

# Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization United Way of the Columbia-Willamette		<b>D</b> Employer identification number 93-0582124
	Doing Business As		<b>E</b> Telephone number (503) 226-9321
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	619 SW 11th Avenue		300
City or town, state or country, and ZIP + 4 Portland, OR 97205-2646		<b>G</b> Gross receipts \$ 22,664,813.00	
<b>F</b> Name and address of principal officer: Carol Frye same as C above		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: www.unitedway-pdx.org		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1952 <b>M</b> State of legal domicile: OR	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Helping people, changing lives, making every contribution count.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	79
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	11480
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.00
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.00	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	20,823,473.00	21,926,209.00
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,701.00	120,328.00
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<190,758.00>	49,707.00
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,747.00	252,793.00
		20,937,163.00	22,349,037.00
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,945,918.00	16,290,912.00
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.00	0.00
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,013,395.00	3,340,445.00
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.00	0.00
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,743,419.00		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,784,511.00	1,821,679.00
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,743,824.00	21,453,036.00	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	193,339.00	896,001.00	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	15,056,935.00	16,137,937.00
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,357,248.00	9,405,617.00
	5,699,687.00	6,732,320.00	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	Carol Frye, COO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Robert M. Prill	Preparer's signature Robert M. Prill	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ Hoffman, Stewart & Schmidt, PC	Firm's EIN ▶	Firm's address ▶ 4900 Meadows Road, Ste. 200 Lake Oswego, OR 97035-3295	Phone no. (503) 220-5900	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: Helping people, changing lives, making every contribution count. We do this by bringing the right people, resources, and ideas together to tackle our community's most urgent needs. See Schedule O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,612,070.00 including grants of \$ 3,612,070.00 ) (Revenue \$ 120,328.00 ) Community Impact Grants continue to measurably improve the lives of people in our community. By working with community partners to tackle health and human service issues in Clackamas, Washington and Multnomah counties in Oregon and Clark County in Washington, United Way staff helps over 100,000 people each year. United Way staff and over 100 volunteers research and prioritize community needs. Through a competitive grant process, we identify projects that promote collaboration and are committed to measurable outcomes to address those needs. For the FY 2010-11, grants were awarded to 31 projects and initiatives involving over 150 collaborating organizations in three major focus areas: education, income, and health. These programs continue to receive funding through FY 2011-12.

4b (Code: ) (Expenses \$ 1,629,388.00 including grants of \$ 1,629,388.00 ) (Revenue \$ ) Strategic initiatives and partnerships meet critical community needs and demonstrate the best opportunity to generate a clearly identified return on investment and leverage or foster partnerships with other funders. Strategic Initiatives and Partnerships include: Community Relief Fund (food/rent/utility assistance), Born Learning (early childhood education), Earned Income Tax Credit Assistance (financial assistance/stability), 211info (phone and online information/referral), Hands-on-Greater Portland (community volunteer coordination), and Project Access Now (coordination of health care providers and services).

4c (Code: ) (Expenses \$ 11,049,454.00 including grants of \$ 11,049,454.00 ) (Revenue \$ ) Donor Choice: United Way offers donors the opportunity to designate their gift directly to 501(c)(3) organizations of their choice. The United Way Cornerstone Program covers all overhead expense so no fees are charged for the cost of fundraising and distribution. 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.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,996,323.00 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 18,287,235.00

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
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? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, question text, sub-questions, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  WA, OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Carol Frye - (503) 228-9131  
 619 SW 11TH Avenue, Portland, OR 97205-2646

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

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Al Jubitz Director	0.50	X					0.00	0.00	0.00	
Amy Joseph Pederson Director	0.50	X					0.00	0.00	0.00	
Barbara Mathey Director/Treasurer	10.00	X		X			0.00	0.00	0.00	
Bob Tackett Director	0.50	X					0.00	0.00	0.00	
Dan James Director/Past Chair	1.00	X		X			0.00	0.00	0.00	
Dwight Kelley Director	0.50	X					0.00	0.00	0.00	
Glenn Rodriguez, M.D. Director	0.50	X					0.00	0.00	0.00	
Jaime Lim Director	0.50	X					0.00	0.00	0.00	
James Rue Director/Chair Elect	1.00	X		X			0.00	0.00	0.00	
Jill Eiland Director	0.50	X					0.00	0.00	0.00	
Jocelynn McAdory Director	1.00	X					0.00	0.00	0.00	
Keith Ristau Director	0.50	X					0.00	0.00	0.00	
Kerry Barnett Director	0.50	X					0.00	0.00	0.00	
Kevin Borkowski Director	0.50	X					0.00	0.00	0.00	
Kristin Lewis Director	0.50	X					0.00	0.00	0.00	
Larry Paulson Director	0.50	X					0.00	0.00	0.00	
Lilisa Hall Director	0.50	X					0.00	0.00	0.00	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MardiLyn Saathoff Director	0.50	X						0.00	0.00	0.00
Mary Monnat Director	1.00	X						0.00	0.00	0.00
Michael Montgomery Director	1.00	X						0.00	0.00	0.00
Norwood Knight-Richardson, M.D. Director	0.50	X						0.00	0.00	0.00
Perry Moore Director	0.50	X						0.00	0.00	0.00
Richard High Director/Board Chair	2.00	X		X				0.00	0.00	0.00
Rob Davison Director	1.00	X						0.00	0.00	0.00
Ross Lienhart Director	0.50	X						0.00	0.00	0.00
Sabrina Rokovitz Director/Secretary	1.00	X		X				0.00	0.00	0.00
<b>1b Sub-total</b>								0.00	0.00	0.00
<b>c Total from continuation sheets to Part VII, Section A</b>								319,842.00	0.00	69,748.00
<b>d Total (add lines 1b and 1c)</b>								319,842.00	0.00	69,748.00

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

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

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

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 21,926,209.00					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	894,267.00					
	<b>h Total.</b> Add lines 1a-1f .....		21,926,209.00				
<b>Program Service Revenue</b>	<b>2 a</b> Community service fees .....	Business Code 561000	120,328.00	120,328.00			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		120,328.00				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		24,964.00			24,964.00	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	195,024.00				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....	195,024.00				
	<b>d</b> Net rental income or (loss) .....		195,024.00			195,024.00	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	340,519.00				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	315,776.00				
		<b>c</b> Gain or (loss) .....	24,743.00				
	<b>d</b> Net gain or (loss) .....		24,743.00			24,743.00	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
<b>11 a</b> Other .....	900099	57,769.00			57,769.00		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		57,769.00				
<b>12 Total revenue.</b> See instructions. ....		22,349,037.00	120,328.00	0.00	302,500.00		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	16,290,912.00	16,290,912.00		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	529,185.00	273,357.00	189,971.00	65,857.00
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 .....	2,216,415.00	644,537.00	659,195.00	912,683.00
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	133,297.00	36,045.00	44,923.00	52,329.00
9 Other employee benefits .....	286,658.00	91,877.00	95,803.00	98,978.00
10 Payroll taxes .....	174,890.00	55,810.00	56,334.00	62,746.00
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	14,146.00		14,146.00	
c Accounting .....	42,851.00	23,269.00	15,124.00	4,458.00
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	79,423.00	27,034.00	15,572.00	36,817.00
12 Advertising and promotion .....	275,987.00	89,396.00		186,591.00
13 Office expenses .....	213,931.00	34,619.00	119,149.00	60,163.00
14 Information technology .....	291.00			291.00
15 Royalties .....				
16 Occupancy .....	274,409.00	193,166.00	46,198.00	35,045.00
17 Travel .....	42,520.00	10,085.00	10,617.00	21,818.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	158,788.00	77,162.00	27,476.00	54,150.00
20 Interest .....	8,571.00	6,130.00	1,324.00	1,117.00
21 Payments to affiliates .....	184,565.00	163,617.00	17,814.00	3,134.00
22 Depreciation, depletion, and amortization .....	321,404.00	190,286.00	65,273.00	65,845.00
23 Insurance .....	27,969.00	12,333.00	13,585.00	2,051.00
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a Printing .....	77,560.00	39,381.00	977.00	37,202.00
b Equip Repair & Maint .....	47,855.00	11,880.00	21,967.00	14,008.00
c Miscellaneous .....	31,238.00	15,919.00	6,934.00	8,385.00
d Volun & Donor Recog .....	20,171.00	420.00		19,751.00
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	21,453,036.00	18,287,235.00	1,422,382.00	1,743,419.00
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		<b>(A)</b>		<b>(B)</b>	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		950.00	<b>1</b>	950.00
	<b>2</b> Savings and temporary cash investments .....		2,915,682.00	<b>2</b>	3,381,080.00
	<b>3</b> Pledges and grants receivable, net .....		5,054,844.00	<b>3</b>	5,515,962.00
	<b>4</b> Accounts receivable, net .....		157,033.00	<b>4</b>	113,265.00
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		228,525.00	<b>9</b>	232,875.00
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	6,140,244.00		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	3,332,328.00		
			2,774,389.00	<b>10c</b>	2,807,916.00
	<b>11</b> Investments - publicly traded securities .....		2,996,627.00	<b>11</b>	3,031,230.00
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		115,010.00	<b>12</b>	121,071.00
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		813,875.00	<b>15</b>	933,588.00	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		15,056,935.00	<b>16</b>	16,137,937.00	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		457,383.00	<b>17</b>	367,684.00
	<b>18</b> Grants payable .....		8,617,311.00	<b>18</b>	8,980,075.00
	<b>19</b> Deferred revenue .....			<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....			<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		282,554.00	<b>23</b>	57,858.00
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....			<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		9,357,248.00	<b>26</b>	9,405,617.00
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....		4,565,644.00	<b>27</b>	5,211,260.00
	<b>28</b> Temporarily restricted net assets .....		115,769.00	<b>28</b>	383,556.00
	<b>29</b> Permanently restricted net assets .....		1,018,274.00	<b>29</b>	1,137,504.00
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
	<b>33</b> Total net assets or fund balances .....		5,699,687.00	<b>33</b>	6,732,320.00
<b>34</b> Total liabilities and net assets/fund balances .....		15,056,935.00	<b>34</b>	16,137,937.00	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,349,037.00
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,453,036.00
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	896,001.00
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,699,687.00
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	136,632.00
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	6,732,320.00

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>Name of the organization</b> United Way of the Columbia-Willamette	<b>Employer identification number</b> 93-0582124
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16,822,170.00	19,646,549.00	20,149,451.00	20,823,473.00	21,926,209.00	99,367,852.00
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	16,822,170.00	19,646,549.00	20,149,451.00	20,823,473.00	21,926,209.00	99,367,852.00
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						11,088,167.54
<b>6 Public support.</b> Subtract line 5 from line 4.						88,279,684.46

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	16,822,170.00	19,646,549.00	20,149,451.00	20,823,473.00	21,926,209.00	99,367,852.00
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	179,082.00	179,451.00	78,192.00	197,529.00	219,988.00	854,242.00
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	48,482.00	112,099.00	49,321.00	28,408.00	57,769.00	296,079.00
<b>11 Total support.</b> Add lines 7 through 10						100518173.00
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,889,431.00
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.82	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	88.82	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**

United Way of the Columbia-Willamette

**Employer identification number**

93-0582124

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year .....		
<b>2</b> Aggregate contributions to (during year) .....		
<b>3</b> Aggregate grants from (during year) .....		
<b>4</b> Aggregate value at end of year .....		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

**(i)** Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

**a** Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,058,074.00	990,368.00	1,233,727.00		
b Contributions					
c Net investment earnings, gains, and losses	156,003.00	78,247.00	<231,818.00>		
d Grants or scholarships			8,190.00		
e Other expenditures for facilities and programs	6,298.00	7,216.00			
f Administrative expenses	3,348.00	3,325.00	3,351.00		
g End of year balance	1,204,431.00	1,058,074.00	990,368.00		

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  94.50 %
- c Term endowment  5.50 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		886,000.00		886,000.00
b Buildings		3,648,220.00	2,319,985.00	1,328,235.00
c Leasehold improvements		589,612.00	242,359.00	347,253.00
d Equipment		1,016,412.00	769,984.00	246,428.00
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,807,916.00

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Interest in charitable remainder trust	3,952.00
(2) Interest in perpetual trust	929,636.00
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	933,588.00

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,349,037.00
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,453,036.00
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	896,001.00
4	Net unrealized gains (losses) on investments	4	16,912.00
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	119,720.00
9	Total adjustments (net). Add lines 4 through 8	9	136,632.00
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,032,633.00

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	11,635,377.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	16,912.00
b	Donated services and use of facilities	2b	199,162.00
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	119,720.00
e	Add lines 2a through 2d	2e	335,794.00
3	Subtract line 2e from line 1	3	11,299,583.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	11,049,454.00
c	Add lines 4a and 4b	4c	11,049,454.00
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,349,037.00

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	10,602,744.00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	199,162.00
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	199,162.00
3	Subtract line 2e from line 1	3	10,403,582.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	11,049,454.00
c	Add lines 4a and 4b	4c	11,049,454.00
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,453,036.00

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: To provide a predictable stream of income for program

operations.

Part XI, Line 8 - Other Adjustments:

Increase in interest in CRUT 490.

Increase in perpetual trusts 119,230.

Total to Schedule D, Part XI, Line 8 119,720.

**Part XIV** Supplemental Information (continued)

Part XII, Line 2d - Other Adjustments:

Increase in interest in perpetual trust	119,230.
Increase in interest in CRUT	490.
Total to Schedule D, Part XII, Line 2d	119,720.

Part XII, Line 4b - Other Adjustments:

Pledges designated by donors	11,049,454.
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Part XIII, Line 4b - Other Adjustments:

Pledges designated by donors	11,049,454.
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
211 Info 1435 NE 81st Suite 200 Portland, OR 97213	93-0784586	501(c)(3)	300,000.00	0.00			Regional 2-1-1 Collaboration
Adelante Mujeres 2420 19th Ave. Forest Grove, OR 97116	03-0473181	501(c)(3)	135,000.00	0.00			Adelante Chicas
ARC of Southwest Washington PO Box 2608 Vancouver, WA 98668	91-0759016	501(c)(3)	112,750.00	0.00			Parents Receiving Intensive Developmental Education (PRIDE)
Asian Health & Service Center 3430 SE Powell Blvd Portland, OR 97202	93-1192100	501(c)(3)	152,000.00	0.00			Asian Wellness Connection
Benefit Advocacy Coalition 2910 SE Hillyard Road Gresham, OR 97080	54-2136269	501(c)(3)	130,000.00	0.00			Toward Independence
Bienestar 220 SE 12th Ave Ste A-100 Hillsboro, OR 97123	93-0860753	501(c)(3)	130,000.00	0.00			Semillas de Exito/Seeds for Success

**2** Enter total number of section 501(c)(3) and government organizations ▶ 63.00

**3** Enter total number of other organizations ▶ 63.00

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bienestar 220 SE 12th Ave Ste A-100 Hillsboro, OR 97123	93-0860753	501(c)(3)	7,500.00	0.00			Earned Income Tax Credit Outreach
Black Parent Initiative 2811 NE Holman Portland, OR 97211	43-0658188	501(c)(3)	152,000.00	0.00			Parent University
Black Parent Initiative 2811 NE Holman Portland, OR 97211	43-0658188	501(c)(3)	5,000.00	0.00			Business Plan Development
Boys & Girls Clubs of Portland Metropolitan Area - PO Box 820127 - Portland, OR 97282	93-0474800	501(c)(3)	10,000.00	0.00			Literacy Endorsement
CASH Oregon (Creating Assets, Savings & Hope) - 2013 Lloyd Center Mall - Portland, OR 97232	20-5682797	501(c)(3)	70,000.00	0.00			Earned Income Tax Credit Outreach
CASH Oregon (Creating Assets, Savings & Hope) - 2013 Lloyd Center Mall - Portland, OR 97232	20-5682797	501(c)(3)	5,000.00	0.00			Earned Income Tax Credit Technology Improvement
Clackamas County Social Services 2051 Kaen Road PO Box 2950 Oregon City, OR 97045	94-3032590	501(c)(3)	68,407.00	0.00			Community Relief Fund
Clackamas County Social Services 2051 Kaen Road PO Box 2950 Oregon City, OR 97045	94-3032590	501(c)(3)	15,000.00	0.00			Project for Volunteerism in Clackamas County
Clackamas Women's Services 704 Main Street Suite 200 Oregon City, OR 97045	93-0900119	501(c)(3)	152,000.00	0.00			Beyond Shelter Housing Initiative

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Action Washington County 1001 SW Baseline St Hillsboro, OR 97123	93-0554941	501(c)(3)	82,089.00	0.00			Community Relief Fund
Community Housing Resource Center 103 East 29th Street Vancouver, WA 98663	91-1641351	501(c)(3)	112,320.00	0.00			Take Charge!---Build Assets, \$\$\$ and Credit Smarts
Concordia University Foundation 2811 NE Holman St, Portland, OR 97211	93-0771304	501(c)(3)	10,000.00	0.00			Faubion School Neighborhood Wellness Program
Cowlitz Tribe 1055 9th Avenue, Suite B Longview, WA 98632	91-1265477	501(c)(3)	4,561.00	0.00			Community Relief Fund
Friends of Creston Children's Dental Clinic - 10505 SE 17th Avenue - Milwaukie, OR 97222	32-0300896	501(c)(3)	10,000.00	0.00			Creston Children's Dental Clinic
Grantmakers of Oregon & Southwest Washington - PO Box 6381 - Portland, OR 97228	91-1798108	501(c)(3)	5,000.00	0.00			Communities of Color in Oregon Research
Hacienda Community Development Corporation - 5136 NE 42nd Ave - Portland, OR 97218	93-0979064	501(c)(3)	162,000.00	0.00			Vamos & Expresiones: Latino & Somali
Hacienda Community Development Corporation - 5136 NE 42nd Ave - Portland, OR 97218	93-0979064	501(c)(3)	20,513.00	0.00			Community Relief Fund
Hands on Greater Portland PO Box 4889 Portland, OR 97208	93-1218427	501(c)(3)	145,000.00	0.00			Volunteer Innovation Project

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hollywood Senior Center 1820 NE 40th Avenue Portland, OR 97212	23-7291187	501(c)(3)	140,000.00	0.00			Senior Medication Assistance Network
Human Solutions, Inc 12350 SE Powell Blvd. Portland, OR 97236	93-0977166	501(c)(3)	158,000.00	0.00			Resident Services Project
Human Solutions, Inc 12350 SE Powell Blvd. Portland, OR 97236	93-0977166	501(c)(3)	77,549.00	0.00			Community Relief Fund
Immigrant & Refugee Community Organization (IRCO) - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)(3)	19,805.00	0.00			Community Relief Fund
Immigrant & Refugee Community Organization (IRCO) - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)(3)	131,000.00	0.00			African Community Collaboration for Economic Self-Sufficiency
Impact NW PO Box 33530 Portland, OR 97292	93-0557964	501(c)(3)	30,051.00	0.00			Community Relief Fund
Inter-Faith Treasure House 91 C Street Washougal, WA 98671	91-1214478	501(c)(3)	4,561.00	0.00			Community Relief Fund
Janus Youth Programs 707 NE Couch St Portland, OR 97232	23-7345990	501(c)(3)	152,000.00	0.00			Village Gardens
JOIN: Connecting the Street to a Home - 1435 NE 81st Ave, Suite 100 - Portland, OR 97213	93-1090005	501(c)(3)	136,000.00	0.00			Working in Community

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Labors Community Service Agency, Inc - 1125 SE Madison St, #103B - Portland, OR 97214	23-7393223	501(c)(3)	125,000.00	0.00			Community Services
Mercy Corps Northwest 43 SW Naito Pkwy Portland, OR 97204	93-1315010	501(c)(3)	148,000.00	0.00			ROAR (Reentry Organization and Resources) Transition Center
Native American Rehabilitation Assoc of the NW Inc - 1776 SW Madison St - Portland, OR 97205	23-7098400	501(c)(3)	4,598.00	0.00			Community Relief Fund
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	162,000.00	0.00			Native Student Literacy Project
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	14,650.00	0.00			Community Relief Fund
Neighborhood House, Inc 7780 SW Capitol Hwy Portland, OR 97219	93-0386875	501(c)(3)	21,542.00	0.00			Community Relief Fund
Neighborhood House, Inc 7780 SW Capitol Hwy Portland, OR 97219	93-0386875	501(c)(3)	158,000.00	0.00			Community Approaches to Building School Success
Nonprofit Network SW Washington PO Box 822379 Vancouver, WA 98682	26-1396970	501(c)(3)	25,000.00	0.00			Project Support Scope of Services
Oregon Health & Science University Foundation - 3181 SW Sam Jackson Park Road - Portland, OR 97239	23-7083114	501(c)(3)	25,000.00	0.00			OHSU Global Health Center Community Education Program

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Community Foundation 1221 SW Yamhill, Ste #100 Portland, OR 97205	23-7315673	501(c)(3)	5,000.00	0.00			Community 101 Fund
Oregon Food Bank PO Box 55370 Portland, OR 97238	93-0785786	501(c)(3)	66,878.00	0.00			Community Relief Fund
Oregon Law Center 921 SW Washington St, Ste 516 Portland, OR 97205	93-1194564	501(c)(3)	136,000.00	0.00			Project Against Workplace Sexual Assault
Oregon Tradeswomen Inc 3934 NE Martin Luther King Jr Blvd Portland, OR 97212	31-1655001	501(c)(3)	135,000.00	0.00			Constructing Green Futures
Outside In 1132 SW 13th Ave Portland, OR 97205	93-0567549	501(c)(3)	152,000.00	0.00			Neighborhood Sparks: Transformation
PANOW - Project Access of Northwest Oregon & Washington - PO Box 10953 - Portland, OR 97296	20-8928388	501(c)(3)	100,000.00	0.00			Linking Patients and Doctors
Parks and Recreation Foundation of Vancouver and Clark County - PO Box 2397 - Vancouver, WA 98668	91-1986747	501(c)(3)	6,000.00	0.00			Evergreen Park Summer Playgound Program
Portland State University Graduate School of Education - Continuing Education PO Box 751 - Portland, OR 97207	93-6001786	501(c)(3)	25,000.00	0.00			Cradle to Career Program
Salvation Army Gresham Corp 473 Southeast 194th Avenue Portland, OR 97233	94-1156347	501(c)(3)	10,000.00	0.00			Gresham Teen Program

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army of Clark County PO Box 5559 Vancouver, WA 98668	94-1156347	501(c)(3)	41,044.00	0.00			Community Relief Fund
Second Step Housing 2500 Main St Suite 120 Vancouver, WA 98660	91-1691325	501(c)(3)	148,000.00	0.00			Re-Entry Housing Project
Self Enhancement, Inc 3920 N Kerby Ave Portland, OR 97227	93-1086629	501(c)(3)	25,635.00	0.00			Community Relief Fund
Self Enhancement, Inc 3920 N Kerby Ave Portland, OR 97227	93-1086629	501(c)(3)	162,000.00	0.00			Youth Potential Realized
Share, Inc PO Box 1209 Vancouver, WA 98666	91-1205119	501(c)(3)	22,802.00	0.00			Community Relief Fund
Support for Early Learning & Families (SELF) - 13504 NE 84th St Suite 103-137 - Vancouver, WA 98682	27-1423723	501(c)(3)	10,000.00	0.00			Love, Talk, Play
United Cerebral Palsy of Oregon & SW Washington - 11731 NE Glen Widing Drive - Portland, OR 97220	93-0462580	501(c)(3)	15,000.00	0.00			Disabilities Initiataive Event
Virginia Garcia Memorial Health Center - PO Box 568 - Cornelius, OR 97113	93-0717997	501(c)(3)	152,000.00	0.00			MILPA II
Wisdom of the Elders 5518 SE Flavel Drive Portland, OR 97206	93-1164114	501(c)(3)	152,000.00	0.00			Discovering our Story Project

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Contact, Inc. 447 SE Baseline Hillsboro, OR 97123	93-0780364	501(c)(3)	152,000.00	0.00			Family Justice Initiative
YWCA of Clark County 3609 Main St Vancouver, WA 98663	91-0569882	501(c)(3)	18,242.00	0.00			Community Relief Fund
Donor Designations 619 SW 11th, Room 300 Portland, OR 97205	Applied For	501(c)(3)	177,960.00	0.00			Misc sponsorships, GAP, Born Learning etc

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: As a condition for receiving grant funds,  
 grantees are required to submit: 1) a funding agreement signed by the  
 organization's board president and the chief executive officer; 2)  
 organization's anti-discrimination policy; 3) certification stating that  
 United Way funds will be used in compliance with all applicable  
 anti-terrorism financing and asset control laws, statutes and executive  
 orders; and 4) organizations with annual budgets over \$500,000, an annual  
 audit, and organizations with budgets under \$500,000, an annual financial  
 review. In addition grantees submit an annual work plan that reflects: 1)

**Part IV Supplemental Information**

goals and objectives of the funded project with specific deliverables and milestones; 2) an evaluation plan to measure accomplishment of the goals and objectives; and 3) budget of expenses for staffing, equipment, training and other program needs related to project goals and objectives. Progress reports are required every 6 months to determine that grantees are implementing the program according to this work plan, achieving the goals of the program and spending United Way funds according to the project budget. Monitoring includes semi-annual progress report reviews, annual site visits, and formal program review. Technical assistance is provided to bring programs into compliance regarding the terms of the funding agreement, the program budget, management, implementation and/or achievement of project goals. United Way reserves the right to conduct additional reviews of a funded project at any time during the funding year. Organizations are required to return to United Way any funds paid to the organization which may no longer be used for their intended purposes as outlined in the work plan. United Way may authorize deferment of payment whenever required reports are not submitted, requested additional information is not submitted and/or for repeated non-compliance with terms of the funding agreement. Upon presentation of information regarding alleged fiscal mismanagement, serious financial concerns that impact the project's performance, significant deficiencies in service delivery, and/or non-compliance with the terms of the funding agreement, the Community Impact Cabinet may recommend cancellation of the funding agreement. Cancellation of the funding agreement is the responsibility of the United Way Board of Directors.

Schedule I, Part II:

In addition, to the grants listed in this schedule, UWCW provided

**Part IV Supplemental Information**

grants related to the following : Gas Assistance, Born Learning

expansion, and a Diversity Summit, as well as miscellaneous small grants

and community engagement sponsorships. The total of these grants and

payments was \$177,960.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	X									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	X									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>		X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	X									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>		X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

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

Schedule J (Form 990) 2010

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Marc Levy	(i)	191,726.00	0.00	7,200.00	29,345.00	11,613.00	239,884.00	0.00
	(ii)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Part I, Line 4b: CEO contributed \$3,750 to a 457b plan. No employer

contributions were made.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	54	894,267.00	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

Schedule M, Line 32b: A securities broker is used to sell marketable

securities received as gifts

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Form 990, Part III, Line 1, Description of Organization Mission:

The United Way of the Columbia Willamettes Cornerstone Program covers all overhead expense so no fees are charged for the cost of fundraising and distribution. At United Way, we research the needs of the community, identify partners that promote collaborations, and invest in programs that achieve measurable results. Our work is focused in the areas of education, income and health. We provide basic emergency needs (food, rent, utilities and prescriptions) while also seeking innovative approaches to address the underlying causes or problems to prevent them from happening in the first place. At United Way, we work with volunteers, nonprofit partners, businesses, government entities, and donors because it takes all of us working together, united, to create long-lasting change in our community.

Form 990, Part III, Line 4d, Other Program Services:

Other Program Services include community engagement, grant monitoring, results reporting, technical assistance, and volunteer management. United Way works with community and business leaders, government, and nonprofit partners to identify community needs, foster collaborations, and develop approaches for reaching shared goals. We also provide direct technical assistance to nonprofits in outcome evaluation, cultural competency, nonprofit fund development and collaboration. United Way produces publications and conducts research and community education on regional trends, needs and best practices, and convenes and participates in regional planning processes and initiative development. Technical assistance includes training and resources to

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

increase board and fund development capacity of community-based nonprofits.

Expenses \$ 1,996,323. including grants of \$ 0. Revenue \$ 0.

Form 990, Part III

Statement of Program Accomplishments

Education:

-3,525 children ages 0-5 were supported in their early development and learning

-1,609 youth were connected with mentors and after school supports

-4,331 parents and teachers increased skills and resources to support childrens learning

-84% of youth in after school programs are on track for graduation

-72% of parents increased participation in their childs school and learning

Income:

-12,659 adults increased skills and connections for financial security

-6,476 kids experienced increased family financial security

-936 people participated in financial literacy workshops and financial counseling

-402 individuals received mortgage counseling

-640 individuals and families were assisted to avoid homelessness

-151 secured jobs

-383 were assisted with transportation costs

-125 individuals moved from homelessness to permanent housing

-2,023 households received rent and utility assistance (4,692 adults

and children)

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

-550 seniors increased resources to maintain independence and safety in their homes

-272 adults with disabilities increased resources for independent living

-8,764 people received assistance preparing their tax returns (more than \$3 million was returned to the community in Earned Income Tax credits)

Health:

-15,219 adults and children increased skills and resources to improve their health and safety

-4,613 accessed health services

-2,526 accessed mental health services

-700 kids received dental exams and education

-1,413 increased knowledge to improve and manage their health

-1,378 improved their nutrition and access to healthy food

-372 accessed services to increase safety from domestic violence and sexual assault

Volunteerism/Information and referral:

-10,288 volunteers were connected to service opportunities resulting in

59,403 hours given at a value of \$1,753,114

-82,739 calls were handled by 211info

Form 990, Part VI, Section B, line 11: The IRS Form 990 is electronically sent to all Finance Committee members and reviewed in detail at the Finance Committee meeting. Once approved by the Finance Committee, the 990 is electronically sent to all Board members for review at the Board meeting.

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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The Finance committee reviews the form 990 with the board and the board approves a motion for submission to the IRS. The 990 is then posted to the UWCW website.

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

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

Form 990, Part VI, Section C, Line 19: United Way of Columbia-Willamettes governing documents, code of ethics, conflict of interest policy, and anti-discrimination policy are available upon request. The audited financial statements, IRS Form 990, and the Annual Report are available on the website.

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	16,912.
Increase in interest in CRUT	490.
Increase in perpetual trusts	119,230.
Total to Form 990, Part XI, Line 5	136,632.

Form 990, Part XI, Line 2C

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