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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493137056051

Open to Public

Inspection

Form 990
Department of the

Internal Revenue Service

A F	or the 2019 c	alendar year, or tax year beginning 07-01-2019 ,and ending 06-3	0-2020			
	ck if applicable:	C Name of organization United Way of the Columbia-Willamette		D Employer	identifi	ication number
	dress change me change			93-05821	24	
	tial return	Doing business as				
	al return/terminated			E Telephone r	umber	
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/su 619 SW 11th Avenue Ste 300	iite	(503) 226		
	, ,	City or town, state or province, country, and ZIP or foreign postal code		(303) 220	7021	
		Portland, OR 972052646		G Gross recei	pts \$ 28	3,824,603
		F Name and address of principal officer:	H(a) Is this	a group retur	n for	
		Cindy Adams 619 SW 11th Avenue Ste 300		inates?		□Yes ☑No
		Portland, OR 972052646	H(b) Are all include			☐ Yes ☐No
I Tax	k-exempt status:	✓ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □ 527		" attach a list	. (see	instructions)
J W	ebsite:► ww	w.unitedway-pdx.org	H(c) Group	exemption nu	ımber	>
K Forn	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	tion: 1952 M	State	of legal domicile: OR
Pa	art I Sum	mary				
		scribe the organization's mission or most significant activities:				
ce	Helping pe	eople, changing lives, making every contribution count.				
Governance						
Ven						
9		is box $ ightharpoons \Box$ if the organization discontinued its operations or disposed of not of voting members of the governing body (Part VI, line 1a)		of its net ass	ets. 3	15
		of independent voting members of the governing body (Part VI, line 1b)			4	15
Activities &		nber of individuals employed in calendar year 2019 (Part V, line 2a)		ı	5	74
<u> </u>	6 Total nun	nber of volunteers (estimate if necessary)			6	13,903
AC	7a Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 39			7b	0
			Prio	r Year		Current Year
Q.	8 Contribut	ions and grants (Part VIII, line 1h)		22,542,20	7	26,932,181
Ravenue	9 Program	service revenue (Part VIII, line 2g)		104,456	5	76,873
Ρÿν	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		687,522	2	508,901
_	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,42	1	4,675
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,361,60	5	27,522,630
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		12,390,97	3	16,501,428
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		(<u> </u>	(
&	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,162,10	5	4,221,638
Expenses		nal fundraising fees (Part IX, column (A), line 11e)	(기	(
S		raising expenses (Part IX, column (D), line 25) ▶1,760,812				
ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,699,088	-	6,479,355
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		23,252,17	-	27,202,421
. 40	19 Revenue	less expenses. Subtract line 18 from line 12		109,43	_	320,209
Net Assets or Fund Balances			Beginning o	of Current Yea	[End of Year
set	20 Total ass	ets (Part X, line 16)		21,229,31	5	22,306,039
¥ ¥		ilities (Part X, line 26)		4,972,54	7	5,866,082
ξĒ	22 Net asset	s or fund balances. Subtract line 21 from line 20		16,256,768	3	16,439,957
			·			
I I an all and	nenalties of n	ature Block			and to	the best of my
knowl		ature Block erjury, I declare that I have examined this return, including accompanying f, it is true, correct, and complete. Declaration of preparer (other than offic				vhich preparer has
knowl	edge and belie	erjury, I declare that I have examined this return, including accompanying	cer) is based on	all informati		vhich preparer has
knowl any k	edge and belie nowledge.	erjury, I declare that I have examined this return, including accompanying	cer) is based on			vhich preparer has
know	edge and belie nowledge.	erjury, I declare that I have examined this return, including accompanying f, it is true, correct, and complete. Declaration of preparer (other than office is true, correct, and complete.	cer) is based on 2021	all informati		vhich preparer has

Paid
Droparor
Preparer
Use Only

μ.	or print hams and allo				
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN P00236613
	Firm's name	nidt PC		Firm's EIN ► 9	3-0743240
	Firm's address ▶ 3 CenterPointe Drive Suit	te 300		Phone no. (503) 220-5900
		-0.00			

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

☑ Yes ☐ No

Form	990 (2019)					Page 2						
Pa	rt III Statement	of Program Servi	ce Accomplis	hments								
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹						
1	Briefly describe the o	organization's mission:		•								
Impr	ove lives, strengthen o	communities and advar	nce equity by mo	bilizing the caring pow	er of people across our metro area	. See Schedule O.						
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on							
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No						
	If "Yes," describe the	ese new services on Sc	hedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
	If "Yes," describe the	ese changes on Schedu	le O.									
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as meas of grants and allocations to others,							
	(Code:) (Expenses \$	18,855,150	including grants of \$	12,188,803) (Revenue \$)						
	See Additional Data											
4b	(Code:) (Expenses \$	4,715,965	including grants of \$	4,312,625) (Revenue \$	4,675)						
	See Additional Data											
4c	(Code:) (Expenses \$	439,752	including grants of \$	0) (Revenue \$	76,873)						
	See Additional Data											
4d	Other program servi	ces (Describe in Sched	ule O.)									
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)						
4e	Total program serv	vice expenses ▶	24,010,8	67								

17

18

19

Form	990 (2019)			Page 3							
Par	tIV 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										
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕏										
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										
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										
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? <i>If "Yes," complete Schedule D,</i> Part 2	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? <i>If "Yes," complete Schedule D,</i> 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, VIII, VIII, IX, or X as applicable.										
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	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							
	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 2	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							
е	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	Yes								
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		No							
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							
	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							
4-	Did the exercise term of Dart IV column (A) line 2 more than #E 000 of grants or other positions to or for any										

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 Nο 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Nο 16

Nο

Nο

Nο

Nο

- or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"
- 18 19
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a
- **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes
- 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Form **990** (2019)

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Par	Checklist of Required Schedules (continued)							
			Yes	No				
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	3 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							
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						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> 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):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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.	20	Yes					

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							
Dэ	Part V Statements Regarding Other TRS Filings and Tay Compliance									

Yes

Yes Form **990** (2019)

42

0

1c

1a 1b

No

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

(gambling) winnings to prize winners? .

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? 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).	4a		No
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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		onse to i	lines
Se	ction 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 15			
	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 15			
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:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	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		
<u>Se</u> 17	ction C. Disclosure 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-A 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

- 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.

organization, more than \$10,000 of reportable co See instructions for the order in which to list the			o yan	1.4at		anu di	11 y 11	ciaced organizations	••	
$oxedsymbol{\square}$ Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo botl	t che x, u n an or/tr	m ss de Highest compensated	er)	(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
(1) Chelsea Sokolow	50.00			x				167,882	0	9,028
Chief Development Officer				Ĺ				107,882	0	9,026
(2) Amanda Whalen Chief Impact Officer	50.00			×				138,643	0	4,902
(3) Kori Dye-Gregg VP-Finance	50.00			х				105,122	0	15,753
(4) Keith Thomajan Former President/CEO	50.00			x				74,203	0	11,366
(5) Allison Rollison Chief Development Officer	50.00			х				67,234	0	5,935
(6) Cindy Adams Chief Excutive Officer	50.00			х				28,565	0	123
(7) Sean Edwards Chair	0.50	Х		х				0	0	0
(8) John Ewert Chair Elect	0.50	х		х				0	0	0
(9) Greg Geshel Director	0.50	х						0	0	0
(10) Jason Green Secretary	0.50	Х		x				О	0	0
(11) Heather Guthrie Director	0.50	Х						О	0	0
(12) Mohan Nair Director	0.50	Х						О	0	0
(13) Mark Poling Director	0.50	Х						0	0	0
(14) Diane Rosenbaum Director	0.50	Х						0	0	0
(15) Kim Spaulding Director	0.50	х						0	0	0
(16) Todd Spear Director	0.50	Х						0	0	0
(17) Pradeep Tempalli Treasurer	0.50	Х		×				0	0	0

Form	990 (2019)												Page 8
Par	Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	st Compensated	Employees	(con	tinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related						son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F Estima amount of compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`Misc)	MISC)		relat organiz	
(18) S Directo	haron Thomson or	0.50	×						C)	0		0
Direct	ruce Whiting or harlene Zidell	0.50	×						C)	0		0
Direct		0.50	×						C)	0		0
Direct		0.50	×						C)	0		0
c T	ub-Total otal from continuation sheets to Part V otal (add lines 1b and 1c)	II, Section A))			581,649		0		47,107
2	Total number of individuals (including but of reportable compensation from the orga	not limited to t				/e) v	/ho re	ceive	ed more than \$100),000	•		
3	Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i>									mployee on	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations graindividual	sum of reporta	ble con	npens	atio	n an	d othe	er co	empensation from t	the	4		140
5	Did any person listed on line 1a receive o services rendered to the organization? If " $^{\prime\prime}$									dual for	5		No
	ction B. Independent Contractors												
1	Complete this table for your five highest of from the organization. Report compensations ${\bf r}$										mper	nsation	
		(A) usiness address							Descrip	(B) otion of services		(C Compen	
Suite 2	ngton County HHS 270 MS 25 155 N First Ave								Early Learning			1,	,248,757
Portlar	ro, OR 971243072 nd Public Schools-FaubionTubman								Early Learning	1			525,971
David	nd, OR 97208 Douglas School District #40								Early Learning	<u> </u>			418,594
Portlar	NE Halsey Street nd, OR 97220 nd Community College								Early Learning	l			403,733
Portlar	SE Stark St nd, OR 97030 Academy								Early Learning	l			229,337
Portlar	SE Stark St nd, OR 97233 otal number of independent contractors (ir	acluding but not	limita	1 +0 +1	hoco	lict	ad ab	- NC)	who received man	e than #100 0	00 of		
	otal number of independent contractors (if open pensation from the organization > 10	elaaling but not		יייייייייייייייייייייייייייייייייייייי	iuse	: IISC	eu aD(,ve)	willo received mor	e man \$100,00	JU 0F	Form 99 6	0 (2019)

orm 9- Part			of P	Pevenue						Page 9
ran	VIII				a respo	onse or note to any	line in this Part VIII			🗆
					'	ĺ	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. s	1a	Federated campa	aigns		1a		L	revenue		312 311
ant	ŀ	• Membership dues	s.		1 b					
, Gr		Fundraising even			1c					
Siffs Iar /		Related organiza			1d	47.007.050				
ıs, (imi		Government grantsAll other contribution			1e	17,397,852				
ıtior er S	'	and similar amounts			1f	9,534,329				
퉏	9	Noncash contributio	ons in	cluded in	1g					
Contributions, Gifts, Grants and Other Similar Amounts	١,	h Total. Add lines :	1a-11	f		•	26 022 404			
						Business Code	26,932,181			
	2a	Service fees				900099	76,873	76,873		
nue										
Program Service Revenue	b									
ЙСе	C									
Ser	d									
ram										
Prog	е									
	f	All other program	serv	ice revenue						
		Total. Add lines 2				76,873	1	Ι		
	S	Investment income imilar amounts)				>	187,395			187,395
		Income from invest Royalties	tmen	t of tax-exe	•	ond proceeds >				
		toyanias i i i		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
		Less: rental								
	c	expenses Rental income	6b				-			
		or (loss)	6c	(1)						
	u	Net rental income	= or ((i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of	7a		623,479	, ,				
		assets other than inventory	"	1,	023,475					
	b	Less: cost or other basis and	7b	1.	301,973	3				
		sales expenses								
	С	Gain or (loss)	7с		321,506	5				
		Net gain or (loss) Gross income from fu		ising events	<u>. </u>	· · · •	321,506			321,506
in e	oa	(not including \$		of						
ever		See Part IV, line 18	• •	• • •	8a					
Other Revenue		Less: direct expen			8b]			
the	С	Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨	1			
	9a	Gross income from See Part IV, line 19	gami	ng activities.	- 1					
	b	Less: direct expen			9a 9b					
		Net income or (los			activit	ies				
	10a	Gross sales of inve	entor	y, less						
		returns and allowa	ances	· .	10a					
		Less: cost of good			10b					
	C	Net income or (los Miscellaneo			invent	Business Code				+
	11	a Other				900099	4,675	4,675		
	L					•				
	b	,								
	c									+
		All other revenue								
		Total. Add lines 1				•	4,675			
	12	Total revenue. S	ee in	structions		• • • •	27,522,630	81,548		0 508,901

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_	ns must complete colu	mn (A). □
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,501,428	expenses 16,501,428	general expenses	expenses
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	866,406	202,116	399,383	264,907
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	2,654,090	1,397,384	412,557	844,149
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,038	34,527	6,579	21,932
9 Other employee benefits	386,792	198,778	58,896	129,118
10 Payroll taxes	251,312	119,381	48,005	83,926
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	70,388		70,388	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	685,054	390,716	192,520	101,818
12 Advertising and promotion	60,380	43,385		16,995
13 Office expenses	154,664	91,914	13,495	49,255
14 Information technology				
15 Royalties				
16 Occupancy	267,760	140,095	48,614	79,051
17 Travel	78,727	44,055	15,439	19,233
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	70,930	39,691	13,911	17,328
20 Interest				
21 Payments to affiliates	139,698	119,795	9,258	10,645
22 Depreciation, depletion, and amortization	314,818	163,207	59,384	92,227
23 Insurance				
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 Preschool Promise vendo	4,506,483	4,506,483		
b				
С				
d				
e All other expenses	130,453	17,912	82,313	30,228
25 Total functional expenses. Add lines 1 through 24e	27,202,421	24,010,867	1,430,742	1,760,812
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).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

9,818,106

719.849

913,154

21,229,315

3,124,826

1.737.758

4.972.547

11,355,408

4,901,360

16,256,768

21,229,315

109.963

11

12 13

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Page **11**

8,453,728

739.699

906,845

22,306,039

3,344,814

1,109,195

649.767

762,306

5.866.082

12,189,885

4,250,072

16,439,957

22,306,039

Form 990 (2019)

year

Check if Schedule O contains a response or note to any line in this Part IX										
	Begi	(A inning	\) g of <u>y</u>	year				Eı	(l nd c	B of
ash-non-interest-hearing			1	1,476	,348	1				

	1 Cash-non-interest-bearing	1,476,348	1	4,572,114
	2 Savings and temporary cash investments	854,945	2	899,836
	3 Pledges and grants receivable, net	4,268,273	3	3,843,769
-	4 Accounts receivable, net	9,478	4	0
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled		5	

entity or family member of any of these persons . . . Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net Assets Inventories for sale or use . . Prepaid expenses and deferred charges . 229,842 9 227,568 10a Land, buildings, and equipment: cost or other 10a 6.005.067 basis. Complete Part VI of Schedule D 10b 3,342,587 2,939,320 10c 2,662,480 b Less: accumulated depreciation

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 93-0582124

Name: United Way of the Columbia-Willamette

Form 990 (2019)

Form 990, Part III, Line 4a:

Convening/Backbone SupportTransformation Grants - The Community Transformation Strategy is envisioned as a collective impact model with a long-term focus on transforming communities. United Way is focusing 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) 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. Early Learning Hubs - Early Learning Multnomah 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) 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. The Oregon Census Equity Funders Committee of Oregon (CEFCO) is a collaborative of philanthropic organizations working to reduce the undercount in the 2020 census by partnering with public agencies to raise funds and implement an equitable Hard to Count Campaign, #WeCountOregon, through a pooled and aligned Oregon Census Equity Fund (OCEF). United Way of the Columbia Willamette is the fiscal agent and backbone of the OCEF. The Albina Rockwood Promise Neighborhood Initiative (ARPNI) is a collaborative of seven non-profit organizations working to empower students and families of color to achieve academic and economic success. In partnership with two school districts, the ARPNI provides culturally specific and responsive services to students and families from early childhood through college/career. United Way of the Columbia Willamette supports the evaluation work of the collaborative, leading two surveys: a biennial neighborhood survey and annual school climate survey.

Community InvestmentSafety 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.

(See Schedule O for more information) 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.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: 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.

efil	e GR/	APHIC pri	nt - DO NOT PROCES	SS As Filed D	ata -			DLN: 9	3493137056051
SCI	-IFD	ULE A	Dubli	c Charity S	tatio	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if th	e organization is 4947(a)(1) n ▶ Attach to l	a secti ionexe Form 9	on 501(c)(3) o mpt charitable 990 or Form 99	organization or trust. 10-EZ.	· a section	2019
		the Treasury	► Go to <u>www</u>	irs.gov/Form990	<u>0</u> for in	structions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza of the Columbia						Employer identific	ation number
onnec	wayo	Title Columbia	-willamette					93-0582124	
	rt I		for Public Charity S					See instructions.	
1 1	rganiz		a private foundation beca	•		-		(A)(:)	
		•	onvention of churches, o						
2			scribed in section 170(,			
3		·	or a cooperative hospital	-				-	
4		A medical r name, city,	esearch organization ope and state:	erated in conjunctio	n with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the be (iv). (Complete Part II.)	nefit of a college or	univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governmer	t or governmental (unit des	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives (O(b)(1)(A)(vi). (Comp		art of its	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in sec	tion 170(b)(1)(A))(vi). (Complete Part I	I.)		
9			ural research organization rant college of agriculture						ege or university or a
10		from activit investment	ation that normally receivites related to its exempt income and unrelated because section 509(a)(2).	functions—subject usiness taxable inco	to cert ome (le	ain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and oper	ated exclusively to	test for	public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and oper ly supported organizatio through 12d that descri	ns described in sec	ction 5	09(a)(1) or se c	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization on the configuration of the power to regula Part IV, Sections A and Sec	perated, supervised ly appoint or elect	d, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting organization plete Part IV, Sections	supervised or contr nization vested in t					
c		Type III f	unctionally integrated organization(s) (see insti	A supporting orga					ted with, its
d		Type III n	on-functionally integral integrated. The organizes. Solution in the organizes. Solution in the organizes i	ated. A supporting ation generally mus	organiz st satisf	zation operated y a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization re or Type III non-function	ceived a written de	etermin	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization			-			
g	Provi	de the follow	ing information about th						
	(i) N	Name of supp organization		(iii) Type organization (described on 1- 10 above instructions	on lines (see		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			1						
Tota		l. P. '	tion Act Notice, see th			Cat. No. 11285		 	 90 or 990-EZ) 2019

Page 2

	Ìf the organization failed	d to qualify unde	r the tests listed	below, please c	omplete Part II	I.) ' '	
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	19,319,640	28,851,637	22,889,785	22,542,207	26,932,181	120,535,45
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						
4	the organization without charge Total. Add lines 1 through 3	19,319,640	28,851,637	22,889,785	22,542,207	26,932,181	120,535,45
	The portion of total contributions by	13,313,040	20,031,037	22,003,703	22,342,207	20,332,101	120,333,43
	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						4,380,82
6	(f) Public support. Subtract line 5						116,154,62
	from line 4. ection B. Total Support			1			
Ť	Calendar year	(a) 201E	(h) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4.	19,319,640	28,851,637	22,889,785	22,542,207	26,932,181	120,535,45
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296,431	163,788	210,330	229,940	187,395	1,087,88
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.).	6,097	13,291	53,123	27,421	4,675	104,60
11	Total support. Add lines 7 through 10						121,727,94
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	577,69
13	First five years. If the Form 990 is f	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and stop here					▶ □	
S	ection C. Computation of Publi						
	Public support percentage for 2019 (li			olumn (f))		14	95.420 %
	Public support percentage for 2018 So					15	94.260 %
	33 1/3% support test—2019. If the						
	and stop here. The organization qua 33 1/3% support test—2018. If the	lifies as a publicly s	supported organiza	tion			. ▶ 🗹
	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization meets in Part VI how the organization meets	n qualifies as a pub t —2019. If the org on meets the "facts	olicly supported org ganization did not o a-and-circumstance	anization check a box on line es" test, check this			
b	organization	st—2018. If the or zation meets the "i on meets the "facts	rganization did not facts-and-circumst s-and-circumstance	check a box on lir ances" test, check es" test. The orgar	ne 13, 16a, 16b, o this box and stor nization qualifies a	r 17a, and line here. s a publicly	
18	supported organization	ion did not check a			· · · · · · · · · · · · · · · · · · ·	and see	▶□

P	art IIII Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	tne tests listed t	pelow, please co	mpiete Part II.)	
	ection A. Public Support Calendar year		I	Ī			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Tax revenues levied for the						
4	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							
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ection B. Total Support					l	
	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Add lines 10a and 10b. Net income from unrelated business						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or						
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets						
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c,						
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,
11 12 13	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for	-			•	` , , ,	- <u>-</u>
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).				•	` , , ,	- <u>-</u>
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here	Support Perce	entage	<u> </u>	<u> </u>	` , , ,	- <u>-</u>
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here.	Support Perce e 8, column (f) d	entage ivided by line 13,	column (f))			- <u>-</u>
11 12 13 14 Se 15 16	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here. Public support percentage for 2019 (lin Public support percentage from 2018 S	Support Perce e 8, column (f) d chedule A, Part I	entage ivided by line 13,	column (f))		15	- <u>-</u>
11 12 13 14 Se 15 16 Se	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here. Public support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investi	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15 16	- <u>-</u>
11 12 13 14 Se 15 16 Se 17	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investing Investment income percentage for 2019.	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu	entage ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))		15 16	- <u>-</u>
11 12 13 14 Se 15 16 Se 17 18	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investment income percentage from 2018 Investment Income Percentage Investment Income Percen	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A,	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))))	15 16 17 18	
11 12 13 14 See 15 16 See 17 18 19a	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investing Investment income percentage for 2019.	Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))))	15 16 17 18 133 1/3%, and line	▶ □

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) 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.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection 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	-		
2	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	2		
	organization.			
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		
S	ection 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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		
ı	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? <i>Provide details in Part VI.</i>	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

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.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in Part VI). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 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	(iii) Distributable

115		
nich the organization is respon	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Underdistributions	Distributable
		ich the organization is responsive (provide

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID:

Software Version: EIN: 93-0582124

Name: United Way of the Columbia-Willamette

Page 8

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

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

SCHEDULE D

DLN: 93493137056051

OMB No. 1545-0047

Supplemental Financial Statements

(Form 990)

(Form 990)		Complete if the ord		red "Ves " on Form			2019
		Part IV, line 6, 7, 8, 9, 1	On	en to Public			
	artment of the Treasury nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	nformatio				
Name of the organization United Way of the Columbia-Willamette					Emp	loyer identification	n number
UII	nited way or the Colum	ibia-willamette			93-0!	582124	
P		zations Maintaining Donor Adviste te if the organization answered "Yes			is or Acco	ounts.	
				advised funds		(b) Funds and othe	er 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		ation inform all donors and donor advisor roperty, subject to the organization's exc				_	☐ Yes ☐ No
6	charitable purpo	ation inform all grantees, donors, and do uses and not for the benefit of the donor · · · · · · · · · · · · · · · · · · ·	or donor advisor, o	r for any other purpo	ose conferri	ng impermissible	☐ Yes ☐ No
Pa		vation Easements.	-	Don't IV line 7			
1		te if the organization answered "Yes onservation easements held by the organ					
•		on of land for public use (e.g., recreation	•		f an histori	cally important land	d area
		of natural habitat	or education)			historic structure	a area
				Preservation o	i a cerumed	mistoric structure	
2	Complete lines 2	on of open space 2a through 2d if the organization held a c	qualified conservati	on contribution in the	e form of a		
		e last day of the tax year.			, , , ,	Held at the End	of the Year
a		conservation easements stricted by conservation easements			2a		
b		ervation easements on a certified historic			2b 2c		
c d		ervation easements included in (c) acquir		` '	2c 2d		
3	structure listed i	n the National Register ervation easements modified, transferred				anization during th	 e
	tax year ►		· · · · · ·		, ,	J	
4	Number of state	s where property subject to conservation	n easement is locat	ed >		-	
5		zation have a written policy regarding th t of the conservation easements it holds			ing of viola	tions,	□ No
6	Staff and volunt	eer hours devoted to monitoring, inspect	ting, handling of vio	plations, and enforcir	ng conserva	tion easements du	ring the year
7	Amount of expe ► \$	nses incurred in monitoring, inspecting,	handling of violatio	ns, and enforcing cor	nservation e	easements during t	he year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?				(B)(i) Yes	□ No
9	balance sheet, a	cribe how the organization reports conse and include, if applicable, the text of the 's accounting for conservation easement	footnote to the org				
Pa		zations Maintaining Collections to the community of the organization answered "Yes			Other Sin	nilar Assets.	
1 a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, ed	ducation, or research	in furthera		
b	historical treasu	on elected, as permitted under SFAS 11(res, or other similar assets held for publi its relating to these items:					
	(i) Revenue includ	ed on Form 990, Part VIII, line 1				▶ \$	
		in Form 990, Part X					
2	If the organizati	on received or held works of art, historic its required to be reported under SFAS 1	cal treasures, or oth	er similar assets for			
а	Revenue include	ed on Form 990, Part VIII, line 1				> \$	

d Equipment .

Par	t III	Organizations M	aintaining Coll	ections of Art, F	listori	cal T	reası	ıres, or Othe	r Similar A	ssets (con	tinued)
3		g the organization's acq s (check all that apply):		, and other records,	check	any of	the fo	llowing that are	a significant (use of its co	ollection
а		Public exhibition			d		Loan	or exchange pr	ograms		
b		Scholarly research			е		Othe	r			
С		Preservation for future	e generations								
4	Provi Part	ide a description of the XIII.	organization's coll	ections and explain	how the	ey furtl	her th	e organization's	exempt purpo	ose in	
5		ng the year, did the org ts to be sold to raise fur								☐ Yes	□ No
Pai	rt IV	Complete if the or X, line 21.	ganization answ	ered "Yes" on For						unt on For	m 990, Part
1a		e organization an agent ded on Form 990, Part :								Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete the fo	llowing	table:			Α	mount	
c		nning balance		•	_			1c			
d	Addit	tions during the year .						1d			
е	Distr	ibutions during the year	r					. 1e			
f	Endir	ng balance						1f			
2 a	Did t	he organization include	an amount on For	m 990, Part X, line	21, for	escrow	or cu	ıstodial account	liability?	☐ Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII.	Check here if the ex	xplanati	ion has	been	provided in Par	t XIII		
Pa	rt V	Endowment Fun									
		Complete if the or	ganization answ T	ered "Yes" on For (a) Current year		, Part Prior yea		ine 10. (c) Two years bac	k (d) Three ye	ara bask (a) Four years back
1a	Beginn	ning of year balance .		3,692,638	(0) -	3,635		3,532,3		,318,033	3,432,353
	-	butions		16,040		-,		-,,-		, ,	
		vestment earnings, gair	ns, and losses	59,645		159	9,874	203,2	77	312,348	-32,103
		s or scholarships	· .	105,256		102	2,587	100,29	97	98,010	82,217
	Other	expenditures for faciliti	-	· ·				··			<u>·</u>
f	Admin	istrative expenses .									
g	End of	year balance		3,663,067		3,692	2,638	3,635,3	51 3,	,532,371	3,318,033
2	Provi	ide the estimated perce	ntage of the curre	nt year end balance	(line 1	g, colu	mn (a)) held as:	•	•	
а	Boar	d designated or quasi-e	ndowment >								
b	Perm	nanent endowment 🕨									
С	Temp	porarily restricted endo	wment ▶ 15.0	00 %							
_		percentages on lines 2a	•	•							
3a		here endowment funds nization by:	not in the possess	sion of the organizat	ion tha	t are h	eld an	id administered i	or the		Yes No
	(i) u	nrelated organizations				•				3a(i	<u> </u>
		related organizations .								3a(ii) No
ь 4		es" on 3a(ii), are the re cribe in Part XIII the inte	-	•			.? •			ЗЬ	
	rt VI										
		Complete if the or			m <u>9</u> 90	, Part	IV, li	ine 11a. See F	orm 990, Pa	rt X, line	10.
	Descr	iption of property	(a) Cost or othe (investmen		or other	basis (other)	(c) Accumulated	d depreciation	(d)	Book value
1a	Land					29	95,333				295,333
	Buildir						63,785		2,586,663		1,877,122
		hold improvements				., .,	-,	 	_, ,		

1,245,949

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

490,025

755,924

		Part IV I			art x line 1/	
	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) Book value	lile III	(c) Method	d of valuation: year market valu	e
1) Financia	l derivatives					
	held equity interests					
4)						
3)						
C)						
D)						
E)						
F)						
G)						
H)						
otal. (Colum. Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.					
	Complete if the organization answered 'Yes' on Form 990, I (a) Description of investment	art IV, l	ine 110	c. See Form 990, I	(c) Method of Cost or end-of-	year market
1)					7414	<u>-</u>
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
otal. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•			
			444			
	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, III	ie IIu	. See Form 990, Par		ok value
1)	(a) Description	art 1V, III	ie IIa	. See Form 990, Par		ok value
		arc IV, III	ie IId	. See Form 990, Par		ok value
2)		arc IV, III	ie IId	. See Form 990, Par		ok value
2)		art IV, III	ie IId	. See Form 990, Par		ok value
2) 3) 4)		art IV, III	16 110	. See Form 990, Par		ok value
2) 3) 4) 5)		art IV, III	ie IIu	. See Form 990, Par		ok value
2) 3) 4) 5)		art IV, III	ie IIu	. See Form 990, Par		ok value
2) 3) 4) 5) 6)		art IV, III	ie IIu	. See Form 990, Par		ok value
2) 3) 4) 5) 6) 7)		art IV, III	ie IIu	. See Form 990, Par		ok value
2) 3) 4) 5) 6) 7) 8) 9)	(a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.)			. See Form 990, Par		ok value
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X 1) Federal	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X 1) Federal 2)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X 1) Federal 2) 3)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X 1) Federal 2) 3) 4)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	
2) 3) 4) 5) 6) 7) 8) 9) Part X 1) Federal 2) 3) 4) 5)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 88) 9) Fotal. (Column Part X 1) Federal 2) 3) 4) 5)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X 1) Federal 2) 3) 4) 5) 6)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.
2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu Part X 1) Federal 2) 3) 4) 5) 6) 7) 8)	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability				(b) Bo	e 25.

2

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-31,679

23,775,123

3,747,507

27,522,630

23,560,255

105,341

23,454,914

3,747,507

27,202,421

Schedule D (Form 990) 2019

Donated services and use of facilities 2b 105.341 b 2c d Other (Describe in Part XIII.) 2d -22,349

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

е Subtract line **2e** from line **1** 3

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

4

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

b

Add lines **4a** and **4b** C

5

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Supplemental Information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses and losses per audited financial statements

70,388 3,677,119

105,341

70,388

3,677,119

-114.671

2a

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

4c

2e

3

4c

5

2e

3

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Name: United Way of the Columbia-Willamette

Supplemental Information

Return Reference Explanation

Software ID: Software Version:

EIN: 93-0582124

Part V, Line 4: To provide a predictable stream of income for program operations.

upplemental Information								
Return Reference	Explanation							
Part X. Line 2:	Management believes UWCW does not have any uncertain tax positions.							

Supplemental Information							
Return Reference	Explanation						
Part XI, Line 2d - Other Adjustments:	Change in value perpetual trust -22,349.						

Supplemental Information							
Return Reference	Explanation						
Part XI, Line 4b - Other Adjustments:	Pledges designated by donors 3,677,119.						

Supplemental Information							
Return Reference	Explanation						
Part XII, Line 4b - Other Adjustments:	Pledges designated by donors 3,677,119.						

S

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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.

OMB No. 1545-0047

DLN: 93493137056051

Open to Public Inspection

Treasury Internal Revenue Service		P Go to <u>ww</u>	/w.irs.gov/Form990 tor	the latest information	on.		
Name of the organization						Employer identific	ation number
United Way of the Columbia-Willa	amette					93-0582124	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used in	to award the grants	or assistance?			for the grants or assistanc	e, and	☑ Yes ☐ I
2 Describe in Part IV the org	·		=		I 1157 I	Farma 000 Part IV III	24 f
		nestic Organizations a I can be duplicated if ad-		ints. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	! 21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of secti3 Enter total number of othe		-					189
For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 50055			nedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(a) Type of grant or assistance		ice	(b) Number recipients	f (c) Amount of cash grant		1 . ,		(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance	
1)											
2)											
3)											
4)											
5)											
6)											
7)											
Part IV	Supplemental 1	Informatio	on. Provide the i	nformation required	in Part I,	line 2; Part III,	colum	n (b); and any other	addition	al information.	
Return Reference		Explanation	on								
chief exe			tive officer; 2) orga	anization's anti-discrimi	nation polic	cy; 3) certification	stating	that United Way funds	will be us	by the organization's board president and the sed in compliance with all applicable anti-	

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 lorganization 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

presentation of information regarding alleged fiscal mismanagement, serious financial concerns that impact the project's performance, significant deficiencies in service Idelivery, 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.

reports are not submitted, requested additional information is not submitted and/or for repeated non-compliance with terms of the funding agreement. Upon

Additional Data

211 Info

PO Box 11830 Portland, OR 97211 A Jesus Church Family Inc

10500 SW Nimbus Ave Bldg T Portland, OR 97223

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

93-0784586

20-0368851

50,000

17,150

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

(a) Name and address of	(D) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(T) Method of Valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

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

501(c)3

501(c)3

(h) Purpose of grant

(g) Description of non-cash assistance or assistance

Safety Net Grant

Donor Choice

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government American Cancer Society 13-1788491 501(c)3 6.842 Donor Choice

PO Box 22718 Oklahoma City, OK 73123					
American Leadership Forum of Oregon	94-3106407	501(c)3	10,042		Donor Choice

221 NW Second Ave Suite 306

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

American Red Cross of	53-0196605	501(c)3	7,828		Donor Cl
Northwest Oregon Chapter					
PO Box 4125					
Portland, OR 97208					

10.133

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

501(c)3

93-0843267

Black United Fund of Oregon

2828 NE Alberta St Portland, OR 97211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Bridgetown Church 81-1992757 501(c)3 22.749 Donor Choice 1306 NW Hoyt St402 Portland, OR 97209

Early Learning Exp

13.064

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

501(c)3

81-1843680

CAIRO Academy

13909 SE Stark St Portland, OR 97233

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 81-1843680 501(c)3 5.000 Catalyst Fund from CAIRO Academy |Multhnomah Country Grant

13909 SE Stark St Portland, OR 97233 Childrens Trust Fund of Oregon 93-1310666 501(c)3 18.723 Donor Choice Foundation

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

PO Box 14694 Portland, OR 97293

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Church of Jesus Christ of Latter 87-0234341 501(c)3 31.782 Donor Choice Day Sainte

Salt Lake City, UT 84150				
Room 1521				
Temple				
Tomplo				
Attn Holly Ciervo 50 E North				
Day Sailits				

10.579

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

501(c)3

93-0626175

Clackamas Service Center

PO Box 2620 Clackamas, OR 97015

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

Clackamas Service Center PO Box 2620 Clackamas, OR 97015	93-0626175	501(c)3	15,000		safety net Fund
Community Action	93-0554941	501(c)3	50,682		Safety Net Grant

1001 SW Baseline Street Hillsboro, OR 97123

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 91-1641351 501(c)3 20.000 Safety Net Grant Community Housing Resource Center 1910 W Fourth Plain Blvd Suite

Safety Net Grant

61.982

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

501(c)3

1910 W Fourth Plain Blvd Suite 400 Vancouver, WA 98660

Council for the Homeless

2500 Main St Vancouver, WA 98660 91-2001828

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Doernbecher Children's 93-0579589 501(c)3 10,081 Donor Choice

Fauth Chave Overse	02 1001205	F01(-)2	11 150		Damas Chains
Portland, OR 97205					
Salmon St Ste 201					
1121 SW					
Peter O Kohler MD Pres OHSU					
Hospital Foundation					

EarthShare Oregon 93-1001285 501(c)3| 11,159 Donor Choice PO Box 426056

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

Washington, DC 20042

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government First United Methodist Church 93-0559024 501(c)3 10.446 Donor Choice

560 Columbia Blvd St Helens, OR 97051

93-0524232 501(c)3 5.954 Donor Choice

Friendly House Inc 2617 NW Savier St Portland, OR 97210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Friends of the Children -93-1098105 501(c)3 5.446 Donor Choice Portland 44 NF Morris 93-1180321 501(c)3 10.955 Donor Choice

Portland, OR 97212 Habitat for Humanity of Oregon PO Box 11452

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Hadanda Cammunita 02 0070064 E01/-\2 40 0001 Concus County Cund

Home Forward	20-3448706	501(c)3	126,646		Safety Net Grant
Development Corporation 6700 NE Killingsworth St Portland, OR 97218	93-03/3004	301(c)3	40,000		Census Equity Fullu
nacienda Community	93-09/9004	JU1(C)3	40,000		ICENSUS Equity Fund

Attn Accounting 135 SW Ash St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Imago Dei Community Church 93-1277176 501(c)3 15.425 Donor Choice

1302 SE Ankeny St Portland, OR 97214		, ,	·		
Immigrant & Refugee	93-0806295	501(c)3	20,000		safety n

Portland, OR 97220

net grant Community Organization 10301 NE Glisan St

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Immigrant & Refugee 93-0806295 501(c)3 165.000 Census Equity Fund Community Organization 10301 NE Glisan St Portland, OR 97220 Immigrant & Refugee 93-0806295 501(c)3 12.100 Donor Choice

Community Organization 10301 NE Glisan St Portland, OR 97220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) Labor's Community Service 23-7393223 501(c)3 6.456 Donor Choice Agency Inc 9955 SE Washington St Suite

211
Portland, OR 97216

Labor's Community Service Agency Inc 9955 SE Washington St Suite 23-7393223 Agency Inc 9955 SE Washington St Suite 9955 SE Washington St Suite 9955 SE Washington St Suite 9955 SE Washington St Suite

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

211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Latino Network 73-1675402 501(c)3 20.000 Multnomah County

410 NE 18th Ave Portland, OR 97213					Grants
Lawyers Campaign for Equal Justice	93-1193792	501(c)3	8,442		Donor Choice

620 SW 5th Avenue Suite 1225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Mayballa Captor for 02-1060028 E01(c)3 12 500 Donor Choice

Maybelle Cellicel 101	33-1000330	JU1(C)3	12,300		יוטווטען
Community					
605 NW Couch St					
Portland, OR 97209					

PO Box 2669 Portland, OR 97208

91-1148123 501(c)3 10.720 Donor Choice Mercy Corps

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Metropolitan Family Service 93-0397825 501(c)3 120.000 safety net grant 230 NE Second Ave 2 Hillsboro, OR 97124 Mt Hood Community College 23-7061622 115(1) 48.539 Early Learning Exp Attn Jason Luttrell 26000 SE Stark

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Multnomah County (DCHS) 93-6002309 115(1) 1.006.370 Early Learning Exp

5135 NE Columbia Blvd Portland, OR 97218

Native American Youth & Family Center	93-1141536	501(c)3	20,000		safety net grant
SUN Service System 421 SW Oak St Ste 240 Portland, OR 97204					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Nature Conservancy 53-0242652 501(c)3 5.684 Donor Choice

Safety Net Grant

4245 N Fairfax Dr Ste 100 Arlington, VA 22203 501(c)3

35.390

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

Northwest Housing Alternatives

2316 SE Willard St Milwaukie, OR 97222 93-0814473

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government BINA/ BI I 04 6076444 B I / A 420.022 stance Program

0 5 10 1		=04()0	22.440		
Attn Treasury PO Box 6017 Portland, OR 97228	31 00/0111	14/7	120,522		003 7133130
i NW Naturai - i	94-60/6144	I N/AI	120,922		IGAS ASSIST

| Donor Choice Oregon Food Bank 93-0785786 501(c)3| 23,6881

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

7900 NF 33rd Dr Portland, OR 97211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Orogan Haalth & Science 22-7092114 E01(c)3 11 071 Donor Choice

Oregon health & Science	23-7063114	501(0)3	11,0/1		יוסווסען
University Foundation (OHSF)					
1121 SW Salmon St Ste 200					
Portland, OR 97205					

1067 NE Columbia Blvd Portland, OR 97211

501(c)3 93-0386880 21.568 Donor Choice Oregon Humane Society

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Oregon Public Broadcasting 93-0814638 501(c)3 5.936 Donor Choice 7140 SW Macadam Ave Portland, OR 97219 Oregon Public Health Institute 93-1259522 501(c)3 435.147 Early Learning Exp

411 NE 19th Ave Building 1 First Floor

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Oregon Zoo Foundation The 93-0718337 501(c)3 10.048 Donor Choice 4001 SW Canyon Rd

Portland, OR 97221

Planned Parenthood of the Columbia Willamette 3727 NE Martin Luther King Jr Blyd

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

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

Portland Art Museum 1219 SW Park Ave Portland, OR 97205	93-0391604	501(c)3	7,604		Donor Choice
Portland Rotary Charitable	93-6031284	501(c)3	75,000		Donor Choice

Trust

1220 SW Morrison St Suite 425 Portland, OR 97205

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Regional Arts & Culture Council 93-1059037 501(c)3 6.697 Donor Choice

411 NW Park Ave Ste 101 Portland, OR 97209

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

Battle Ground, WA 98604

Royal Ridges Retreat 94-3088285 501(c)3 5.998 Donor Choice PO Box 3010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Self Enhancement Inc. 93-1086629 501(c)3 20.000 Isafetv net Grant 3920 N Kerby Ave

13.079

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

501(c)3

Portland, OR 97227
Self Enhancement Inc

3920 N Kerby Ave Portland, OR 97227 93-1086629

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Sunshine Division Inc 93-0429354 501(c)3 8.864 Donor Choice

5.417

Sunshine Division Inc 93-0429354 501(c)3
687 N Thompson
Portland, OR 97227
The Jefferson Dancers 93-6000830 501(c)3

5210 N Kerby Portland, OR 97217

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-1215210 501(c)3 21.274 Donor Choice Transit Employee Support Team PO Box 13332 Portland, OR 97213

8.753

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

501(c)3

Virginia Garcia Memorial

Foundation PO Box 46149 Aloha, OR 97007 91-2077840

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Washington County IIIIC 02 6002216 445/43 1 000 212 | Early Learning Exp

Well Community Church	93-1294368	501(c)3	8,624		Donor Choice
Suite 270 MS 25 155 N First Ave Hillsboro, OR 97124	93-6002316	113(1)	1,090,212		Larry Learning i

1734 NE 1st Avenue Portland, OR 97212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Westside Church of Christ 93-0698686 501(c)3 7.686 Donor Choice 5525 SW Menlo Drive Beaverton, OR 97005

Catalyst Fund

5.000

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

501(c)3

Youth Educating Police

3840 SW Dosch Rd Portland, OR 97239 82-3166117

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

PSU Foundation	93-6031284	501(c)3	140,333		Donor
PO Box 243					
portland, OR 97207					

119.751

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

501(c)3

93-0502822

Luke-Dorf Inc

10313 SW 69th Ave tigard, OR 97223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-1059037 501(c)3 110.514 Donor Choice Rotarian Action Group for Peace 221 NW 2nd Ave Suite 204

80.000

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

501(c)3

portland, OR 97209 Concordia University Foundation

2811 NE Holman St portland, OR 97211 91-1641351

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Way of Jackson County 93-0784586 501(c)3 61.650 Donor Choice 60 Hawthorne St

60,000

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

501(c)3

medford, OR 97504

Jubitz Family Foundation

221 NW 2nd Ave Suite 204 portland, OR 97209

93-6000830

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 00 0005500 E04(\0) 25 420 or Choice

valley of the Sun United Way	93-0395590	501(c)3	35,120		שטון
3200 E Camelback Rd Suite					ĺ
375					ĺ
phoenix, AZ 85018					1

boise, ID 83707

501(c)3 United Way of Treasure Valley 93-0784586 30.231 Donor Choice PO Box 7963

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Theire of Many of the Mid 02 0704506 E01/-\2 20 440 Donor Choice

salem, OR 97301					
455 Bliler Ave NE					
Willamette Valley					
United way of the Mid-	93-0/64566	201(c)3	29,140		Dougt c

salem, OR 97302

Salem Rotary Foundation 501(c)3 27.0001 Donor Choice 22-2406433 PO Box 3981

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

United Way of California	93-0784586	501(c)3	24,500		Donor Choice
10389 Old Placerville Rd					
Sacramento, CA 95827					

22,555

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

501(c)3

Sacramento, CA 95827
United Way of Lane County 93-0784586
3171 Gateway Lp

Springfield, OR 97477

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) United Way of Northern 93-0784586 501(c)3 22.000 Donor Choice California

Donor Choice

16.326

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

501(c)3

PO Box 990248 redding, CA 96099 United Way of the Columbia-Willamette

619 SW 11th Ave 300 portland, OR 97205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) United Way of Deschutes 93-0784586 501(c)3 13.625 Donor Choice County

Donor Choice

PO Box 5969
bend, OR 97708

United Way of Southern 93-0784586 501(c)3 13,000
Nevada

5830 W Flamingo Rd las vegas, NV 89013

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

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

United Way of Spokane County 920 N Washington StSuite 100 spokane, WA 89201		501(c)3	12,760		Donor Choice
Pikes Peak United Way	93-0567549	501(c)3	12,500		Donor Choice

518 North Nevada Avenue colorado springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 02 1006630 E01/-\2 12 500 Daman Chaine

Equity (SAGE) 1515 SW 5th Ave Suite 600 portland, OR 98201	93-1000029	501(c)3	12,500		Donor Choice
United Way of Benton and	93-0784586	501(c)3	12,000		Donor Choice

United Way of Benton and Lincoln Counties 2330 NW Professional DrSuite 101

corvallis, OR 97339

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

Project Lemonade PO Box 96144 portland, OR 97296	93-6031284	501(c)3	11,417		Donor C

portland, OR 97205

The Freshwater Trust 93-0814638 501(c)3 11.008 Donor Choice 700 SW Taylor St Suite 200

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

United Way of King County 720 2nd Ave seattle, WA 98104	93-0784586	501(c)3	10,956		Donor Choice
United Way of Central	93-0784586	501(c)3	10 500		Donor Choice

Washington 116 S 4th St

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

yakima, WA 98901

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

2610 University Ave WSuite

st paul, MN 55114

550

United Way of Tucson and Southern Arizona 330 N Commerce Park Lp Suite 200 tucson, AZ 85745	93-0784586	501(c)3	10,250		Donor Choice
Nonviolent Peaceforce	53-0242652	501(c)3	10,000		Donor Choice

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Greater Douglas United Way 55-0893839 501(c)3 9.100 Donor Choice

702 SE Jackson St roseburg, OR 97470		. ,	·		
United Way of Benton & Franklin Counties	93-0784586	501(c)3	9,000		Donor Choice

401 N Young St Kennewick, WA 99336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) United Way of Tillamook 93-0784586 501(c)3 8.800 Donor Choice County

PO Box 476 tillamook, OR 97141

United Way of Umatilla and 93-0784586 501(c)3 7,700

Donor Choice Morrow Counties

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

PO Box 1134

WALLA WALLA, WA 98362

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United May of the Bay Area 02-0794596 E01(c)3 7 650 Donor Choice

550 Kearny St Ste 1000 san francisco, CA 94108	93-0704380	301(0)3	7,030		Donor Cr
United Way of Wine Country 975 Corporate Center Pkwy	93-0784586	501(c)3	7,650		Donor Ch

santa rosa, CA 95407

Choice Suite 160

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

Donor Choice

7.023

United Way Northern Nevada &	93-0784586	501(c)3	7,200		Donor Cl
the Sierra					
639 Isbell Rd Suite 460					
reno, NV 89509					

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

501(c)3

93-0397825

Mile High United Way Inc

PO Box 5547 denver, CO 80217

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

232 NW 6th Ave portland, OR 97209

Central City Concern	20-5682797	501(c)3	6,600		Donor Choice	
United Way of Southwestern Oregon PO Box 1288 coos bay, OR 97420	93-0784586	501(c)3	6,650		Donor Choice	

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 93-0784586 501(c)3 6.500 Donor Choice United Way of Linn County

PO Box 905 albany, OR 97321					
United Way of the Klamath	93-0784586	501(c)3	6,500		Donor C

klamath falls, OR 97603

Choice Basın PO Box 1839

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 93-0784586 501(c)3 6.500 Donor Choice loor

Donor Choice

6.500

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

501(c)3

United Way of Pierce Coun
1501 Pacific Avenue 4th Flo
tacoma, WA 98402

United Way of Fresno and

Madera Counties PO Box 8036 fresno, CA 93747

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

405 NE Church St portland, OR 97211

Constructing Hope	80-0516996	501(c)3	5,612		Donor Choice
County Inc 777 N Pershing Ave Suite 2B stockton, CA 95203	93-0784586	501(c)3	6,500		Donor Choice
United Way of San Joaquin	93-0784586	501(c)3	6,500		I Donor Choice

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Mesa United Wav 91-1148123 501(c)3 5.200 Donor Choice 137 E University Dr mesa, AZ 85201

Donor Choice

5.120

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

501(c)3

United Wav of Cowlitz &

1338 Commerce Ave Suite 206

Wahkiakum Counties

Ionaview, WA 98632

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

United Way of Thurston County 1211 4th Ave E Suite 101 olympia, WA 98506	93-0784586	501(c)3	5,000		Donor Choice
Community Action Washington	93-0554941	501(c)3	25,300		Safety Net grant

County 5050 SW Griffith Drive Ste 101

beaverton, OR 97005

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Dancing Hearts Consulting LLC 82-3366190 501(c)3 2.361.445 Census Equity Fund PO Box 1027

ashland, OR 97520 73-1675402 501(c)3 263,563 Census Equity Fund

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

Latino Network 10301 NF Glisan St

Portland, OR 97220

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

Native American Youth &	93-1141536	501(c)3	160,/50		Census Equity Fund
Family Center					
5135 NE Columbia Blvd					
portland, OR 97218					

45.000

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

501(c)3

Self Enhancement Inc 93-1086629

3920 N Kerby Ave portland, OR 97227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government APANO 53-0196605 501(c)3 414.046 Census Equity Fund 8818 SE Division St

portland, OR 97206

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

salem, OR 97301

Causa of Oregon 20-5682797 501(c)3 319,000 Census Equity Fund 700 Marion St Ne

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PSU Foundation 93-6031270 501(c)3 221.150 Census Equity Fund

PSU Foundation 93-6031270 501(c)3 221,150 Cens
1600 SW 4th Ave Suite 730
portland, OR 97201

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

portland, OR 97233

 portland, OR 97201
 20-5682797
 501(c)3
 224,615
 Census Equity Fund

 1390 SF 122nd Ave
 Census Equity Fund
 Census Equity Fund

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

Forward Together	93-0559024	501(c)3	238,045		Census E
300 Frank H Ogawa Plaza Suite					
700					
oakland, CA 94612					

174.000

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

501(c)3

Community Alliance of Tenants

1320 NE 63rd Ave portland, OR 97213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) East County Rising Community 93-1001285 501(c)3 249.215 Census Equity Fund Projects

PO Box 1785 gresham, OR 97030 Oregon Futures Lab Education 94-6076144 501(c)3 153.402 Census Equity Fund

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

FundTides Foundation PO Box 29903

san francisco, CA 94129

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

Portland African American	93-6031284	501(c)3	162,225		Census E
Leadership Forum					
3920 North Kerby Ave					
portland, OR 97227					

7900 NE 33rd Dr portland, OR 97211

501(c)3 Oregon Food Bank 93-0785786 109.700 Census Equity Fund

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 00 4004005 E047 \2| 120 000 sus Equity Fund

67 SW 2nd Ave ontario, OR 97914					
Willamette Valley Law Project	93-0698686	501(c)3	131,750		Census Equity Fund

300 Young Street woodburn, OR 97071

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

PCUN	93-0567549	501(c)3	112,500		Census
300 Young St					
woodburn, OR 97071					

portland, OR 97232

Our Oregon 93-1259522 501(c)3 111.767 Census Equity Fund 525 NE Oregon St Suite 525

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Confederated Tribes of Siletz 91-1641351 501(c)3 93,000 Census Equity Fund

PO Box 549 siletz, OR 97238				
The Confederated Tribes of Warm Springs Res of OR	91-1641351	501(c)3	86,000	

PO BOX C

warm springs, OR 97761

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

Census Equity Fund

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

Klamath Tribes	46-0987167	501(c)3	84,000		Census
PO Box 436			·		
chiloquin, OR 97624					
Community Action Program of	93-0554941	501(c)3	65,000		Census

pendleton, OR 97801

is Equity Fund East Central Oregon 721 SE Third St Suite D

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Community Connection of 93-0554941 501(c)3 65.000l Census Equity Fund

Northeast Oregon					
IncCommunity Connection of					
Nor					
2802 Adams Ave					
la grande, OR 97850					
NeighborWorks Umpqua	53-0242652	501(c)3	65,000		Census Equity Fund

605 SE Kane St roseburg, OR 97470

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0242652 501(c)3 65.000l NEIGHBORIMPACT Census Equity Fund 2303 SW First Street redmond, OR 97756

65.000l

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

501(c)3

redmond, OR 97756

Oregon Coast Community
Action

1855 Thomas Ave coos bay, OR 97420

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Next Door Inc 53-0242652 501(c)3 62.800 Census Equity Fund 965 Tucker Rd

965 Tucker Rd hood river, OR 97031

Virginia Garcia Memorial 91-2077840 501(c)3 50,000 Census Equity Fund Foundation

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

PO Box 46149 aloha, OR 97007

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) Mano A Mano 93-1060938 501(c)3 55.000l Census Equity Fund 2921 Saddle Club St SE 109 salem, OR 97317 Confederated Tribes of Coos 91-1641351 501(c)3 51.000 |Census Equity Fund

Lower Umpqua and Siuslaw Indian 1245 Fulton Ave

coos bay, OR 97470

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Asian Health & Service Center 53-0196605 501(c)3 50 0001 Census Equity Fund

9035 SE Foster Rd portland, OR 97266	33 0130003	301(6)3	30,000		Consus Equity Fund
Confederated Tribes of the Umatilla Indian Reservation	91-1641351	501(c)3	50,000		Census Equity Fund

46411 Timine Way pendleton, OR 97801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Rosewood Initiative 93-1059037 501(c)3 40.200 Census Equity Fund 16126 SE Stark St

40.000

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

501(c)3

portland, OR 97233

Centro de Servicios Para
Campesino
300 Young St

woodburn, OR 97071

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

Lower Columbia Hispanic Council 1373 Duane St astoria, OR 94103	93-0502822	501(c)3	40,000		Census Equity Fund
Division Midway Alliance	91-0949794	501(c)3	39,000		Census Equity Fund

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

PO Box 386 portland, OR 97266

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Street Roots 20-0368851 501(c)3 38.350 Census Equity Fund 211 NW Davis

38.000

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

501(c)3

portland, OR 97209

2445 NE Division St 200 bend, OR 97703

Latino Community Association

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Adelante Mujeres 03-0473181 501(c)3 30.500 Census Equity Fund 2030 Main Street Suite A forest arove, OR 97116

forest grove, OR 97116

Centro Cultural de Washington County
PO Box 708

Census Equity Fund

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

cornelius, OR 97113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Spect-Actors Collective 93-0579589 501(c)3 36.260 Census Equity Fund 620 NW 8th St

35.970

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

620 NW 8th St gresham, OR 97030

Centro Latino Americano 20-5682797 501(c)3

944 W 5th Ave eugene, OR 97402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Bevond Black 93-0655509 501(c)3 35.000l Census Equity Fund 2601 SE 160th Ave

30,000

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

501(c)3

2601 SE 160th Ave
portland, OR 97236
The Black Parent Initiative

PO Box 12350 portland, OR 97212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Muslim Educational Trust Inc. 93-6002309 501(c)3 30.000 Census Equity Fund

27.885

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

501(c)3

PO Box 283 portland, OR 97207 Unidos

309 NE 3rd St Suite 1 mcminnville, OR 97128 93-6002309

93-0784586

Census Equity Fund

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

United Way of Columbia	93-0784586	501(c)3	21,600		Census E
County					
PO Box 538					
rainier, OR 97048					

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

17299 SE Division St portland, OR 97236

501(c)3 25.520 Slavic Community Center 93-1086629 Census Equity Fund

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 91-1641351 501(c)3 25.000 Census Equity Fund Corvallis Multicultural Literacy Center

22,300

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

501(c)3

2638 NW Jackson Ave corvallis, OR 97333 Coquille Indian Housing Authority

2678 Mexeye Loop coos bay, OR 97420

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Open Signal 93-6031284 501(c)3 20.000 Census Equity Fund 2766 NE MLK Blvd portland, OR 97212

20,000

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

501(c)3

Independence Public Library

indepndence, OR 97351

555 S Main St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 93-0784586 501(c)3 18.350l United Community Action Census Equity Fund

15.000l

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

501(c)3

Network 280 Kenneth Ford Dr. rosebura, OR 97470

87-0234341

City of Fairview

1300 NE Village St fairview, OR 97024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Confederated Tribes of Grand 55-0893839 501(c)3 13.000l Census Equity Fund

12.979

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

Ronde 9615 Grand Ronde Road grand ronde, OR 97347			
Na'ah Illahee Fund	93-6002309	501(c)3	

PO Box 17844 seattle, WA 98127

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

Lake County Library District 26 South G Street lakeview, OR 97630	94-1525814	501(c)3	11,220		Census Equity Fund

27-2581852 501(c)3 10.000 African Youth and Community Census Equity Fund Organization 1390 SE 122nd Ave Suite UE

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

portland, OR 97233

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

Chinese American Citizens	93-1242942	501(c)3	10,000		Census Equ
Alliance					
2211 SW First Ave 103					
portland, OR 97201					

501(c)3 10.000 NE Coalition of Neighborhoods 53-0242652 Census Equity Fund

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

1824 NE 10th portland, OR 97212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 53-0242652 501(c)3 10.000 Census Equity Fund North Northeast Business Association PO Box 11565 portland, OR 97211

10.000

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

501(c)3

Somali American Council of

1511 SE 122nd Ave A portland, OR 97233

Oregon

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 93-0559024 501(c)3 5.000 Friends of Klamath Library Census Equity Fund PO Box 1707 klamath falls, OR 97601

5.000

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

501(c)3

Jackson County Library District

central point, OR 97502

PO Box 3275

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

Latino Network 410 NE 18th Ave	73-1675402	501(c)3	424,000		SF2020
portland, OR 97213					
Immigrant & Refugee Community Organization	93-0806295	501(c)3	421,255		SF2020

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

10301 NE Glisan St portland, OR 97220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04/ \0| 200 425 053030

Family Center 5135 NE Columbia Blvd portland, OR 97218					
Self Enhancement Inc	93-1086629	501(c)3	482,750		SF2020

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

3920 N Kerby Ave portland, OR 97227

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

Metropolitan Family Service 230 NE Second Ave 2 hillsboro, OR 97124	93-0397825	501(c)3	242,000		SF2020
Hacienda Community Development Corporation	93-0979064	501(c)3	46,575		SF2020

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

6700 NE Killingsworth St portland, OR 97218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Urban League of Portland 93-0395590 501(c)3 77.625 SF2020 10 N Russell St

SF2020

31.050

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

501(c)3

portland, OR 97227 Miracle Theater Group

425 SE 6th Ave portland, OR 97214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KairosPDX 46-0987167 501(c)3 25.875 SF2020

PO Box 12190 portland, OR 97212

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

53-0196605 501(c)3 5.000 Catalyst Fund

APANO 8818 SF Division St.

portland, OR 97206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Rosewood Initiative 93-1059037 501(c)3 5.000 Catalyst Fund 16126 SE Stark St portland, OR 97233

Catalyst Fund

5.000

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

501(c)3

Adelante Muieres

2030 Main Street Suite A forest grove, OR 97116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Impact NW 93-0391604 501(c)3 5.000 Catalyst Fund PO Box 33530

Catalyst Fund

5.000

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

501(c)3

PO Box 33530 portland, OR 97292 Trash For Peace

5006 NE 35th Pl portland, OR 97211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-1242942 501(c)3 5.000 Catalyst Fund Children First for Oregon PO Box 14914

PO Box 14914
portland, OR 97293

Educational Opportunities for Children and Families
17800 SE Mill Plain Blvd Ste
150

Catalyst Fund

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

vancouver, WA 98683

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 94-6076144 501(c)3 5.000 Catalyst Fund Oregon School-Based Health Alliance 911 NE David St

portland, OR 97232

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	37056	051
Sch	nedule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047
(Forr	m 990)		Compensa yanization answ	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV, to Form 990.		2019		
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inform	nation.	Open t		
	al Revenue Service ne of the organiz	lation			Employer identifica		ectio ımber	
Unit	ed Way of the Colum	nbia-Willamette			93-0582124			
Pa	rt I Questi	ons Regarding Compensa	tion		75 0502124			
							Yes	No
1 a				the following to or for a person lister y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of person				
		nification and gross-up payment	is 📙	Health or social club dues or initiation				
	LI Discretion	nary spending account		Personal services (e.g., maid, chauf	reur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20 122	2		
	unectors, truste	es, officers, including the CEO/1	Executive Director	, regarding the items checked on the	e ia:			
3	organization's C	EO/Éxecutive Director. Check a	ll that apply. Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	Compans:	ation committee	\checkmark	Written employment contract				
		ent compensation consultant	☑	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	emental nonquali	ified retirement plan?		4b		No
c				nsation arrangement? dicable amounts for each item in Part		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any				
а	The organization	1?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	· ·	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9				presumption procedure described in		9		INU
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	0053T Schedule	l (Forn	1 9901	2019

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

(A) Name and Title		(B) Breakdowr	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Chelsea Sokolow Chief Development Officer (i		167,882	0	0	5,050	3,978	176,910	0
	(ii)	0	0	0	0	0	0	0
	-							
	+							



efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493137056051				
SCHEDUL (Form 990 or EZ)	Form 990 or 990-EZ tes to specific questions on dditional information. 990-EZ. te latest information.					
United Way of the	ทรง Brtharo คือสหรอง Employer ide ited Way of the Columbia-Willamette 93-0582124					
990 Schedul	e O, Supplemental Information					
Return Reference	Explana	tion				
Form 990, Part III, Line 1	At United Way of the Columbia-Willamette, we have a simple, ambit r region's kids so they are free from poverty and free to reach their peen bringing our community to do good for nearly 100 years. We are connect and support the people, nonprofits, businesses and govern d to address poverty in our region. Leveraging our capacity as a corbrand as an influencer, we focus on where the need is the greatest what works. Together we are making schools, families and commun of our region. Schools for kids: We are working to ensure that kids, ugh graduation, get the support they need to stay in school and suc college or the workforce ready to thrive and contribute. Families for families meet basic needs and have a stable foundation so kids can nities for kids: We are activating the village. We mobilize over 20,00 by connecting them to projects that directly support kids in our regio make our region a better place for everyone. Together, we are unite e about our mission and what we do at: https://www.unitedway-pdx.	potential. We have be uniquely positioned to ment agencies working har havener and our trusted and identify and scale lities stronger for the kids from pre-school thro ceed so they can enter kids: We are helping focus in school. Commu 0 volunteers a year n. Together, we can d for impact. Learn mor				

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
line 11b

The IRS Form 990 is electronically sent to all Finance Committee members and reviewed at t
he Finance Committee meeting. Once reviewed by the Finance Comittee, the 990 is electronic
ally sent to all board members for review. The 990 is then submitted to the IRS and posted
to the UWCW website.

990 Schedule O, Supplemental Information

Return Explanation

Reference

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 mem bers, and staff on an annual basis. Tracking is in place to ensure compliance and these fo rms 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 di
	scussions or vote on matters where they have a conflict.

990 Schedule O, Supplemental Information

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 inform ation from the Portland metro area are analyzed. Staff salaries and salary survey data are reviewed by the UWCW leadership team to ensure that each position falls within the appropriate salary range. The Board of Directors reviews the compensation of organization office rs.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Iline 19

United Way of Columbia-Willamettes governing documents, code of ethics, conflict of intere
st policy, and anti-discrimination policy are available upon request. The audited financia
I statements, IRS Form 990, and the Annual Report are available on the website.

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Change in value of perpetual trusts -22,349.
Part XI, line