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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
United Way of the Columbia-Willamette

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
619 SW 11th Avenue No 300

City or town, state or province, country, and ZIP or foreign postal code
Portland, OR 972052646

D Employer identification number
93-0582124

E Telephone number
(503) 226-9321

G Gross receipts $ 24,408,359

F Name and address of principal officer
Keith Thomajan
619 SW 11th Avenue No 300
Portland, OR 972052646

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.unitedway-pdx.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1952

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Helping people, changing lives, making every contribution count

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	84
6	Total number of volunteers (estimate if necessary)	**6**	25,157
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,109,329	19,319,640
9	Program service revenue (Part VIII, line 2g)	134,185	202,165
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145,070	3,845,214
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	278,851	166,196
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,667,435	23,533,215
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,061,395	14,909,848
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,927,705	4,979,470
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,257,934		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,153,223	2,249,011
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,142,323	22,138,329
19	Revenue less expenses Subtract line 18 from line 12	-474,888	1,394,886

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,305,865	18,496,676
21	Total liabilities (Part X, line 26)	8,038,350	6,837,568
22	Net assets or fund balances Subtract line 21 from line 20	10,267,515	11,659,108

Part II Signature Block

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

Sign Here

******
Signature of officer

2017-03-20
Date

Kon Gregg President/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Robert M Prill	Robert M Prill			P00236613

Firm's name ▶ Hoffman Stewart & Schmidt PC — Firm's EIN ▶ 93-0743240

Firm's address ▶ 4900 Meadows Road Ste 200, Lake Oswego, OR 970353295 — Phone no (503) 220-5900

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

Improve lives, strengthen communities and advance equity by mobilizing the caring power of people across our metro area See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 7,146,414 including grants of $ 4,875,911) (Revenue $)

Transformation Grants - The Community Transformation Strategy is envisioned as a collective impact model with a long-term focus on transforming communities United Way will focus on breaking the cycle of childhood poverty by investing in the highest need communities across our region to improve educational outcomes for young people, stabilize the families in which they live, and build strong and connected communities around them (See Schedule O for more information) Transformation Grants Cont'd United Way has selected one collaborative to invest in through the Community Transformation strategy The community collaborative consists of a number of organizations and/or groups from different sectors that are working together in alignment with UWCW's new strategic goals of successful kids, stable families and connected communities UWCW is engaging with the collaborative as a partner in a planning process to co-create a business and work plan that achieves the results outlined by the collaborative to create impact in their community Strengthening Grants - The goal of Community Strengthening grants is ultimately to support the establishment of a stronger network of nonprofits in the four-county area Specifically, UWCW is supporting the work of nonprofits who are leading the way in reducing poverty for children and families By investing in and connecting these organizations together, we hope to help align services and networks to achieve greater impact in breaking the cycle of childhood poverty UWCW has selected 30 organizations that are acting as a cohort and who are primarily focusing on strengthening their organizational capacity to improve outcomes for low-income families and their children For this strategy, UWCW aspires to have a balance of emerging and established organizations, geographic distribution and organizations serving culturally specific communities Grantees are required to provide specific information about each of these different factors Additionally, UWCW recognizes that poverty in many communities is a generational issue and is looking for strategies that both impact immediate poverty issues and address the longer-term issues that keep families in poverty Grantees are required and expected to participate in a planning process where grantees are organized into learning communities based on common issue areas and organizational interests Throughout the funding period, these learning communities will meet to share experiences, exchange data and information and build collective knowledge around new and promising practices Learning communities will be self-organized, meaning that organizations within a learning community will determine learning objectives, frequency and duration of meetings, etc United Way staff will provide convening, facilitation and administrative support to develop and nurture the success of these learning communities and other supports as available and requested Additionally, during the planning process the cohort will identify shared outcomes that will be evaluated throughout the grant cycle Each learning community, in partnership with United Way staff, will be responsible for documenting what is learned through this process so that we can share this more broadly across the community Safety Net Grants - The Safety Net funding strategy is designed to provide critical aid for our most vulnerable families through short-term, non-competitive investments in supportive programs that provide housing, food, heat, utilities and other essential needs for individuals that, due to an unforeseen personal crisis, disaster or emergency in their lives, would benefit from additional assistance Safety Net partnerships are one-year in length and the grant amount varies by organization

4b (Code) (Expenses $ 7,924,539 including grants of $ 7,924,539) (Revenue $ 122,018)

Donor Choice United Way offers donor the opportunity to designate their gift directly to 501 (3) organizations of their choice Donations given through United Way provide support to a wide variety of nonprofits and help keep fundraising cost low for these organizations as well as increasing philanthropy within the community

4c (Code) (Expenses $ 2,680,154 including grants of $ 2,109,398) (Revenue $)

Early Learning Hubs - Early Learning Multnomah (ELM) and Early Learning Washington County are two of sixteen state-designated early learning hubs throughout Oregon Oregon's early learning hubs are designed to create an aligned and coordinated early childhood system of services and supports for families to ensure that children have what they need to thrive in school and life (See Schedule O for more information) Early Learning Hubs Contd Each hub is working locally to make early learning resources and supports more available, more accessible, and more effective for children and families that have historically been underrepresented in services Operating since May 2014, ELM is jointly managed by the United Way of the Columbia-Willamette and Multnomah County United Way of the Columbia-Willamette serves as the lead agency and overall project manager with fiscal and program accountability to the State of Oregon's Early Learning Division and the Early Learning Council Multnomah County provides program development, procurement, contract management and monitoring functions on behalf of services funded through Early Learning Multnomah ELM staff are housed in both agencies Early Learning Washington County - co-convened by United Way of the Columbia-Willamette and Washington County, focuses on improving educational outcomes for children in Washington County

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 552,073 including grants of $) (Revenue $ 86,244)

4e **Total program service expenses ▶** 18,303,180

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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		No
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* (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	18		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	84		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
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 Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WA , OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Kori Gregg 619 SW 11TH Avenue Portland, OR 972052646 (503) 228-9131

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								499,763	0	113,971

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,119,074				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 4,750,882				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,449,684				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	19,319,640			
Program Service Revenue			Business Code				
	2a	Service fees	900099	202,165	202,165		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	202,165			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	136,332			136,332
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	160,099				
	b	Less rental expenses	0				
	c	Rental income or (loss)	160,099				
	d	Net rental income or (loss)	▶	160,099			160,099
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	628,526 / 3,955,500				
	b	Less cost or other basis and sales expenses	579,811 / 295,333				
	c	Gain or (loss)	48,715 / 3,660,167				
	d	Net gain or (loss)	▶	3,708,882			3,708,882
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	Other	900099	6,097	6,097		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	6,097			
	12	**Total revenue.** See Instructions	▶	23,533,215	208,262	0	4,005,313

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	14,909,848	14,909,848		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	415,682	144,756	198,548	72,378
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,497,579	1,560,501	691,193	1,245,885
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	262,465	122,527	64,984	74,954
9 Other employee benefits	529,006	238,041	111,645	179,320
10 Payroll taxes	274,738	118,202	61,569	94,967
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	476,256	281,157	76,327	118,772
12 Advertising and promotion	102,107	26,359		75,748
13 Office expenses	212,443	55,154	37,031	120,258
14 Information technology				
15 Royalties				
16 Occupancy	346,129	204,629	100,213	41,287
17 Travel	119,872	46,357	27,972	45,543
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	183,347	84,635	18,508	80,204
20 Interest				
21 Payments to affiliates	233,699	197,384	15,051	21,264
22 Depreciation, depletion, and amortization	320,180	225,362	42,462	52,356
23 Insurance	36,259	16,816	8,487	10,956
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Miscellaneous	218,719	71,452	123,225	24,042
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	22,138,329	18,303,180	1,577,215	2,257,934
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		800	1	800
	2	Savings and temporary cash investments		3,086,624	2	1,935,352
	3	Pledges and grants receivable, net		6,766,408	3	5,151,419
	4	Accounts receivable, net		198,491	4	75,267
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		223,096	9	204,672
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,332,754			
	b	Less accumulated depreciation	10b 3,070,386	2,487,623	10c	2,262,368
	11	Investments—publicly traded securities		4,047,360	11	7,411,299
	12	Investments—other securities See Part IV, line 11		564,621	12	590,385
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		930,842	15	865,114
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,305,865	16	18,496,676
Liabilities	17	Accounts payable and accrued expenses		1,473,344	17	1,737,013
	18	Grants payable		6,565,006	18	4,756,056
	19	Deferred revenue			19	344,499
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		8,038,350	26	6,837,568
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,665,694	27	7,151,960
	28	Temporarily restricted net assets		1,463,111	28	1,434,166
	29	Permanently restricted net assets		3,138,710	29	3,072,982
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,267,515	33	11,659,108
	34	Total liabilities and net assets/fund balances		18,305,865	34	18,496,676

Part XI Reconcilliation 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	23,533,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,138,329
3	Revenue less expenses Subtract line 2 from line 1	3	1,394,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,267,515
5	Net unrealized gains (losses) on investments	5	62,435
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	-65,728
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,659,108

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 93-0582124
Name: United Way of the Columbia-Willamette

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 552,073 including grants of $) (Revenue $ 86,244)

Hands On Greater Portland provides a link for individuals, families, corporate and community groups to join together and engage in meaningful volunteer opportunities across the Greater Portland region Hands On Greater Portland offers unique, fun, and flexible ways to get connected and involved, and provides volunteer management resources to the nonprofit sector Hands On Greater Portland is a program of United Way of the Columbia-Willamette and an affiliate of the HandsOn Network, an association of 250 volunteer service organizations across 16 countries 25,157 volunteer connections were made serving over 72,768 hours, that's an estimated value add of $1,600,168 generated through volunteerism

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bob Tackett Director	0 50	X						0	0	0
Brett Baker Director/Chair	3 00	X		X				0	0	0
David Willmott Director	0 50	X						0	0	0
Jon Huddleston Director	0 50	X						0	0	0
Lesley Hallick Director	0 50	X						0	0	0
Lilisa Hall Director/Secretary	3 00	X		X				0	0	0
Tony Trunzo Director	0 50	X						0	0	0
Kevin Rask Director	0 50	X						0	0	0
Janet O'Hollaren Director	0 50	X						0	0	0
James Harker Director	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Heather Guthrie Director	0 50	X						0	0	0
Sean Edwards Director/Treasurer	3 00	X		X				0	0	0
Chris Delaney Director	0 50	X						0	0	0
Bill Agnew Director	0 50	X						0	0	0
Augie Gallego Director	0 50	X						0	0	0
Anthony Jones-DeBerry Director	0 50	X						0	0	0
Rodrigo Lopez Director	0 50	X						0	0	0
Alan Yordy Director/Chair-elect	3 00	X		X				0	0	0
Jilma Meneses Director	0 50	X						0	0	0
Tricia Tillman Director/Exec Memeber	0 50	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jason Green Director	0 50	X						0	0	0
Laura Burney-Nissen Director	0 50	X						0	0	0
Gary Haines Director	0 50	X						0	0	0
Bob Harding Director	0 50	X						0	0	0
Janet LaBar Director	0 50	X						0	0	0
Cobi Lewis Director	0 50	X						0	0	0
Karen Kervin Director	0 50	X						0	0	0
Courtney Martin Director	0 50	X						0	0	0
Cindy Kirk Director	0 50	X						0	0	0
Mark Poling Director	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Todd Spear Director	0 50	X						0	0	0
Carol Frye Former COO	50 00			X				121,371	0	24,417
Keith Thomajan President/CEO	50 00			X				192,900	0	48,242
Kon Dye-Gregg VP-Finance	50 00			X				81,016	0	19,011
Rekah Strong CO&EO	50 00					X		104,476	0	22,301

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
United Way of the Columbia-Willamette

Employer identification number
93-0582124

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	23,178,530	23,397,299	21,486,757	24,109,329	19,319,640	111,491,555
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	23,178,530	23,397,299	21,486,757	24,109,329	19,319,640	111,491,555
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,721,681
6 **Public support.** Subtract line 5 from line 4						102,769,874

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	23,178,530	23,397,299	21,486,757	24,109,329	19,319,640	111,491,555
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	242,788	165,563	247,612	352,095	296,431	1,304,489
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)	41,535	23,829	6,584	9,098	6,097	87,143
11 **Total support.** Add lines 7 through 10						112,883,187

12	Gross receipts from related activities, etc (see instructions)	12	725,399

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91 040 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	89 890 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV 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 Organizations

			Yes	No
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*	1		
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)*	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*	3a		
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*	3b		
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*	3c		
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*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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)*	7		
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 II of Schedule L (Form 990)*	8		
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.***	9a		
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.***	9b		
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 VI.***	9c		
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*	10a		
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)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	A family member of a person described in (a) above?	11b		
c	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*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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		

Section 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		

Section D. All 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 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		

Section 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)**

- **a** ☐ 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.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	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.**			
a	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 Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section 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		
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		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section 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)	1		
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		
e	**Discount** claimed for blockage or other 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		

Section 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		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 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	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493096010307

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
United Way of the Columbia-Willamette

Employer identification number
93-0582124

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	3,432,353	3,424,797	3,166,308	1,160,718	1,204,431
b	Contributions				2,000,000	
c	Net investment earnings, gains, and losses	-32,103	60,040	271,764	15,086	-34,943
d	Grants or scholarships	82,217	52,484	4,926	5,361	5,406
e	Other expenditures for facilities and programs					
f	Administrative expenses			8,349	4,135	3,364
g	End of year balance	3,318,033	3,432,353	3,424,797	3,166,308	1,160,718

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 93 000 %
- c Temporarily restricted endowment ▶ 7 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	295,333	295,333		590,666
b Buildings	877,971	2,059,524	1,817,964	1,119,531
c Leasehold improvements				
d Equipment		1,804,593	1,252,422	552,171
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,262,368

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	16,091,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	62,435		
b	Donated services and use of facilities	2b	486,513		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-65,728		
e	Add lines **2a** through **2d**			2e	483,220
3	Subtract line **2e** from line **1**			3	15,608,675
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	7,924,540		
c	Add lines **4a** and **4b**			4c	7,924,540
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	23,533,215

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,700,302
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	486,513		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	486,513
3	Subtract line **2e** from line **1**			3	14,213,789
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	7,924,540		
c	Add lines **4a** and **4b**			4c	7,924,540
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	22,138,329

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	To provide a predictable stream of income for program operations

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Change in value perpetual trust -65,728
Part XI, Line 4b - Other Adjustments	Pledges designated by donors 7,924,540
Part XII, Line 4b - Other Adjustments	Pledges designated by donors 7,924,540

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
United Way of the Columbia-Willamette

Employer identification number
93-0582124

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 164

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 3

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

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

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

Return Reference	Explanation
Part I, Line 2	Program Grants As a condition for receiving grant funds, grantees are required to submit 1) a funding agreement signed by the organization's board president and the chief executive officer, 2) organization's anti-discrimination policy, 3) certification stating that United Way funds will be used in compliance with all applicable anti-terrorism financing and asset control laws, statutes and executive orders, and 4) organizations with annual budgets over $500,000, an annual audit, and organizations with budgets under $500,000, an annual financial review In addition grantees submit an annual work plan that reflects 1) goals and objectives of the funded project with specific deliverables and milestones, 2) an evaluation plan to measure accomplishment of the goals and objectives, and 3) budget of expenses for staffing, equipment, training and other program needs related to project goals and objectives Progress reports are required every 6 months to determine that grantees are implementing the program according to this work plan, achieving the goals of the program and spending United Way funds according to the project budget Monitoring includes semi-annual progress report reviews, annual site visits, and formal program review Technical assistance is provided to bring programs into compliance regarding the terms of the funding agreement, the program budget, management, implementation and/or achievement of project goals United Way reserves the right to conduct additional reviews of a funded project at any time during the funding year Organizations are required to return to United Way any funds paid to the organization which may no longer be used for their intended purposes as outlined in the work plan United Way may authorize deferment of payment whenever required reports are not submitted, requested additional information is not submitted and/or for repeated non-compliance with terms of the funding agreement Upon presentation of information regarding alleged fiscal mismanagement, serious financial concerns that impact the project's performance, significant deficiencies in service delivery, and/or non-compliance with the terms of the funding agreement, the Community Impact Cabinet may recommend cancellation of the funding agreement Cancellation of the funding agreement is the responsibility of the United Way Board of Directors Amounts Designated by Donors United Way of the Columbia-Willamette honors donor intent, including requests to fund specific nonprofit organizations that meet the IRS qualification of a tax exempt charitable organization

Additional Data

Software ID:
Software Version:
EIN: 93-0582124
Name: United Way of the Columbia-Willamette

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
211 Info PO Box 11830 Portland,OR 97211	93-0784586	501(c)3	225,000				Safety Net Grants
37104 American Red Cross - Oregon Trail Chapter Federated Payment Processing PO Box 73857 Chicago,IL 606737857	53-0196605	501(c)3	10,044				Donor Designations
A Jesus Church Family Inc 10500 SW Nimbus Ave Building T Portland,OR 97223	20-0368851	501(c)3	44,388				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Adelante Mujeres 2036 Main Street Suite A Forest Grove, OR 97116	03-0473181	501(c)3	45,000				Community Strengthening Grants
Alano Club of Portland Oregon 909 NW 24th Ave Portland, OR 97210	93-0370227	501(c)3	6,250				Donor Designations
Albertina Kerr Centers 424 NE 22nd Avenue Portland, OR 97232	93-0386780	501(c)3	5,915				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society- Atlanta GA Headquarters c/o American Cancer Society HQ PO Box 22718 Oklahoma City, OK 73123	13-1788491	501(c)3	10,124				Donor Designations
APANO 2788 SE 82nd Ave Suite 203 Portland, OR 97266	80-0252850	501(c)3	45,000				Community Strengthening Grants
Archbishop's Catholic Appeal PO Box 15149 Portland, OR 97293	93-0114100	501(c)3	8,051				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Beaverton Foursquare Church 13565 SW Walker Rd Beaverton,OR 97005	93-0655509	501(c)3	17,779				Donor Designations
Beaverton Seventh-Day Adventist Church 14645 SW Davis Rd Beaverton,OR 97007	93-0441769	501(c)3	9,990				Donor Designations
Bethany Baptist church 4545 NW Kaiser Rd Portland,OR 972292212	93-0511260	501(c)3	6,220				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bethlehem Lutheran Church 18865 SW Johnson St Aloha,OR 970063164	93-0507554	501(c)3	5,495				Donor Designations
Bienestar 220 SE 12th Ave Suite A-100 Hillsboro,OR 97123	93-0860753	501(c)3	45,000				Community Strengthening Grants
Big Brothers Big Sisters of Columbia Northwest 1827 NE 44th Ave 100 Portland,OR 97213	93-1303640	501(c)3	5,000				Catalyst Fund

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Black United Fund of Oregon 2828 NE Alberta St Portland, OR 97211	93-0843267	501(c)3	8,317				Donor Designations
Boy Scouts of America Cascade Pacific Council 2145 SW Naito Pkwy Portland, OR 972015103	93-0386792	501(c)3	16,478				Donor Designations
Bridge Meadows 8502 N Wayland Ave Portland, OR 97203	20-2028975	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Camp Fire Columbia 1411 SW Morrison St 300 Portland, OR 97205	93-0386901	501(c)3	5,000				Catalyst Fund
Cascade Aids Project 208 SW Fifth Ave Suite 800 Portland, OR 97204	93-0903383	501(c)3	5,503				Donor Designations
CASH Oregon (Creating Assets Savings & Hope) 2027 Lloyd Center Mall Portland, OR 97232	20-5682797	501(c)3	75,000				Safety Net Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities of Oregon 2740 SE Powell Blvd Portland, OR 97202	93-0386801	501(c)3	12,063				Donor Designations
Cedar Mill Bible Church 14273 NW Science Park Dr Portland, OR 972295416	93-6014152	501(c)3	8,812				Donor Designations
Centro Cultural de Washington County PO Box 708 Cornelius, OR 97113	93-0606729	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Chaplain Services PO Box 397 Sandy,OR 97055	93-1242942	501(c)3	5,458				Donor Designations
Children First for Oregon PO Box 14914 Portland,OR 97293	94-3168157	501(c)3	45,000				Community Strengthening Grants
Children's Cancer Association 1200 NW Naito Pkwy Suite 140 Portland,OR 97209	93-1181662	501(c)3	7,349				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Trust Fund of Oregon Foundation 1785 NE Sandy Blvd Suite 270 Portland, OR 97232	93-1310666	501(c)3	7,124				Donor Designations
Chinmaya Mission Portland 3551 NW John Olsen Pl Hillsboro, OR 97124	51-0175323	501(c)3	6,863				Donor Designations
Church of Jesus Christ of Latter Day Saints Corporation of the President 50 E North Temple Room 1521 Salt Lake City, UT 84150	87-0234341	501(c)3	478,988				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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City Bible Church 9200 NE Fremont Portland, OR 97220	93-6034705	501(c)3	9,012				Donor Designations
Clackamas Women's Services 256 Warner Milne Rd Oregon City, OR 97045	93-0900119	501(c)3	45,000				Community Strengthening Grants
Coalition of Communities of Color 5135 NE Columbia Blvd Portland, OR 97218	93-1141536	501(c)3	50,000				Safety Net Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Action Washington County 5050 SW Griffith Dr Suite 101 Beaverton, OR 97005	93-0554941	501(c)3	45,000				Community Strengthening Grants
Community Action Washington County 5050 SW Griffith Dr Suite 101 Beaverton, OR 97005	93-0554941	501(c)3	50,682				Safety Net Grants
Community Baptist Church 612 N 1st Ave Hillsboro, OR 97124	04-3760247	501(c)3	20,667				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Housing Resource Center 103 E 29th St Vancouver, WA 98663	91-1641351	501(c)3	20,000				Safety Net Grants
Council for the Homeless 2500 Main St Vancouver, WA 98660	91-2001828	501(c)3	45,000				Community Strengthening Grants
Council for the Homeless 2500 Main St Vancouver, WA 98660	91-2001828	501(c)3	41,282				Safety Net Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
David Douglas Educational Foundation 11300 NE Halsey St Portland,OR 97220	93-1067591	501(c)3	31,347				Donor Designations
Doctors Without Borders USA PO Box 5030 Hagerstown,MD 217415030	13-3433452	501(c)3	6,142				Donor Designations
Doernbecher Children's Hospital Foundation 1121 SW Salmon St Ste 201 Portland,OR 972052021	93-0579589	501(c)3	27,138				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Domestic Violence Safe Dialogue PO BOX 13441 Portland,OR 97213	46-4014410	501(c)3	5,000				Catalyst Fund
Dove Lewis Emergency Animal Hospital 1945 NW Pettygrove St Portland,OR 972091688	93-0621534	501(c)3	5,399				Donor Designations
EarthShare Oregon PO Box 40333 Portland,OR 972400333	93-1001285	501(c)3	18,528				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Equity Foundation co Pride Foundation 2014 E Madison St 300 Seattle, WA 98122	93-1012688	501(c)3	11,182				Donor Designations
Evergreen Christian Center 4400 NW Glencoe Rd Hillsboro, OR 97124	93-0625630	501(c)3	20,864				Donor Designations
First Church of God 2802 Altamont Dr Klamath Falls, OR 97603	93-6023732	501(c)3	5,400				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friendly House Inc 2617 NW Savier St Portland,OR 972102413	93-0524232	501(c)3	12,859				Donor Designations
Friends of Creston Children's Dental Clinic 10505 SE 17th Ave Portland,OR 972227475	32-0300896	501(c)3	5,215				Donor Designations
Friends of the Children - Portland 44 NE Morris Portland,OR 97212	93-1098105	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of the Children - Portland 44 NE Morris Portland,OR 97212	93-1098105	501(c)3	5,439				Donor Designations
Friends of the Columbia Gorge 522 SW 5th Ave Suite 720 Portland,OR 97204	93-0782467	501(c)3	5,119				Donor Designations
Habitat for Humanity of Oregon PO Box 11452 Portland,OR 97211	93-1180321	501(c)3	13,443				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hacienda Community Development Corporation 6700 NE Killingsworth St Portland,OR 97218	93-0979064	501(c)3	45,000				Community Strengthening Grants
Hacienda Community Development Corporation 6700 NE Killingsworth St Portland,OR 97218	93-0979064	501(c)3	45,000				Multnomah County Grants
HECSA Portland Balaji Temple 2092 NW Aloclek Dr Site 522 Hillsboro,OR 971248062	27-1098567	501(c)3	10,796				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hillsboro Nazarene Church 1390 NE 21st Ave Hillsboro, OR 97124	93-0478361	501(c)3	5,096				Donor Designations
Hillsboro United Methodist Church 168 NE 8th Hillsboro, OR 97123	31-1813333	501(c)3	22,268				Donor Designations
Home Forward 1055 9th Ave B Longview, WA 98632	93-6001547	501(c)3	84,446				Safety Net Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Human Solutions Inc 12350 SE Powell Blvd Portland, OR 97236	93-0977166	501(c)3	45,000				Community Strengthening Grants
I Have A Dream Foundation - Oregon 2916 NE Alberta St Suite D Portland, OR 97209	93-1037323	501(c)3	45,000				Community Strengthening Grants
Imago Dei Community Church PO Box 14429 Portland, OR 972930429	93-1277176	501(c)3	12,577				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Immigrant & Refugee Community Organization 10301 NE Glisan St Portland, OR 97220	93-0806295	501(c)3	45,000				Community Strengthening Grants
Immigrant & Refugee Community Organization 10301 NE Glisan St Portland, OR 97220	93-0806295	501(c)3	138,000				Community Transformation Grants
Immigrant & Refugee Community Organization 10301 NE Glisan St Portland, OR 97220	93-0806295	501(c)3	400,003				Multnomah County Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Impact NW PO Box 33530 Portland, OR 972923530	93-0557964	501(c)3	6,058				Donor Designations
Innovative Changes 2027 Lloyd Center Portland, OR 97232	80-0516996	501(c)3	45,000				Community Strengthening Grants
Janus Youth Programs Inc 707 NE Couch St Portland, OR 97232	23-7345990	501(c)3	7,574				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Federation of Greater Portland 6680 SW Capitol Hwy Portland,OR 972191958	93-0386825	501(c)3	6,488				Donor Designations
Jubitz Family Foundation 221 NW 2nd Ave Suite 210 Portland,OR 97209	93-1324016	501(c)3	200,000				Donor Designations
Junior Achievement-Columbia Empire 7830 SE Foster Rd Portland,OR 97206	93-0384007	501(c)3	9,855				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KairosPDX PO Box 12190 Portland,OR 97212	46-0987167	501(c)3	25,000				Multnomah County Grants
Labor's Community Service Agency Inc 9955 SE Washington St Ste 211 Portland,OR 97216	23-7393223	501(c)3	120,000				Safety Net Grants
Labor's Community Service Agency Inc 9955 SE Washington St Ste 211 Portland,OR 97216	23-7393223	501(c)3	28,257				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Latino Network 240 N Broadway Suite 214 Portland, OR 97227	73-1675402	501(c)3	45,000				Community Strengthening Grants
Latino Network 240 N Broadway Suite 214 Portland, OR 97227	73-1675402	501(c)3	138,000				Community Transformation Grants
Latino Network 240 N Broadway Suite 214 Portland, OR 97227	73-1675402	501(c)3	400,003				Multnomah County Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lawyers' Campaign for Equal Justice 620 SW 5th Ave Suite 1225 Portland, OR 97204	93-1193792	501(c)3	26,558				Donor Designations
LifeWorks NW 14600 NW Cornell Rd Portland, OR 97229	93-0502822	501(c)3	45,000				Community Strengthening Grants
LifeWorks NW 14600 NW Cornell Rd Portland, OR 97229	93-0502822	501(c)3	11,287				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Loaves & Fishes Centers Inc PO Box 19477 Portland, OR 972800477	93-0584318	501(c)3	11,883				Donor Designations
Luis Palau Association PO Box 50 Portland, OR 97207	93-0713827	501(c)3	15,395				Donor Designations
Meadow Springs Community Church 12647 SW 62nd Ave Portland, OR 97219	93-1151392	501(c)3	10,225				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Medical Teams International PO Box 10 Portland,OR 972070010	93-0878944	501(c)3	10,535				Donor Designations
Mercy Corps PO Box 2669 Portland,OR 972082669	91-1148123	501(c)3	31,542				Donor Designations
Metropolitan Family Service 1808 SE Belmont St Portland,OR 97214	93-0397825	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	68,000				Community Transformation Grants
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	8,917				Donor Designations
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	175,000				Multnomah County Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Miracle Theater Group 425 SE 6TH AVE Portland, OR 97214	93-0907543	501(c)3	55,000				Multnomah County Grants
Momentum Alliance 1631 NE BROADWAY STREET 453 Portland, OR 97232	45-4176224	501(c)3	5,000				Catalyst Fund
Mountain Home United Methodist Church PO Box 1497 Sherwood, OR 97140	93-0832992	501(c)3	6,908				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mt Hood Community College 26000 SE Stark Street Gresham,OR 97030	93-0546890	115(1)	107,253				Early Learning Exp
Mt Olivet Baptist Church 8725 N Chautauqua Blvd Portland,OR 972177326	98-6022041	501(c)3	15,583				Donor Designations
Multnomah County (DCHS) SUN Service System 421 SW Oak St Ste 240 Portland,OR 97204	93-6002309	115(1)	953,683				Early Learning Exp

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Muslim Educational Trust Inc PO Box 283 Portland, OR 97207	93-1151949	501(c)3	100,325				Donor Designations
National Multiple Sclerosis Society Oregon Chapter 5331 SW Macadam Ave Ste 290 Portland, OR 972393847	93-0551147	501(c)3	5,101				Donor Designations
Native American Youth & Family Center 5135 NE Columbia Blvd Portland, OR 97218	93-1141536	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native American Youth & Family Center 5135 NE Columbia Blvd Portland, OR 97218	93-1141536	501(c)3	138,000				Community Transformation Grants
Native American Youth & Family Center 5135 NE Columbia Blvd Portland, OR 97218	93-1141536	501(c)3	374,997				Multnomah County Grants
Northwest Housing Alternatives Inc 2316 SE Willard St Milwaukie, OR 97222	93-0814473	501(c)3	23,590				Safety Net Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Open Meadow Alternative Schools 7633 N Wabash Ave Portland,OR 97217	93-0757378	501(c)3	45,000				Community Strengthening Grants
Open Meadow Alternative Schools 7633 N Wabash Ave Portland,OR 97217	93-0757378	501(c)3	36,117				Donor Designations
Oregon Food Bank PO Box 55370 Portland,OR 972385370	93-0785786	501(c)3	60,041				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Health & Science University Foundation 1121 SW Salmon St Suite 200 Portland, OR 972052021	23-7083114	501(c)3	81,669				Donor Designations
Oregon Humane Society 1067 NE Columbia Blvd Portland, OR 97211	93-0386880	501(c)3	35,348				Donor Designations
Oregon Humanities 921 SW Washington St Suite 150 Portland, OR 97205	93-0716419	501(c)3	10,000				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Public Broadcasting 7140 SW Macadam Ave Portland, OR 972193013	93-0814638	501(c)3	21,193				Donor Designations
Orenco Presbyterian Church 6420 NE Oelrich Rd Hillsboro, OR 97124	23-6393377	501(c)3	5,745				Donor Designations
Outside In 1132 SW 13th Ave Portland, OR 97205	93-0567549	501(c)3	11,471				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Planned Parenthood of the Columbia Willamette 3727 NE Martin Luther King Jr Blvd Portland, OR 97212	93-6031270	501(c)3	23,420				Donor Designations
Portland Art Museum 1219 SW Park Ave Portland, OR 972052430	93-0391604	501(c)3	10,560				Donor Designations
Portland Church of Christ 4804 NW Bethany Blvd Suite I-2 329 Portland, OR 97229	93-1067695	501(c)3	9,100				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Portland Community Reinvestment Initiatives Inc 6329 NE Mlk Jr Blvd Portland,OR 97211	93-1059146	501(c)3	45,000				Community Strengthening Grants
Portland Habitat for Humanity PO Box 11527 Portland,OR 97211	93-0801200	501(c)3	6,028				Donor Designations
Portland Rescue Mission PO Box 3713 Portland,OR 972083713	93-0429004	501(c)3	23,105				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Portland Rotary Charitable Trust 1220 SW Morrison St Suite 425 Portland, OR 97205	93-6031284	501(c)3	26,167				Donor Designations
Project Access Now PO Box 10953 Portland, OR 97296	20-8928388	501(c)3	75,000				Safety Net Grants
Reading Results 3115 NE Sandy Blvd Suite 229 Portland, OR 97232	20-1760894	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Regional Arts & Culture Council 411 NW Park Ave Suite 101 Portland,OR 97209	93-1059037	501(c)3	7,452				Donor Designations
Resound Church PO Box 5752 Beaverton,OR 97006	27-1775660	501(c)3	5,850				Donor Designations
Rotary Foundation of Rotary International One Rotary Center 1560 Sherman Ave Evanston,IL 60201	36-3245072	501(c)3	70,000				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Salmon Creek Foursquare Church 1313 NE 134th St Ste 200 Vancouver, WA 98685	94-3187892	501(c)3	5,000				Donor Designations
Salvation Army Cascade Division 8495 SE Monterey Ave Box 9 Happy Valley, OR 97086	94-1156347	501(c)3	15,966				Donor Designations
Second Step Housing 2500 Main St Ste 120 Vancouver, WA 98660	91-1691325	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Self Enhancement Inc 3920 North Kerby Ave Portland, OR 97227	93-1086629	501(c)3	45,000				Community Strengthening Grants
Self Enhancement Inc 3920 North Kerby Ave Portland, OR 97227	93-1086629	501(c)3	123,000				Community Transformation Grants
Self Enhancement Inc 3920 North Kerby Ave Portland, OR 97227	93-1086629	501(c)3	450,000				Multnomah County Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Self Enhancement Inc 3920 N Kerby Ave Portland,OR 97227	93-1086629	501(c)3	22,787				Donor Designations
Sonrise Church 6701 NE Campus Way Hillsboro,OR 97124	93-0785442	501(c)3	24,967				Donor Designations
Southwest Bible Church 14605 SW Weir Rd Beaverton,OR 97007	93-0624137	501(c)3	6,500				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Southwest Church of Christ 9725 SW Durham Rd Tigard, OR 97224	93-6089529	501(c)3	5,549				Donor Designations
St Antonious Coptic Orthodox Church PO Box 91238 Portland, OR 97291	93-1227410	501(c)3	5,417				Donor Designations
St Juan Diego Parish 5995 NW 178th Ave Portland, OR 97229	32-0032429	501(c)3	9,181				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Jude Children's Research Hospital PO Box 3704 Memphis,TN 381739984	62-0646012	501(c)3	5,507				Donor Designations
Sunset Presbyterian Church 14986 NW Cornell Rd Portland,OR 972295460	93-6014978	501(c)3	24,847				Donor Designations
The Well Community Church 1734 NE 1st Ave Portland,OR 972123974	93-1294368	501(c)3	10,538				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Todos Juntos PO Box 645 Canby,OR 97013	93-1308023	501(c)3	45,000				Community Strengthening Grants
Transit Employee Support Team PO Box 13332 Portland,OR 97213	27-1215210	501(c)3	18,021				Donor Designations
Union Gospel Mission 3 NW Third Ave Portland,OR 972093906	93-0401258	501(c)3	7,736				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Grant County PO Box H Moses Lake, WA 988370023	91-0646357	501(c)3	9,860				Donor Designations
United Way of Greater Los Angeles 1150 S Olive St Suite T500 Los Angeles, CA 90015	95-2274801	501(c)3	7,402				Donor Designations
United Way of King County 720 2nd Ave Seattle, WA 981041702	91-0565555	501(c)3	14,312				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Natrona County Inc PO Box 2046 Casper, WY 826022046	83-0181315	501(c)3	6,930				Donor Designations
United Way of Salt Lake 257 East 200 South Suite 300 Salt Lake Cty, UT 841118099	87-0227091	501(c)3	47,546				Donor Designations
United Way of Snohomish County 3120 McDougall Ave Suite 200 Everett, WA 98201	91-0606507	501(c)3	23,957				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Southwest Wyoming 404 N St Suite 301 Rock Springs, WY 82901	83-0233314	501(c)3	55,624				Donor Designations
United Way of the Columbia-Willamette 619 SW 11th Ave Suite 300 Portland, OR 972052646	93-0582124	501(c)3	9,100				Donor Designations
United Way of the Mid-Willamette Valley 455 Bliler Ave NE Salem, OR 97301	93-0395586	501(c)3	7,398				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Treasure Valley PO Box 16330 Boise,ID 83715	82-0299013	501(c)3	8,425				Donor Designations
United Way of York County SC PO Box 925 Rock Hill,SC 29731	57-0360058	501(c)3	5,258				Donor Designations
Urban League of Portland 10 N Russell Portland,OR 97227	93-0395590	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Urban League of Portland 10 N Russell Portland,OR 97227	93-0395590	501(c)3	75,000				Multnomah County Grants
Valley of the Sun United Way 3200 E Camelback Rd Suite 375 Phoenix,AZ 850182328	86-0104419	501(c)3	5,200				Donor Designations
Verde 6899 NE Columbia Blvd Suite A Portland,OR 97218	20-3685723	501(c)3	45,000				Community Strengthening Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Village Baptist Church 330 SW Murray Blvd Beaverton,OR 97005	93-6035652	501(c)3	41,831				Donor Designations
Virginia Garcia Memorial Foundation PO Box 486 Cornelius,OR 971130486	91-2077840	501(c)3	45,000				Community Strengthening Grants
Virginia Garcia Memorial Health Center PO Box 568 Cornelius,OR 971130568	93-0717997	501(c)3	17,019				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Washington County HHS Suite 270 MS 25 155 N First Ave Hillsboro,OR 971243072	93-6002316	115(1)	1,050,823				Early Learning Exp
West Valley Community Church 21830 NW Cherry Ln Hillsboro,OR 97124	93-1089546	501(c)3	5,476				Donor Designations
Westport Church 20475 NW Amberwood Dr 120 Hillsboro,OR 97006	93-0466453	501(c)3	8,225				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Westside Church of Christ 5525 SW Menlo Drive Beaverton,OR 97005	93-0698686	501(c)3	10,686				Donor Designations
Wounded Warrior Project PO Box 758517 Topeka,KS 66675	20-2370934	501(c)3	14,262				Donor Designations
Yale University PO Box 2038 New Haven,CT 06521	06-6078326	501(c)3	20,000				Donor Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA Clark County PO Box 2206 Vancouver, WA 98668	91-0569882	501(c)3	45,000				Community Strengthening Grants
YWCA Clark County PO Box 2206 Vancouver, WA 98668	91-0569882	501(c)3	5,672				Donor Designations

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
United Way of the Columbia-Willamette

Employer identification number
93-0582124

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Keith Thomajan President/CEO	(i)	187,226	40	5,634	30,125	18,117	241,142	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
United Way of the Columbia-Willamette	93-0582124

Return Reference	Explanation
Form 990, Part III, Line 1	We bring our leadership, expertise and resources together throughout our region to change the education, health and economic outcomes for kids in low-income families We can break the cycles that trap children in poverty and move children and families toward better lives United Way of Columbia-Willamette has a simple, ambitious vision-to make our home a better place for everyone Our work is focused on creating a place where communities are connected, families are stable and kids are set up for success-regardless of their background or where they live We bring our leadership, expertise and resources together throughout our region to change the education, health and economic outcomes for kids in low-income families and communities of color We can break the cycles that trap children in poverty and move children and families toward better lives Together, we have the power to create lasting change and to bring big ideas and big ideals home

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The IRS Form 990 is electronically sent to all finance committee members and reviewed at the finance committee meeting Once reviewed by the finance committee, the 990 is electronically sent to all board members for review The 990 is then submitted to the IRS and posted to the UWCW website

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The United Way of the Columbia-Willamette's Code of Ethics certification and a Conflict of Interest disclosure are completed and signed annually by all Board members, committee members, and staff on an annual basis Tracking is in place to ensure compliance and these forms are reviewed by the HR Director A summary of conflicts of interest are provided to the President and Board Chair annually Board and Committee members do not participate in discussions or vote on matters where they have a conflict

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Human Resources Director at United Way of Columbia-Willamette conducts a salary survey every other year Salary data from United Way World Wide, direct contact with United Ways of similar size, 990 salary data, local non-profit surveys, and other job specific information from the Portland metro area are analyzed Staff salaries and salary survey data are reviewed by the Human Resources volunteer committee to insure that each position falls within the appropriate salary range The Board of Directors reviews the compensation of organization officers

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	United Way of Columbia-Willamettes governing documents, code of ethics, conflict of interest policy, and anti-discrimination policy are available upon request The audited financial statements, IRS Form 990, and the Annual Report are available on the w ebsite

Return Reference	Explanation
Form 990, Part XI, line 9	Change in perpetual trusts -65,728

Return Reference	Explanation
Form 990, Part XII, Line 2C	In March 2011, United Way of Columbia-Willamette issued a Request for Proposals from local audit firms The Finance Committee reviewed these proposals, interviewed finalists, and selected Hoffman, Stewart, Schmidt, P C as the auditor for the company The Board of Directors approved this recommendation and the hiring of the auditor The Finance Committee continues to provide oversight for the audit

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
United Way of the Columbia-Willamette

Employer identification number
93-0582124

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Hands on Greater Portland LLC 619 SW 11th Ave Ste 300 Portland, OR 97205 46-1086627	Coordination of Volunteer Activities	OR	254,557	41,896	United Way of the Columbia-Willamette

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation