceiling amount	<u> </u>	233.	01,001.	45,075.	03,223	232,330.
(150% of line 2a, column(e))						348,507.
(130% of life 2a, column(e))						340,307.
c Total lobbying expenditures						
2 . otal loss july oxportential os						
d Grassroots nontaxable amount	13,6	509.	16,200.	12,468.	15,807.	58,084.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						87,126.
					<u> </u>	
f Grassroots Johnving expenditures				'		l

Schedule C (Form 990 or 990-EZ) 2014

Schiedule C (Form 990 or 990-EZ) 2014 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 e	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity	Yes	No	Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	-				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		<u> </u>			
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
	Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	on 501(c)	(5), or se	ection		
	501(c)(6).			Yes	No	
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		1 2			
rai	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		R (b) Par		ne 3, is	
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	cal	1			
a b c	Carryover from last year		2a 2b 2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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?		3			
5			5			
Prov	TIV Supplemental Information Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground uctions), and Part II-B, line 1. Also, complete this part for any additional information	p list), Part	II-A, lines 1	and 2 (see		
					-	

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.lrs.gov/form990. Inspection

Employer identification number

2014
Open to Public Inspection

Name of the organization

GRANTMAKERS OF OREGON AND SW WASHINGTON

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Pai			or Accounts.Complete ii the
	organization answered "Yes" to Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor ad-		
·	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	control durings, or not any control purpose	Yes No
Pa		inization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure	cture included in (a)	2c
c d	Number of conservation easements included in (c) acquired af		
u	listed in the National Register	ter of 17700, and flot on a motoric stract	2d
3	Number of conservation easements modified, transferred, release	ased extinguished or terminated by the	
3	year	ased, extinguished, or terminated by the	c organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	odiloty the requirements of economy are	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	
3	include, if applicable, the text of the footnote to the organization		
	conservation easements		the enganization of debounting to
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or C	ther Similar Assets.
<u>. </u>	Complete if the organization answered "Yes" to Form 9		
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
14	historical treasures, or other similar assets held for public exhil		
	the text of the footnote to its financial statements that describe		and of public borrido, provide, in a direction,
h			t and halance sheet works of art. historica
b	treasures, or other similar assets held for public exhibition, edu		
		acation, or research in future ance of pe	iono service, provide trie following amount
	relating to these items		▶ ¢
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	curse or other similar assets for frage.	
2	If the organization received or held works of art, historical treas		ai gairi, provide
	the following amounts required to be reported under SFAS 110	o (ASC 936) relating to these items	~ ¢
a	Revenue included in Form 990, Part VIII, line 1		•
a	Assets included in Form 990, Part X		₽ •

Sch <u>e</u>	dule D (Form 990) 2014 GRANTMA	KERS OF C	REGON	AND S	W WASH	INGTON	r 91	-179810	8 Page 2
Par	t III Organizations Maintaining C	Collections of	Art, His	torical Tr	easures, c	or Other	Similar A	Assets(conti	nued)
3	Using the organization's acquisition, access	ion, and other rec	ords, chec	k any of the	following tha	it are a sign	ificant use	of its collection	n items
	(check all that apply)								
а	Public exhibition		d ⊣		hange progra	ams			
b	Scholarly research		е 📖	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co							ın Part XIII	
5	During the year, did the organization solicit of					er sımılar as	ssets		
	to be sold to raise funds rather than to be m		_					Yes	No_
Par	t IV Escrow and Custodial Arran	-	plete if the	e organizatio	on answered	"Yes" to Fo	rm 990, Pa	rt IV, line 9, or	•
	reported an amount on Form 990, Pa	<u>· </u>							
1a	Is the organization an agent, trustee, custod	lan or other intern	nediary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							L Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table					
								Amour	nt
C	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year		-				1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	form 990, Part X, I	ine 21, for	escrow or c	ustodial acco	ount liability	?	└── Yes	⊢ No
_	If "Yes," explain the arrangement in Part XIII						_		
Par	t V Endowment Funds. Complete	if the organization	answered	"Yes" to Fo	1				
		(a) Current year	r (b) F	Prior year	(c) Two year	rs back (d)	Three years	back (e) Fou	ir years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses							 	
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the cur	rent year end bala	ance (line 1	1g, column (a)) held as				
а	Board designated or quasi-endowment		<u></u> %						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%	6						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%							
3a	Are there endowment funds not in the posse	ession of the orga	nızatıon th	at are held a	and administe	ered for the	organizatio	on	
	by								Yes No
	(i) unrelated organizations						•	3a(i)	
	(ii) related organizations						•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as require	d on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the		<u>ndowment</u>	funds					
Par	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	ed "Yes" to Form 9	990, Part I\	√, line 11a S	See Form 990), Part X, lin	e 10		
	Description of property	(a) Cost o		1 ' '	t or other		umulated	(d) Boo	ok value
		basis (inve	estment)	basis	(other)	depre	eciation		
1a	Land								
b	Buildings			<u> </u>					
c	Leasehold improvements			<u> </u>	0 656		F 261		4 242
d	Equipment			<u> </u>	9,676.		5,364	·	4,312.
	Other			<u> </u>					7 242
Total	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, F	art X, colu	mn (B), lıne	10c)		▶	<u>, </u>	4,312.

Schedule D (Form 990) 2014

GRANTMAKERS OF OREGON AND SW WASHINGTON

91-1798108 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 GRANTMAKERS OF OREGON Part XI Reconciliation of Revenue per Audited Financial			B Page 4
		ue per neturn.	
Complete if the organization answered "Yes" to Form 990, Part IV			
1 Total revenue, gains, and other support per audited financial statements	•	1 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	اما		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d	 _	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 . 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a </u>		
b Other (Describe in Part XIII)	_4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XII Reconciliation of Expenses per Audited Financial	•	ises per Heturn.	
Complete if the organization answered "Yes" to Form 990, Part IV	/, line 12a		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the second second second second second second sec			
	•		
			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

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.

► Attach to Form 990 or 990-EZ.

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

2014

Open to Public Inspection

Name of the organization

GRANTMAKERS OF OREGON AND SW WASHINGTON

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

Employer identification number 91-1798108

Schedule O (Form 990 or 990-EZ) (2014)

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 ITS 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; NUETURO AND, WE ALL VALUE AND NUTURE A CULTURE OF SHARING. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization GRANTMAKERS OF OREGON AND SW WASHINGTON	Employer identification number 91-1798108
AND COMMENT. THE PRESIDENT OF THE BOARD APPROVES THE DOC	UMENT BEFORE IT IS
FILED BY THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE FIRST MEETING OF THE YEAR, THE BOARD OF DIRECTORS	RECEIVE A COPY OF
THE CONFLICT OF INTEREST POLICY, A LIST OF THE ORGANIZATION	ON'S VENDORS AND A
DECLARATION OF CONFLICTS IS SIGNED, DATED AND RETURNED TO	THE EXECUTIVE
DIRECTOR. IF DURING THE COURSE OF THE ORGANIZATION'S BUS	SINESS A POTENTIAL
FOR CONFLICT ARISES, THE PRESIDING OFFICER WILL ASK THE E	BOARD OF DIRECTORS
TO VERBALLY DECLARE ANY CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
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:	
GRANTMAKER'S ANNUAL FINANCIAL STATEMENTS, CONFLICT OF INT	TEREST POLICY AND
BYLAWS CAN BE REQUESTED DIRECTLY FROM THE EXECUTIVE DIRECTLY	CTOR. THE BOARD OF
DIRECTORS IS COMMITTED TO TRANSPARENCY AND ETHICAL BEHAVE	OR IN ALL ITS

ACTIVITIES AND WILL ENSURE ADHERENCE TO ALL APPLICABLE LOCAL, STATE, AND

FEDERAL LAWS AND REGULATIONS.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

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

OMB No. 1545-1709

● If you a	re 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	tension, d	complete only Part II (on page 2 of	this form).			
Do not col	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868		
Electronic	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for	a corporation	
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	868 to reque	st an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Transfers /	Associated V	Vith Certain	
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing	of this form,	
visıt www.	irs.gov/efile and click on e-file for Chanties & Nonprofits						
Part I	Automatic 3-Month Extension of Time	o. Only s	submit original (no copies ne	eded).		····	
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I only	·					. ▶ □	
All other c	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
to file inco	me tax returns.			Enter file	er's identify	ng number	
Type or	or Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or			
print							
	GRANTMAKERS OF OREGON AND SW_WASHINGTON			91-1798108			
File by the due date for	Number street and room arounts no If a D.O. how and instructions			Social security number (SSN)			
filing your return See	425 N.W. TENTH AVENUE, NO.	305					
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			-	
	PORTLAND, OR 97209						
Enter the l	Return code for the return that this application is for (file	a separa	te application for each return)			. 01	
Application	lication Return Application				Return		
ls For	•••	Code	Is For	Code			
	or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990-		02					
	O (individual)	03	Form 4720 (other than individual)	08			
Form 990-		04	Form 5227	10			
	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
	T (trust other than above)	06	Form 8870	12			
01111 330	JOYCE WHITE		1 01111 0070				
• The ho	oks are in the care of 425 N.W. TENTH	ΔΥΕΝΙ	TR SITTER 305 - PO	א א. זיים	ם ת	97209	
	one No. > 503-226-6340	TA TITL	Fax No. ►	IV I TIMIN	D, OR	31203	
-	rganization does not have an office or place of business	in the Un				ightharpoonup	
	s for a Group Return, enter the organization's four digit (f thie ie fo	 r the whole e	roup check this	
box ▶ [. If it is for part of the group, check this box		ch a list with the names and EINs of				
	quest an automatic 3-month (6 months for a corporation				als the axte	IISIOH IS IOI.	
			tion return for the organization name		The extension	- m	
	r the organization's return for:	l Organiza	non return for the organization name	eu above.	rne extensi	חכ	
	X calendar year 2014 or						
	tax year beginning		d andin-				
	tax year beginning	, an	d ending		<u> </u>		
o 16.4h	a tay year antored in line 1 is far loop than 10 months of	haale raaa	In-taint				
2 If the	e tax year entered in line 1 is for less than 12 months, cl	neck reas	on: Initial return	Final retur	n		
	Change in accounting period						
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any	-		•	
	refundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					-	
	mated tax payments made. Include any prior year overp			3b_	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	-					
	sing EFTPS (Electronic Federal Tax Payment System).			3c_	\$	0.	
Caution, I	f you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	453-EO at	nd Form 887	Q.EO for noumant	