Form	990

## Extended to May 15, 2020

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A	For the	e 2018 calendar year, or tax year beginning JUL 1, 2018 and	ending JT	JN 30, 2019					
В	Check if applicab	le: C Name of organization		D Employer identific	ation number				
	Addre								
Name change       Doing business as       93-058212         Initial Initial Initial       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E									
	28-9131								
	termir ated			G Gross receipts \$	24,480,551.				
	Amen	Portrand, OK 97205-2646		H(a) Is this a group re	turn				
		<b>F</b> Name and address of principal officer: Cindy Adams		for subordinates	? <b>Yes</b> X No				
	pendi	same as C above		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1) d	or 📃 527	If "No," attach a	ist. (see instructions)				
_		te: www.unitedway-pdx.org		H(c) Group exemptior	number 🕨				
		f organization: 🗴 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year of	of formation: 1952 M	State of legal domicile: OR				
Pa	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: $\underbrace{\texttt{Helping}}_{\texttt{Helping}}$	g people,	changing lives,					
anc		making every contribution count.							
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos							
Š		Number of voting members of the governing body (Part VI, line 1a)			18				
<del>م</del>		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm c}$	18						
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			72				
ivit	6	Total number of volunteers (estimate if necessary)		21248					
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.				
				Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		22,889,785.	22,542,207.				
Revenue	9	Program service revenue (Part VIII, line 2g)		19,882.	104,456.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		577,281.	687,522. 27,421.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,540,071.	23,361,606.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,229,941.	12,390,978.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,116,213.	4,162,105.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,784,		C 400 400	<u> </u>				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,409,490.	6,699,088.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,755,644.	23,252,171.				
	19	Revenue less expenses. Subtract line 18 from line 12		-215,573.	109,435.				
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year				
Bala	20	Total assets (Part X, line 16)		21,945,954.	21,229,315.				
et A	21	Total liabilities (Part X, line 26)		5,906,227.	4,972,547.				
		Net assets or fund balances. Subtract line 21 from line 20		16,039,727.	16,256,768.				
	art II	Signature Block							

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

Sign Here									
Paid	Print/Type preparer's name Robert M. Prill	Date	Check if self-employed	PTIN P00236613					
Preparer	Firm's name 🕞 Hoffman, Stewart & Schmi	dt, PC	F	Firm's EIN 🕨 🧐	3-0743240				
Use Only	Only Firm's address 3 CenterPointe Drive, Suite 300								
	Lake Oswego, OR 97035-8663 Phone no.503-2								
May the I	RS discuss this return with the preparer shown abc	ove? (see instructions)			X Yes	No			
					_ ^	^^			

<ul> <li>If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported.</li> </ul>		990 (2018) United Way of the Columbia-Willamette 93-0582124 Page 2
<ul> <li>Birdly describe the organization's mission: Improve lives, strenctions communities and advance equity by mobilizing the caring power of people across our matro area. See Schedule 0. </li></ul>	Pa	t III Statement of Program Service Accomplishments
Improve lives, strengthen communities and advance equity by mobiling the caring power of people across our metro area. See Schedule 0.           2         Did the organization underfake any significant program services during the year which were not listed on the prior form 980 or 990-272         Improve lives, and the organization cases conducting, or make significant changes in how it conducts, any program services?         Improve lives, and the organization's program services completion to index to conduct any program services?         Improve lives, and the organization's program service accompletion the annount of grants and allocations to others, the total exponses, an revenue, far, for each organization are required to report the annount of grants and allocations to others, the total exponses, an revenue, far, for each organization are required to report the annount of grants and allocations to others, the total exponses, an revenue, far, for each organization are required to report the annount of grants and allocations to others, the total exponses, an revenue, far, for each organization are required to report the annount of grants and allocations to others, the total exponses, an revenue, far, for each organization and the organization and the organization and the allong-term focus on transforming communities. United May is focus ing on breaking the evole         2,853,522.) (herewes 6           40         (code:		Check if Schedule O contains a response or note to any line in this Part III
the caring power of people across our metro area. See Schedule 0.         2       Did the organization of people across our metro area. See Schedule 0.         3       Did the organization case conducting, or making provide significant changes in how it conducts, any program services, and people of the organization case conducting, or making significant changes in how it conducts, any program services, an measured by expenses. Section 501(6)(8) and 501(6)(9) cagnizations are required to report the amount of grants and allocations to others, the total expenses, an revence, if any, for each program service reported.       2,853,522_) (newworks_3,253,147, including grants or \$2,853,522_) (newworks_3, as measured by expenses. Section 501(6)(8) and 501(6)(9) cagnizations are required to report the amount of grants and allocations to others, the total expenses, an revence, if any, for each program service accompliablements for each of its three largest program services, as measured by expenses. Sectors 501(6)(8) and 501(6)(9) cagnizations are required to report the amount of grants and allocations to others, the total expenses are required to report the amount of grants and allocations to others, the total expenses, and revence distance of case of the case case of the case of the case of the case of the case	1	
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 990-E27       IVes: [2]         IV "ves: [2]       IV "ves: [2]       IVes: [2]         II "Ves: [2]       IVes: [2]       IVes: [2]         Good: [3] and 501(0/4) organizations are required to report the amount of grants and allocations to others, the total expanses, an revenue, if with for each of its three largest program services?       [2]         Good: [1] (Deerwest: [3]       3, 251,147       itsuding are size [3]       [2]         If rans/forming communities: [3]       3, 251,147       itsuding are size [3]       [2]       [(Revenues ]]       [2]       [2]       [Revenues ]]       [2]       [2]       [2]       [Revenues ]]       [2]       [2]       [Revenues ]]       [2]       [2]       [2]       [Revenues ]]       [2]       [2]       [Revenues ]]       [2]       [2]       [2]       [2]       [2]       [2]       [2] <t< td=""><td></td><td>· · · · · · · · · · · · · · · · · · ·</td></t<>		· · · · · · · · · · · · · · · · · · ·
prior Form 390 or 930 cF 29		the caring power of people across our metro area. See Schedule O.
prior Form 390 or 930 cF 29		
pror Form 380 or 980 or 980 er 27	2	Did the organization undertake any significant program services during the year which were not listed on the
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revenue, if any, for each program service reported.         4a       (cote	-	
4a       (Cose		
<pre>40 (code:)(Expenses</pre>	42	
<pre>envisioned as a collective impact model with a long-term focus on transforming communities. United Way is focusing on breaking the cycle of childhood poverty by investing in the highest need communities across our region to improve educational outcomes for young people, stabilize the families in which they live, and build strong and connected communities around them. (See Schedule O for more information)</pre>	та	
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		and supports for families to ensure that children have what they need
4d Other program services (Describe in Schedule O.)		to thrive in school and life. (See Schedule O for more information)
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	4d	Other program services (Describe in Schedule Q.)
(Expenses \$ 533,923. including grants of \$ ) (Revenue \$ 104,456.)		
4e     Total program service expenses ►     19,867,143.	40	
		Form 990 (2018

Form 990 (2018) United Way of the Columbia-Willamette
Part IV Checklist of Required Schedules

			0
Ра	۱C	e	J

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
<b>b</b>	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		л
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</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		<b>.</b>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19 202		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
ь 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

	990 (2018) United Way of the Columbia-Willamette 93-0582124		P	age <b>4</b>
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	School Ja L. Davit J	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		x
00		27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>^</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1.		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			

	Check if Schedule O contains a response or note to any line in this Part V					
		_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	54			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

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93-0582124

Form	990 (2018) United Way of the Columbia-Willamette 93-0582124		P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form	990 (2018) United Way of the Columbia-Willamette		93-0582124		P	age <b>6</b>		
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	. See i	nstructions.					
	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	3				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-					
a	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v		
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)		Vee	Na		
100	Did the examination have lead chapters, branches, or effiliates?			10a	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a				
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly bere		114				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y							
-	in Schedule O how this was done			12c	х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approv							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	х			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a					
	taxable entity during the year?			16a		х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed WA, OR							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990	-T (Section 501(c)(3	)s only)	availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict c	of interest policy, an	d tinan	cial			
00	statements available to the public during the tax year.		al una nunta 🕨					
20	State the name, address, and telephone number of the person who possesses the organization's bo Kori Gregg - (503) 228-9131	oks ar	iu records 📂					
	619 SW 11TH Avenue Portland OR 97205-2646							

Form 990 (		93-0582124	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mayra Arreola	0.50									
Director		х						0.	0.	0.
(2) Chris Delaney	0.50									
Director		Х						0.	0.	0.
(3) Sean Edwards	0.50	4								
Director		Х						0.	0.	0.
(4) John Ewert	0.50	4								
Treasurer		Х		X				0.	0.	0.
(5) Greg Geshel	0.50	4								
Director		Х						0.	0.	0.
(6) Jason Green	0.50	4								
Secretary		X		X				0.	0.	0.
(7) Heather Guthrie	0.50	4								
Chair		Х		X				0.	0.	0.
(8) James Harker	0.50									
Director		х						0.	0.	0.
(9) Janet LaBar	0.50	4								_
Director		х						0.	0.	0.
(10) Mohan Nair	0.50	4								_
Director		х						0.	0.	0.
(11) Mark Poling	0.50	4								_
Director		х						0.	0.	0.
(12) Kevin Rask	0.50									
Director		х			<u> </u>		<u> </u>	0.	0.	0.
(13) Diane Rosenbaum	0.50	ł								
Director		х			<u> </u>		<u> </u>	0.	0.	0.
(14) Mike Scott	0.50	l								0
Director	0.50	х						0.	0.	0.
(15) Todd Spear	0.50									0
Director	0.50	X	<u> </u>	-		$\vdash$		0.	0.	0.
(16) Pradeep Tempalli	0.50	l.,						_	_	^
Director	0.50	X	<u> </u>	-		$\vdash$		0.	0.	0.
(17) Alan Yordy	0.50	x						0.	0.	^
Director		^				1		U.	۰. ۱	0.

Form 990 (2018) United Way of	the Colum	bia	-Wi	11a	met	te			93-05821	L24		F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck	more erson	) than is bot pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	I		<b>(F)</b> stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fi org an	ipens rom th janiza d rela anizat	ation ne tion ted
(18) Charlene Zidell	0.50												
Director		х						0.		٥.			0.
(19) Keith Thomajan	50.00												
Former President/CEO				X				207,552.		٥.		40	,122.
(20) Kori Dye-Gregg	50.00							100 504				10	242
VP-Finance (21) Thomas Smith	50.00			X				100,794.		0.		18	,343.
Former Chief Impact Officer	50.00			x				98,800.		٥.		25	222
(22) Chelsea Sokolow	50.00							50,000.		<u> </u>		25	,222.
Interim CEO	50.00			x				124,291.		٥.		7	,004.
(23) Amanda Whalen	50.00							111,051.		<u>, , , , , , , , , , , , , , , , , , , </u>		,	,001.
Chief Impact Officer				x				32,322.		٥.		1	,113.
(24) Kathleen Grimm	50.00												,
VP of Equity and HR						x		103,296.		٥.		36	,594.
1b Sub-total								667,055.		٥.		128	,398.
c Total from continuation sheets to Part V								0.		٥.			0.
d Total (add lines 1b and 1c)								667,055.		٥.		128	,398.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	lose	e liste	ed a	bove	e) wi	10 r	received more than \$100	000 of reportable			Yes	4
<b>3</b> Did the organization list any <b>former</b> officer.	director or tri	to					~	highest sempenanted a		I		Tes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		x
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>											3		
and related organizations greater than \$150									and organization		4	x	
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com	-				-			-			5		x
Section B. Independent Contractors													
<b>1</b> Complete this table for your five highest co the organization. Report compensation for	•	•							•	bens	ation	from	
(A) Name and business		ear	enu	ing v	witri			(B) Description of s		C	(C	<b>C)</b> nsatio	on
Portland Public Schools-Faubion@Tubma							_						
PO Box 3107, Portland, OR 97208								Early Learning				617	,811.
Multnomah County Health Department, 4	21 SW						_						,•
Oak St, Suite 210, Portland, OR 97204								Early Learning				613	,764.
David Douglas School District #40													
11300 NE Halsey Street, Portland, OR	97220							Early Learning				494	,948.
Neighborhood House, Inc													
7780 SW Capitol Hwy, Portland, OR 972	219							Early Learning				263	,546.
Parkrose School District													
10636 NE Prescott St, Portland, OR 97								Early Learning				261	,779.
2 Total number of independent contractors (i	e e	ot li	mite	d to			steo	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨				1	1							

Form	990 (	(2018) United V	Way of the C	olumbia-Willa	mette		93-0582124	Page <b>9</b>
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
àrar our		Membership dues						
Am C		Fundraising events						
lar Iar		Related organizations						
ns,	е	Government grants (contribut	ions) <b>1e</b>	11,185,050.				
er S	f	All other contributions, gifts, gran	ts, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	ve 1f	11,357,157.				
ont ont	-	Noncash contributions included in lines	-					
<u>a</u> C	h	Total. Add lines 1a-1f			22,542,207.			
				Business Code	104 450	104 456		
Program Service Revenue	2 a			900099	104,456.	104,456.		
Ser	b							
e s	C A							
Be	d e							
Pro		All other program service reve						
	' a	Total. Add lines 2a-2f			104,456.			
	3	Investment income (including			,			
		other similar amounts)			229,940.			229,940.
	4	Income from investment of tax						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	1						
	С	( /						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,576,527.					
	b	Less: cost or other basis	1 110 0/5					
		and sales expenses						
		Gain or (loss) Net gain or (loss)			457,582.			457,582.
		Gross income from fundraising						
nue	0 4	including \$	of					
eve		contributions reported on line						
r B		Part IV, line 18	-					
Other Revenue	b	Less: direct expenses						
0	с	Net income or (loss) from func	draising events	►				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ł	с	Net income or (loss) from sale						
	11 ~	Miscellaneous Revenu Other	e	Business Code 900099	27,421.	27,421.		
	n a b				27,121.	27,121.		
	c							
	d							
	e	<b>—</b>			27,421.			
	12	Total revenue. See instructions			23,361,606.		0.	687,522.

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168,501.

956,788.

11,607.

104,172.

74,162.

57,562.

44,360.

46,141.

89,823.

26,874.

41,578.

27,796.

119,010.

16,618.

1,784,992.

(D)

United Way of the Columbia-Willamette 93-0582124 Form 990 (2018) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 12,390,978 12,390,978 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 139,041 622,860 315,318. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,923,169. 1,334,655. 631,726. Other salaries and wages 7 Pension plan accruals and contributions (include 8 4,810 section 401(k) and 403(b) employer contributions) 39,697 23,280 Other employee benefits 331,033 166,983 59,878, 9 245,346 113,922 57,262 Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е 74,650 Investment management fees 74,650. f Other. (If line 11g amount exceeds 10% of line 25, q 183,046 column (A) amount, list line 11g expenses on Sch 0.) 656,446 415,838 122,517 78,135 22 Advertising and promotion 12 244,800. 182,017. 16,642. Office expenses 13 14 Information technology 15 Royalties 270,343 125,623 54,897, 16 Occupancy 100,378 56,295 17,209, 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 155,301. 87,097. 26,626. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 181,243 133,634 19,813 21 343,288 151,209 73,069, Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Preschool Promise vendo 4,410,177 4,410,177. а b С d 139,945 58,259 65,068 All other expenses е 19,867,143 1,600,036 Total functional expenses. Add lines 1 through 24e 23,252,171 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

-	τ	Inited	Way	of	the	Columbi	La-W:	illame	tte
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Page **11** 

		Check if Schedule O contains a response or not	e to any lin	e in this Part X		<u>-</u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			441,541.	1	1,476,348
	2	Savings and temporary cash investments			861,452.	2	854,945
	3	Pledges and grants receivable, net			4,957,161.	3	4,268,273
	4	Accounts receivable, net			2,110.	4	9,47
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employ	/ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9	9) voluntary			
2		employees' beneficiary organizations (see instr).		-		6	
433013	7	Notes and loans receivable, net				7	
ξ		Inventories for sale or use				8	
	9	Duran side some some som de de former de skonners			244,401.	9	229,84
		Land, buildings, and equipment: cost or other			,	-	,
		basis. Complete Part VI of Schedule D	10a	5,977,708.			
	b	Less: accumulated depreciation	10b	3,038,388.	3,212,528.	10c	2,939,320
	11	Investments - publicly traded securities		, ,	10,636,453.	11	9,818,10
		Investments - other securities. See Part IV, line 1			669,201.	12	719,84
	13	Investments - program-related. See Part IV, line		13	,		
	14			14			
	15	Intangible assets		921,107.	15	913,15	
		Other assets. See Part IV, line 11			21,945,954.	16	21,229,31
_	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equa			3,686,192.	17	3,124,82
		Accounts payable and accrued expenses			1,831,440.	18	1,737,75
	18 10	Grants payable			388,595.	19	109,963
	19 00	Deferred revenue			500,555.		109,90
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete R		21			
	22	Loans and other payables to current and former	,	, ,			
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
-		Secured mortgages and notes payable to unrela				23	
		Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,906,227.	26	4,972,54
		Organizations that follow SFAS 117 (ASC 958	), check he	ere 🕨 🔟 and			
Net Assets of Fund Dalances		complete lines 27 through 29, and lines 33 an					
		Unrestricted net assets			11,701,392.	27	11,355,408
Ĕ	28	Temporarily restricted net assets			1,209,360.	28	1,780,338
	29				3,128,975.	29	3,121,023
3		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq				31	
	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			16,039,727.	33	16,256,768
	34	Total liabilities and net assets/fund balances			21,945,954.	34	21,229,315

# Form 990 (2018) Part X Balance Sheet

Form	1990 (2018) United Way of the Columbia-Willamette	93-0582124		Pa	ge <b>12</b>
_	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	,361	,606.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	,252	,171.
3	Revenue less expenses. Subtract line 2 from line 1	3		109	,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	,039	,727.
5	Net unrealized gains (losses) on investments	5		115	,559.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-7	,953.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	,256	,768.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

### Name of the organization

Nam	e of t	he organization						Employer	identification number
		United	l Way of the Col	umbia-Willamette				9	3-0582124
Par	tΙ	Reason for Public	Charity Status (/	All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The c	organ	ization is not a private found	dation because it is: (	For lines 1 through 12, (	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz						)(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C	•		0			Ũ	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-	rant college of agric	ulture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	le or
		university:							
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its su	oport from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen							
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a		ively to test for public s	afety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See <b>section</b>	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	on and con	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally interest	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organizatio	n(s) (see instructions	b). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization ope	rated in co	nnection v	vith its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	,	•					
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ting organi	zation.			
		er the number of supported of	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the oroa	inization listed	(v) Amount o	fmonotony	(vi) Amount of other
	(	organization		(described on lines 1-10		inization listed	support (see in	,	support (see instructions)
				above (see instructions))	Yes	No		,	
Total									

## Schedule A (Form 990 or 990-EZ) 2018 United Way of the Columbia-Willamette

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24,109,329.	19,319,640.	28,851,637.	22,889,785.	22,542,207.	117,712,598.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	24,109,329.	19,319,640.	28,851,637.	22,889,785.	22,542,207.	117,712,598.
	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)						5,476,034.
6	Public support. Subtract line 5 from line 4.						112,236,564.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	24,109,329.	19,319,640.	28,851,637.	22,889,785.	22,542,207.	117,712,598.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	352,095.	296,431.	163,788.	210,330.	229,940.	1,252,584.
9	 Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,098.	6,097.	13,291.	53,123.	27,421.	109,030.
11	Total support. Add lines 7 through 10						119,074,212.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	635,008.
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and <b>stop</b>	-	·····		-		
See	ction C. Computation of Publ	ic Support Per	rcentage				ŕ
14	Public support percentage for 2018 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	94.26 %
	Public support percentage from 2017					15	93.66 %
	33 1/3% support test - 2018. If the c					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2018

93-0582124

Part II Su

## Schedule A (Form 990 or 990 EZ) 2018 United Way of the Columbia-Willamette

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	,	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 6							
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	••	( ) 001 (	(1) 0045	() 0010	( 1) 0017	() 0010	(0 T ) )
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	inization,
	check this box and stop here						
	ction C. Computation of Pub						
15	Public support percentage for 2018 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2018. If the					33 1/3%, and lin	ie 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiz	ation	
k	<b>33 1/3% support tests - 2017.</b> If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies a	as a publicly supp	orted organizatio	on ►
20	Private foundation. If the organization						

## Schedule A (Form 990 or 990-EZ) 2018 United Way of the Columbia-Willamette

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18

# 93-0582124 Page 4 Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

10a

10b

	Schedule A (F	orm 990 or 990-EZ)	2018	United Way	of	the	Columbia-Willamette	
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93-0582124 Page 5

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

Schedule A (Form 990 or 990-EZ) 2018

Image: Support in the second			Part VL) See instruction
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

	rt V Type III Non-Functionally Integrated 509	allo subborning Orga	anizations (continued)	Current Veer
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		-	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		-	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(1)	(**)	()
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 United Way of the Columbia-Willamette	93-0582124	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line <sup>2</sup> Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	ines 1 and 2; Part IV, Sectic Part V, Section B, line 1e; F	on C,
	(See instructions.)		

**SCHEDULE D** 

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	nation.	Inspection
-	e of the organizati				identification number
		United Way of the Columbia-			3-0582124
Pa		ations Maintaining Donor Advise		s or Accounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			-1 - +1 + -
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	-	on inform all donors and donor advisors in v	-		
•	-	on's property, subject to the organization's	-		Yes No
6	•	on inform all grantees, donors, and donor a			
		poses and not for the benefit of the donor o	· · · · ·	U U	
Pa	impermissible priv	vation Easements. Complete if the org	repization answered "Veg" on Form 000		Yes No
				Part IV, line 7.	
1		servation easements held by the organizati n of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	orically important k	and area
		of natural habitat	Preservation of a cert		
		n of open space			ure
2		through 2d if the organization held a qualif	ind conservation contribution in the form	of a conservation	accoment on the last
2	day of the tax yea	<b>c c</b> 1			at the End of the Tax Year
а		onservation easements			
b					
c	-	vation easements on a certified historic str		······	
		vation easements included in (c) acquired a			
u		nal Register			
3		vation easements modified, transferred, rel			ng the tax
-	year ►				· • • • • • • • • • • • • • • • • • • •
4		where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
	•	forcement of the conservation easements it			Yes No
6		er hours devoted to monitoring, inspecting,			
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion easements du	ring the year
	▶\$				
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h	ı)(4)(B)(ii)?			Yes No
9		be how the organization reports conservati			alance sheet, and
	include, if applicat	ble, the text of the footnote to the organizat	tion's financial statements that describes	the organization's	accounting for
	conservation ease				
Pa		ations Maintaining Collections o		ther Similar A	ssets.
		f the organization answered "Yes" on Form			
1a	•	elected, as permitted under SFAS 116 (AS			
	historical treasure	s, or other similar assets held for public exh	nibition, education, or research in furthera	ince of public servi	ce, provide, in Part XIII,
		tnote to its financial statements that descri			
b		elected, as permitted under SFAS 116 (AS			
		r similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	blic service, provid	e the following amounts
	relating to these it			<b>.</b> .	
		ided on Form 990, Part VIII, line 1			
_		ed in Form 990, Part X			
2	-	received or held works of art, historical tre		al gain, provide	
	-	unts required to be reported under SFAS 1		<b>N</b> -	
a		I on Form 990, Part VIII, line 1			
b	Assets included in	n Form 990, Part X		🕨 💲	

<b>b</b> Assets included in Form 990, Part	Х
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Sche	dule D (Form 990) 2018 United Way	of the Columbia	-Willamette		93-	05821	.24	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Similar	Asset	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant use	e of its o	collectio	n item	IS
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									-
	to be sold to raise funds rather than to be ma					. L	Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Form 990, P	art IV, I	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						-		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amoun	t	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				<b>1</b> f		1		<b></b>
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if					<u></u>			
Fai				, ,		o book	(-) Four	Vooro	book
10	Designing of year balance	(a) Current year 3,635,351.	(b) Prior year 3,532,371.	(c) Two years back 3,318,033					
	Beginning of year balance	3,035,351.	5,552,571.	5,510,055	• 5,452	, , , , , , , , , , , , , , , , , , , ,	3,424,797.		191.
b	Contributions	159,874.	203,277.	312,348		,103.		60	,040.
C A	Net investment earnings, gains, and losses	102,587.	100,297.	98,010	_	,217.			
	Grants or scholarships	102,307.	100,257.	50,010	• 02	, 41 / •		52,	404.
e	Other expenditures for facilities								
£	Administrative expenses								
י מ	Administrative expenses End of year balance	3,692,638.	3,635,351.	3,532,371	. 3,318	033	3	432	,353.
9 2	End of year balance L Provide the estimated percentage of the curr		, ,		• • • • • • •	,		, 102 ,	
-	Board designated or quasi-endowment	ent year end balance	%						
a h	Permanent endowment  85.00	%							
	Temporarily restricted endowment	15.00 %							
Ũ	The percentages on lines 2a, 2b, and 2c sho	,,,							
3a	Are there endowment funds not in the posse		tion that are held a	nd administered fo	r the organizati	on			
	by:	eeren er une ergannaa			and organizati		I	Yes	No
	(i) unrelated organizations						3a(i)	X	
							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated		(d) Boo	k valu	e
		basis (investm			lepreciation				
1a	Land			295,333.				295,	,333.
	Buildings		4	,446,300.	2,391,71	2.	2	,054,	,588.
	Leasehold improvements								
	Equipment		1	,236,075.	646,67	6.		589,	,399.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part >	K, column (B), line 1	0c.)			2	,939,	,320.
					0.1		D (Earn	- 0001	0040

Part VII	Investments -	Other Securit	ies.		
Schedule D	(Form 990) 2018	United Way	of	the	Columbia-Willamette

93-0582124	Page <b>3</b>
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#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value L

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col (b) must equal Form 990 Part X col (B) line 13 )	

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Sche	edule D (Form 990) 2018 United Way of the Columbia-Willamette			93-0582124	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	17,258,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		115,559.		
b	Donated services and use of facilities	2b	129,160.		
С	. , , ,				
d	Other (Describe in Part XIII.)	2d	-7,953.		
е	•			2e	236,766.
3	Subtract line <b>2e</b> from line <b>1</b>			3	17,021,372.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	· · · · · · · · · · · · · · · · · · ·		74,650.		
b	· · · · · · · · · · · · · · · · · · ·	4b	6,265,584.		
	Add lines <b>4a</b> and <b>4b</b>			4c	6,340,234.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,361,606.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 - 0 - 1 - 0
1	Total expenses and losses per audited financial statements			1	17,041,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1			
a	Donated services and use of facilities		129,160.		
b	, , , , , , , , , , , , , , , , , , , ,				
c	Other losses				
d		-			100 100
е	•			2e	129,160.
3	Subtract line 2e from line 1			3	16,911,937.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	· · · · · · · · · · · · · · · · · · ·		74,650.		
	Other (Describe in Part XIII.)		6,265,584.		6 240 224
	Add lines <b>4a</b> and <b>4b</b>			4c	6,340,234.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.			5	23,252,171.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines the	and the Dart V line	1. Dort V line (	): Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				L, Fait Ai,
11165	20 and 40, and Fart All, lines 20 and 40. Also complete this part to provide any add	nional intorn			
Part	TV, line 4:				
	· · · · · · · · · · · · · · · · · · ·				
то р	provide a predictable stream of income for program operations.				
Part	X, Line 2:				
Mana	agement believes UWCW does not have any uncertain tax positions	•			
Part	z XI, Line 2d - Other Adjustments:				
Char	nge in value perpetual trust	-7,953.			
	ide in white betbecket cinet	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D					
rart	t XI, Line 4b - Other Adjustments:				

6,265,584.

Pledges designated by donors

Schedule D (Form 990) 2018 Part XIII Supplemental Info	United Way of the Columbia-Willame	ette	93-0582124	Page 5
Part XIII Supplemental Info	rmation (continued)			
Part XII, Line 4b - Other Ad	justments:			
Pledges designated by donors		6,265,584.		

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual n answered "Yes" Attach to For	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization United Way of	the Columbia	-Willamette					Employer identification number 93-0582124
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?						
Part II Grants and Other Assistance to					anization answered "\	′es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	ional space is need	ded.			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
211 Info							
PO Box 11830							
Portland, OR 97211	93-0784586	501(c)3	50,000.	0.			Safety Net Grant
A Jesus Church Family, Inc 10500 SW Nimbus Ave Bldg T Portland, OR 97223	20-0368851	501(c)3	5,748.	0.			Donor Choice
Alano Club of Portland Oregon, The 909 NW 24th Ave Portland, OR 97210	93-0370227	501(c)3	5,000.	0.			Donor Choice
American Cancer Society PO Box 22718 Oklahoma City, OK 73123	13-1788491	501(c)3	5,970.	0.			Donor Choice
American Leadership Forum of Oregon – 221 NW Second Ave, Suite 306 – Portland, OR 97209	94-3106407	501(c)3	5,071.	0.			Donor Choice
American Red Cross of Northwest Oregon Chapter - PO Box 4125 - Portland, OR 97208	53-0196605		14,689.	0.			Donor Choice
2 Enter total number of section 501(c)(3) a	0	•	ne line 1 table				
3 Enter total number of other organization							5.
LHA For Paperwork Reduction Act Notice	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2018)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beaverton Foursquare Church							
13565 SW Walker Rd							
Beaverton, OR 97005	93-0655509	501(c)3	11,757.	0.			Donor Choice
Bienestar							
220 SE 12th Ave Ste A-100							Catalyst Fund from
Hillsboro, OR 97123	93-0860753	501(c)3	5,000.	0.			Multhnomah Country Gran
Black United Fund of Oregon							
2828 NE Alberta St							
Portland, OR 97211	93-0843267	501(c)3	5,000.	0.			Catalyst Fund
Black United Fund of Oregon							
2828 NE Alberta St	00.0040065	501())2	11.051	0			
Portland, OR 97211	93-0843267	501(c)3	11,961.	0.			Donor Choice
Boy Scouts of America-Cascade							
Pacific Council-Ptld/Vancouver -							
2145 SW Naito Pkwy - Portland, OR	0.0.0000000	501())2	C 000	0			
97201	93-0386792	501(c)3	6,986.	0.			Donor Choice
Bridgetown Church							
1306 NW Hoyt St.,#402							
Portland, OR 97209	81-1992757	501(c)3	19,806.	0.			Donor Choice
CAIRO Academy							
13909 SE Stark St							
Portland, OR 97233	81-1843680	501(c)3	13,058.	0.			Early Learning Exp
CAIRO Academy							
13909 SE Stark St							Catalyst Fund from
Portland, OR 97233	81-1843680	501(c)3	5,000.	0.			Multhnomah Country Gran
CASA for Children, Inc							
, 1401 NE 68th Ave							
Portland, OR 97213	93-0923866	501(c)3	8,191.	0.			Donor Choice

Schedule I (Form 990) United Way of							3-0582124 Pa
Part II         Continuation of Grants and Other           (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
CASH Oregon (Creating Assets,							
Savings & Hope) - 2027 Lloyd Center - Portland, OR 97232	20-5682797	501(c)3	100,000.	0.			Safety Net Grant
Chaplain Services							
PO Box 397							
Sandy, OR 97055	93-1242942	501(c)3	5,843.	0.			Donor Choice
Childrens Trust Fund of Oregon							
Foundation - PO Box 14694 -			10 500				
Portland, OR 97293	93-1310666	501(c)3	10,530.	0.			Donor Choice
Church of Jesus Christ of Latter							
Day Saints - Attn: Holly Ciervo,							
50 E North Temple, Room 1521 -	07 000 40 44						
Salt Lake City, UT 84150	87-0234341	501(c)3	7,206.	0.			Donor Choice
Church of Jesus Christ of Latter							
Day Sts - Attn: Holly Ciervo, 50 E							
North Temple, Room 1521 - Salt							
Lake City, UT 84150	87-0234341	501(c)3	30,302.	0.			Donor Choice
Clackamas Service Center							
PO Box 2620							
Clackamas, OR 97015	93-0626175	501(c)3	10,000.	0.			Safety Net Grant
	93-0020175	501(0)5	10,000.	0.			barecy Net Grant
Clackamas Service Center							
PO Box 2620							
Clackamas, OR 97015	93-0626175	501(c)3	6,037.	0.			Community Relief Fund
STREAMAD, ON STOLS	55 0020175	501(075	0,037.	0.			community Reffer Fund
Community Action							
1001 SW Baseline Street							
Hillsboro, OR 97123	93-0554941	501(c)3	50,682.	0.			Safety Net Grant
Community Housing Resource Center							
1910 W. Fourth Plain Blvd. Suite 4							
Vancouver, WA 98660	91-1641351	501(c)3	20,000.	0.		1	Safety Net Grant

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Council for the Homeless							
2500 Main St							
Vancouver, WA 98660	91-2001828	501(c)3	41,282.	0.			Safety Net Grant
Crossroads Community Church							
7708 NE 78th							
Vancouver, WA 98662	91-0949794	501(c)3	5,250.	Ο.			Donor Choice
Doernbecher Children's Hospital							
Foundation - Peter O. Kohler, MD,							
Pres, OHSU, 1121 SW Salmon St, Ste							
#201 - Portland, OR 97205	93-0579589	501(c)3	7,136.	0.			Donor Choice
EarthShare Oregon							
PO Box 426056							
Washington, DC 20042	93-1001285	501(c)3	15,686.	0.			Donor Choice
Dinch United Mathadist Church							
First United Methodist Church 560 Columbia Blvd							
St. Helens, OR 97051	93-0559024	501(c)3	9,214.	0.			Donor Choice
st. herens, ok 97051	95-0559024	501(075	5,214.	0.			
Friendly House Inc.							
2617 NW Savier St							
Portland, OR 97210	93-0524232	501(c)3	7,162.	0.			Donor Choice
Friends of the Children - Portland							
44 NE Morris							
Portland, OR 97212	93-1098105	501(c)3	8,129.	0.			Donor Choice
Fruit Valley Foundation							
915 Broadway Suite 250							
Vancouver, WA 98660	55-0893839	501(c)3	8,502.	0.			Donor Choice
Habitat for Humanity of Oregon							
PO Box 11452							
Portland, OR 97211	93-1180321	$E_{01}(z)$	12,407.	0.			Donor Choice

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(a) Name and address of		(c) IRC section	(d) Amount of	(a) Amount of	(f) Method of	(a) Description of	(b) Purpose of great
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hacienda Community Development							
Corporation - 6700 NE							
Killingsworth St Portland, OR							
97218	93-0979064	501(c)3	46,575.	0.			Multnomah County Grants
Home Forward							
Attn: Accounting, 135 SW Ash St.							
Portland, OR 97204	20-3448706	501(c)3	84,446.	0.			Safety Net Grant
Imago Dei Community Church							
1302 SE Ankeny St			45.005				
Portland, OR 97214	93-1277176	501(c)3	15,085.	0.			Donor Choice
Immigrant & Refugee Community							
Drganization - 10301 NE Glisan St							
- Portland, OR 97220	93-0806295	501(c)3	25,068.	0.			Early Learning Exp
			,				
Immigrant & Refugee Community							
Organization - 10301 NE Glisan St							
- Portland, OR 97220	93-0806295	501(c)3	424,000.	0.			Multnomah County Grants
Immigrant & Refugee Community							
Organization - 10301 NE Glisan St							
- Portland, OR 97220	93-0806295	501(c)3	12,315.	0.			Donor Choice
Innovative Changes							
2027 Lloyd Center							
Portland, OR 97232	80-0516996	501(c)3	5,000.	0.			Catalyst Fund
Tanana Wantha Daramana							
Janus Youth Programs							
707 NE Couch St	0.00			_			
Portland, OR 97232	23-7345990	501(c)3	5,620.	0.			Donor Choice
Junior Achievement of Oregon & SW							
Washington - 7830 SE Foster Road -							
Portland, OR 97206	93-0384007	501(c)3	5,539.	0.			Donor Choice

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KairosPDX							
Attn: Marsha Williams, PO Box 121							
Portland, OR 97212	46-0987167	501(c)3	25,875.	0.			Multnomah County Grant
Labor's Community Service Agency							
Inc - 9955 SE Washington St, Suite							
211 - Portland, OR 97216	23-7393223	501(c)3	9,278.	0.			Donor Choice
Labor's Community Service Agency							
Inc - 9955 SE Washington St, Suite							
211 - Portland, OR 97216	23-7393223	501(c)3	120,000.	0.			Safety Net Grant
, on 0.110				••			
Lakeshore Learning Materials							
2695 E Dominguez St.							
Carson, CA 90895	94-1525814	501(c)3	18,993.	0.			Early Learning Exp
Latino Network							
410 NE 18th Ave	73-1675402	501(c)3	424 000	0.			Multnomah County Grant
Portland, OR 97213	/3-10/5402	501(0)5	424,000.	0.			Multhoman County Grants
Lawyers Campaign for Equal Justice							
620 SW 5th Avenue, Suite 1225							
Portland, OR 97204	93-1193792	501(c)3	34,442.	0.			Donor Choice
LifeWorks NW							
14600 NW Cornell Rd	02 0502022	$E(1/\sigma)^2$	11 704	0			Demon Chaine
Portland, OR 97229	93-0502822	501(c)3	11,724.	0.			Donor Choice
Maybelle Center for Community							
605 NW Couch St							
Portland, OR 97209	93-1060938	501(c)3	12,500.	0.			Donor Choice
McKenzie River Gathering							
Foundation - PO Box 12489 -	02 0601107	F01/->2	C 100	•			
Portland, OR 97214	93-0691187	DUT(C)3	6,126.	0.	<u> </u>		Donor Choice

# Schedule I (Form 990) United Way of the Columbia-Willamette Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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bortland, OR 97207     93-0878944     \$01(c)3     5,717.     0.     ponor Choice       tercy Corps to Box 2669     91-1148123     501(c)3     11,962.     0.     ponor Choice       tetropolitan Family Service 330 NE Second Ave #2     93-0397825     501(c)3     242,000.     0.     Nultnomah County Grant Nultnomah County Grant       tetropolitan Family Service 330 NE Second Ave #2     93-0397825     501(c)3     6,510.     0.     Ponor Choice       tillsboro, OR 97124     93-0397825     501(c)3     6,510.     0.     Ponor Choice       tillsboro, OR 97124     93-0397825     501(c)3     6,510.     0.     Ponor Choice       tillsboro, OR 97124     93-0397825     501(c)3     6,510.     0.     Ponor Choice       tillsboro, OR 97124     93-0397825     501(c)3     5,050.     0.     Ponor Choice       tillsboro, OR 97124     93-0397825     501(c)3     31,050.     0.     Nultnomah County Grant       torrian Child and Family Fervices Rosemont School - 11035     93-0354176     501(c)3     5,065.     0.     Ponor Choice       tet Hood Community College turtin Jason Lutrell, 26000 SE st. Fortland, OR 97030     93-0602309     15(1)     123,679.     0.     Early Learning Exp       Nultnomah County (DCHS)     93-6002309     15(1)     1,093,976.     0.	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Po Box 10 Portland, OR 97207 93-0878944 \$01(c)3 5,717. 0. ponor Choice Mercy Corps Portland, OR 97208 91-1148123 501(c)3 11,962. 0. ponor Choice Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 242,000. 0. Kultnomah County Grant Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 6,510. 0. Donor Choice Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 6,510. 0. Donor Choice Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 6,510. 0. Donor Choice Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 6,510. 0. Donor Choice Mitracle Theater Group 425 SE 6th Ave Sortland, OR 97214 93-0907543 501(c)3 31,050. 0. Multionach County Grant Metrison Child and Family Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 97220 93-0354176 501(c)3 5,065. 0. Donor Choice Multionach County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204 93-6002309 115(1) 1,093,976. 0. Early Learning Exp Multionach County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204 Portland, OR 97209 115(1) 1,093,976. 0. Early Learning Exp Multionach County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Portland, OR 97204 SUN Service System, 421 SW Oak St. Por	Medical Teams International							
Marcy Corps         Donor Choice           Portland, OR 97208         91-1148123         501(c)3         11,952.         0.           Metropolitan Family Service         230 NE Second Ave #2         93-0397825         501(c)3         242,000.         0.           Metropolitan Family Service         230 NE Second Ave #2         93-0397825         501(c)3         242,000.         0.           Metropolitan Family Service         230 NE Second Ave #2         93-0397825         501(c)3         6,510.         0.           Mitaboro, OR 97124         93-0397825         501(c)3         6,510.         0.         Donor Choice           Mitaboro, OR 97124         93-0397825         501(c)3         6,510.         0.         Donor Choice           Mitaboro, OR 97124         93-0397843         501(c)3         31,050.         0.         Multnomah County Grant           Morrison Child and Family         93-0907543         501(c)3         5,065.         0.         Donor Choice           Mt Hood Community College         42         115(1)         123,679.         0.         Early Learning Exp           Multnomah County (DCH8)         SUN Service System, 421 6W Oak St.         93-6002309         115(1)         1,093,976.         0.         Early Learning Exp           Native Am	PO Box 10							
PO Box 2669 Portland, OR 9720891-1148123501(c)311,962.0.Donor ChoiceMetropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 9712493-0397825501(c)3242,000.0.Multnomah County GrantMetropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 9712493-0397825501(c)3242,000.0.Multnomah County GrantMetropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 9712493-0397825501(c)36,510.0.Donor ChoiceMiracle Theater Group 425 SE 6th Ave Portland, OR 9721493-0907543501(c)331,050.0.Multnomah County GrantMorrison Child and Family Services-Rosenont School - 11035 NE Sandy Blvd - Portland, OR 9720993-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak st. Portland, OR 9720493-602309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-602309115(1)1,093,976.0.Early Learning Exp	Portland, OR 97207	93-0878944	501(c)3	5,717.	0.			Donor Choice
PO Box 2669 Portland, GR 9720891-1148123501(c)311,962.0.Denor ChoiceMetropolitan Family Service 230 NE Second Ave 42 Hillaboro, OR 9712493-0397825501(c)3242,000.0.Multnomah County GrantMetropolitan Family Service 230 NE Second Ave 42 Hillaboro, OR 9712493-0397825501(c)3242,000.0.Multnomah County GrantMetropolitan Family Service 230 NE Second Ave 42 Hillaboro, OR 9712493-0397825501(c)36,510.0.Donor ChoiceMiracle Theater Group 425 S6 th Ave Portland, OR 9721493-0907543501(c)331,050.0.Multnomah County GrantMorrison Child and Family Service-Rosement School - 11035 NE Sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCH8) SUN Service System, 421 SW Oak St. Portland, OR 9703093-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-6002309115(1)1,093,976.0.Early Learning Exp								
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Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 242,000. Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124 93-0397825 501(c)3 93-0397825 501(c)3 93-0354176 501(c)3 93-00000000000000000000000000000000000					_			
230 NE Second Ave #2       93-0397825       501(c)3       242,000.       0.       Multhomah County Grant         Metropolitan Family Service       93-0397825       501(c)3       6,510.       0.       Donor Choice         230 NE Second Ave #2       93-0397825       501(c)3       6,510.       0.       Donor Choice         Miracle Theater Group       93-0397825       501(c)3       501(c)3       0.       Multhomah County Grant         425 SE 5th Ave       93-0907543       501(c)3       31,050.       0.       Multhomah County Grant         Morrison Child and Family       93-0907543       501(c)3       31,050.       0.       Multhomah County Grant         Services-Rosemont School - 11035       93-0354176       501(c)3       5,065.       0.       Donor Choice         Mt Hood Community College       23-7061622       115(1)       123,679.       0.       Early Learning Exp         Multhomah County (DCHS)       SUN Service System, 421 SW Oak St.       93-6002309       115(1)       1,093,976.       0.       Early Learning Exp         Native American Youth & Pamily       Sun Gervice System, 421 SW Oak St.       93-6002309       115(1)       1,093,976.       0.       Early Learning Exp	Portland, OR 97208	91-1148123	501(c)3	11,962.	0.			Donor Choice
230 NE Second Ave #2       93-0397825       501(c)3       242,000.       0.       Multnomah County Grant         Metropolitan Family Service       230 NE Second Ave #2       93-0397825       501(c)3       6,510.       0.       Donor Choice         Miracle Theater Group       93-0397825       501(c)3       6,510.       0.       Donor Choice         Miracle Theater Group       93-0397825       501(c)3       501(c)3       0.       Multnomah County Grant         Morrison Child and Family       93-0907543       501(c)3       31,050.       0.       Multnomah County Grant         Morrison Child and Family       93-03054176       501(c)3       5,065.       0.       Donor Choice         Mt Hood Community College       23-7061622       15(1)       123,679.       0.       Barly Learning Exp         Multnomah County (DCHS)       93-6002309       115(1)       1,093,976.       0.       Barly Learning Exp         Native American Youth & Family       93-6002309       115(1)       1,093,976.       0.       Barly Learning Exp	Metropolitan Family Service							
Metropolitan Family Service       230 NE Second Ave #2         230 NE Second Ave #2       93-0397825       501(c)3       6,510.       0.         Miracle Theater Group       425 SE 6th Ave       93-0907543       501(c)3       31,050.       0.         Morrison Child and Family       93-0907543       501(c)3       31,050.       0.       Multnomah County Grant         Morrison Child and Family       Services-Rosemont School - 11035       93-0354176       501(c)3       5,065.       0.       Donor Choice         Mt Hood Community College       Attn: Jason Luttrell, 26000 SE 5t       23-7061622       115(1)       123,679.       0.       Early Learning Exp         Multnomah County (DCHS)       SUN Service System, 421 SW Oak St.       93-6002309       115(1)       1,093,976.       0.       Early Learning Exp         Native American Youth & Family       Center - 5135 NE Columbia Elvd -       0.       Early Learning Exp								
Metropolitan Family Service       230 NE Second Ave #2         230 NE Second Ave #2       93-0397825       501(c)3       6,510.       0.         Miracle Theater Group       425 SE 6th Ave       93-0907543       501(c)3       31,050.       0.         Morrison Child and Family       93-0907543       501(c)3       31,050.       0.       Multnomah County Grant         Morrison Child and Family       Services-Rosemont School - 11035       93-0354176       501(c)3       5,065.       0.       Donor Choice         Mt Hood Community College       Attn: Jason Luttrell, 26000 SE 5t       23-7061622       115(1)       123,679.       0.       Early Learning Exp         Multnomah County (DCHS)       SUN Service System, 421 SW Oak St.       93-6002309       115(1)       1,093,976.       0.       Early Learning Exp         Native American Youth & Family       Center - 5135 NE Columbia Elvd -       0.       Early Learning Exp	Hillsboro, OR 97124	93-0397825	501(c)3	242,000.	0.			Multnomah County Grant:
230 NE Second Ave #2 Hillsboro, OR 9712493-0397825501(c)36,510.0.Donor ChoiceMiracle Theater Group 425 SE 6th Ave Portland, OR 9721493-0907543501(c)331,050.0.Multnomah County GrantMorrison Child and Family Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE St Portland, OR 9703093-002309115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-6002309115(1)1,093,976.0.Early Learning Exp	,			,				
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Miracle Theater Group 425 SE 6th Ave Portland, OR 97214 93-0907543 501(c)3 31,050. 0. Multnomah County Grant Morrison Child and Family Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 97220 93-0354176 501(c)3 5,065. 0. Donor Choice Mt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 97030 23-7061622 115(1) 123,679. 0. Early Learning Exp Multnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204 93-6002309 115(1) 1,093,976. 0. Early Learning Exp Native American Youth & Family Center - 5135 NE Columbia Blvd -	230 NE Second Ave #2							
Miracle Theater Group 425 SE 6th Ave Portland, OR 97214 93-0907543 501(c) 3 31,050. 0. Multnomah County Grant Morrison Child and Family Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 97220 93-0354176 501(c) 3 5,065. 0. Donor Choice Mt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 97030 23-7061622 115(1) 123,679. 0. Early Learning Exp Multnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204 93-6002309 115(1) 1,093,976. 0. Early Learning Exp Native American Youth & Family Center - 5135 NE Columbia Elvd -	Hillsboro, OR 97124	93-0397825	501(c)3	6,510.	Ο.			Donor Choice
425 SE 6th Ave Portland, OR 9721493-0907543501(c)331,050.0.Multnomah County Grand Multnomah County GrandMorrison Child and Family Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 9703093-0364176501(c)35,065.0.Donor ChoiceMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720423-7061622115(1)123,679.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-6002309115(1)1,093,976.0.Early Learning Exp								
Portland, OR 9721493-0907543501(c)331,050.0.Multnomah County GrantMorrison Child and Family Services-Rosemont School - 11035 NE sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -S10(c) SS10(c) SS10(c) SS10(c) SS10(c) SS10(c) S	Miracle Theater Group							
Morrison Child and Family         Services-Rosemont School - 11035         NE Sandy Blvd - Portland, OR 97220         93-0354176         501(c)3         5,065.         0.         Donor Choice         Mt Hood Community College         Attn: Jason Luttrell, 26000 SE St         Portland, OR 97030         23-7061622         Multnomah County (DCHS)         SUN Service System, 421 SW Oak St.         Portland, OR 97204         93-6002309         115(1)         1,093,976.         0.         Early Learning Exp         Native American Youth & Family         Center - 5135 NE Columbia Blvd -	425 SE 6th Ave							
Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE St Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-6002309115(1)1,093,976.0.Early Learning Exp	Portland, OR 97214	93-0907543	501(c)3	31,050.	0.			Multnomah County Grants
Services-Rosemont School - 11035 NE Sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE St Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-6002309115(1)1,093,976.0.Early Learning Exp								
NE Sandy Blvd - Portland, OR 9722093-0354176501(c)35,065.0.Donor ChoiceMt Hood Community College Attn: Jason Luttrell, 26000 SE st Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -93-6002309115(1)1,093,976.0.Early Learning Exp	Morrison Child and Family							
Mt Hood Community College Attn: Jason Luttrell, 26000 SE St Portland, OR 97030       23-7061622       115(1)       123,679.       0.       Early Learning Exp         Multnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204       93-6002309       115(1)       1,093,976.       0.       Early Learning Exp         Native American Youth & Family Center - 5135 NE Columbia Blvd -       93-6002309       115(1)       1,093,976.       0.       Early Learning Exp	Services-Rosemont School - 11035							
Attn:Jason Luttrell, 26000 SE St Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -Image: Columbia Blvd -Image: Columbia Blvd -Image: Columbia Blvd -Image: Columbia Blvd -	NE Sandy Blvd - Portland, OR 97220	93-0354176	501(c)3	5,065.	0.			Donor Choice
Attn:Jason Luttrell, 26000 SE St Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd -Image: Columbia Blvd -Image: Columbia Blvd -Image: Columbia Blvd -Image: Columbia Blvd -								
Portland, OR 9703023-7061622115(1)123,679.0.Early Learning ExpMultnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 9720493-6002309115(1)1,093,976.0.Early Learning ExpNative American Youth & Family Center - 5135 NE Columbia Blvd	Mt Hood Community College							
Multnomah County (DCHS)     Multnomah County (DCHS)       SUN Service System, 421 SW Oak St.     93-6002309       Portland, OR 97204     93-6002309       Native American Youth & Family     1,093,976.       Center - 5135 NE Columbia Blvd -	Attn: Jason Luttrell, 26000 SE St							
SUN Service System, 421 SW Oak St. Portland, OR 97204 93-6002309 115(1) 1,093,976. 0. Early Learning Exp Native American Youth & Family Center - 5135 NE Columbia Blvd -	Portland, OR 97030	23-7061622	115(1)	123,679.	0.			Early Learning Exp
SUN Service System, 421 SW Oak St. Portland, OR 97204 93-6002309 115(1) 1,093,976. 0. Early Learning Exp Native American Youth & Family Center - 5135 NE Columbia Blvd -								
Portland, OR 97204         93-6002309         115(1)         1,093,976.         0.         Early Learning Exp           Native American Youth & Family Center - 5135 NE Columbia Blvd -         Image: Columbia Blvd -								
Native American Youth & Family Center - 5135 NE Columbia Blvd -	-							
Center - 5135 NE Columbia Blvd -	Portland, OR 97204	93-6002309	115(1)	1,093,976.	0.			Early Learning Exp
Center - 5135 NE Columbia Blvd -	Nativo American Vouth & Domil-							
	-							
	Portland, OR 97218	02 1141520	$501(a)^{2}$	330,166.	0.			Multnomah County Grant

93-0582124

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nature Conservancy							
4245 N Fairfax Dr Ste 100							
Arlington, VA 22203	53-0242652	501(c)3	5,704.	0.			Donor Choice
Northwest Housing Alternatives							
2316 SE Willard St							
Milwaukie, OR 97222	93-0814473	501(c)3	23,590.	0.			Safety Net Grant
NW Natural							
Attn: Treasury, PO Box 6017							
Portland, OR 97228	94-6076144	N/A	172,474.	0.			Gas Assistance Program
			, ,				
Oregon Food Bank							
7900 NE 33rd Dr.							
Portland, OR 97211	93-0785786	501(c)3	26,959.	0.			Donor Choice
Oregon Health & Science University							
Foundation (OHSF) - 1121 SW Salmon							
St Ste 200 - Portland, OR 97205	23-7083114	501(c)3	11,178.	0.			Donor Choice
Oregon Humane Society							
1067 NE Columbia Blvd							
Portland, OR 97211	93-0386880	501(c)3	23,956.	0.			Donor Choice
Oregon Public Broadcasting							
7140 SW Macadam Ave							
Portland, OR 97219	93-0814638	501(c)3	8,606.	0.			Donor Choice
	23 0011030						
Oregon Public Health Institute							
411 NE 19th Ave., Building 1, Firs							
Portland, OR 97232	93-1259522	501(c)3	646,945.	0.			Early Learning Exp
Oregon Zoo Foundation The							
Oregon Zoo Foundation, The 4001 SW Canyon Rd							
-	93-0718337	501(c)3	11 776	0.			Donor Choice
Portland, OR 97221	93-0718337	DUT(C)3	11,776.	0.			ponor cnoice

Schedule I (Form 990)         United Way of           Part II         Continuation of Grants and Other			anizations in the U	nited States (Sch	edule I (Form 990) Pa		3-0582124 Pa
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Outside In							
1132 SW 13th Ave							
Portland, OR 97205	93-0567549	501(c)3	9,424.	0.			Donor Choice
	55 6567515	501(0/5	5,121.	<b>.</b>			
Philanthropy Northwest							Complete Count Census
2101 4th Avenue, Suite 650							Collaboration Project
Seattle, WA 98121	91-1110995	501(c)3	7,500.	Ο.			Expense
······			.,				·····
Planned Parenthood of the Columbia							
Willamette - 3727 NE Martin Luther							
King Jr Blvd - Portland, OR 97212	93-6031270	501(c)3	22,701.	0.			Donor Choice
,,			,				
Portland Art Museum							
1219 SW Park Ave							
Portland, OR 97205	93-0391604	501(c)3	7,600.	Ο.			Donor Choice
			, -	-			
Portland Meet Portland							
1320 SE 122nd Ave							Strategic Initiative
Portland, OR 97233	47-2471876	501(c)3	13,000.	Ο.			Grants
			,				
Portland Rescue Mission							
PO Box 3713							
Portland, OR 97208	93-0429004	501(c)3	5,705.	Ο.			Donor Choice
Portland Rotary Charitable Trust							
1220 SW Morrison St, Suite 425							
Portland, OR 97205	93-6031284	501(c)3	26,322.	Ο.			Donor Choice
			· ·				
Regional Arts & Culture Council							
411 NW Park Ave Ste 101							
Portland, OR 97209	93-1059037	501(c)3	8,403.	Ο.			Donor Choice
			· ·				
Royal Ridges Retreat							
PO Box 3010							
Battle Ground, WA 98604	94-3088285	501(c)3	5,619.	Ο.			Donor Choice

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army Clark County							
1500 NE 112th Avenue							
Vancouver, WA 98684	22-2406433	501(c)3	6,845.	0.			Donor Choice
Salvation Army, Cascade Division							
8495 SE Monterey Ave, Box 9							
Happy Valley, OR 97086	94-1156347	501(c)3	8,751.	0.			Donor Choice
Self Enhancement, Inc							
3920 N Kerby Ave				_			
Portland, OR 97227	93-1086629	501(c)3	482,750.	0.			Multnomah County Grants
Self Enhancement, Inc							
3920 N Kerby Ave							
Portland, OR 97227	93-1086629	501(c)3	12,105.	0.			Donor Choice
	55 1000025	501(0/5	12,105.	۰.			
Sunshine Division, Inc.							
687 N Thompson							
Portland, OR 97227	93-0429354	501(c)3	10,734.	0.			Donor Choice
				•			
Tenants Union of Washington State							
5425 Ranier Ave. S. Suite B							
Seattle, WA 98118	91-0967863	501(c)3	5,000.	0.			Catalyst Fund
The Jefferson Dancers							
5210 N Kerby							
Portland, OR 97217	93-6000830	501(c)3	5,417.	0.			Donor Choice
Transit Employee Support Team							
PO Box 13332							
Portland, OR 97213	27-1215210	501(c)3	21,223.	0.			Donor Choice
	27-1213210		41,223.	υ.			POUDI CHOICE
Urban League of Portland							
10 N Russell St							
Portland, OR 97227	93-0395590	501(c)3	77,625.	Ο.			Multnomah County Grants

93-0582124 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Garcia Memorial Foundation - PO Box 46149 - Aloha, OR 97007	91-2077840	501(c)3	7,049.	0.			Donor Choice
Washington County HHS Suite 270 MS 25, 155 N First Ave Hillsboro, OR 97124	93-6002316	115(1)	1,264,948.	0.			Early Learning Exp
Washington County, Finance Division – Suite 270 MS 25, 155 N 1st Avenue – Hillsboro, OR 97124	93-6002316	115(1)	64,119.	0.			Early Learning Exp
Well Community Church 1734 NE 1st Avenue Portland, OR 97212	93-1294368	501(c)3	8,008.	0.			Donor Choice
Westside Church of Christ 5525 SW Menlo Drive Beaverton, OR 97005	93-0698686	501(c)3	7,305.	0.			Donor Choice
Youth Educating Police 3840 SW Dosch Rd. Portland, OR 97239	82-3166117	501(c)3	5,000.	0.			Catalyst Fund
YWCA Clark County PO Box 2206 Vancouver, WA 98668	91-0569882	501(c)3	5,349.	0.			Donor Choice

Schedule I (Form 990) (2018) United Way of the Columbia-Willamette

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	ı (b); and any other a	dditional information.	•
Part I, Line 2:					
Program Grants: As a condition for receiving grant	funds, grant	ees are			
required to submit: 1) a funding agreement signed b	by the organi	zation'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

Page 2

Part IV Supplemental Information
submit an annual work plan that reflects: 1) goals and objectives of the
funded project with specific deliverables and milestones; 2) an evaluation
plan to measure accomplishment of the goals and objectives; and 3) budget
of expenses for staffing, equipment, training and other program needs
related to project goals and objectives. Progress reports are required
every 6 months to determine that grantees are implementing the program
according to this work plan, achieving the goals of the program and
spending United Way funds according to the project budget. Monitoring
includes semi-annual progress report reviews, annual site visits, and
formal program review. Technical assistance is provided to bring programs
into compliance regarding the terms of the funding agreement, the program
budget, management, implementation and/or achievement of project goals.
United Way reserves the right to conduct additional reviews of a funded
project at any time during the funding year. Organizations are required to
return to United Way any funds paid to the organization which may no longer
be used for their intended purposes as outlined in the work plan. United
Way may authorize deferment of payment whenever required reports are not
submitted, requested additional information is not submitted and/or for
repeated non-compliance with terms of the funding agreement. Upon
presentation of information regarding alleged fiscal mismanagement, serious
financial concerns that impact the project's performance, significant
deficiencies in service delivery, and/or non-compliance with the terms of
the funding agreement, the Community Impact Cabinet may recommend
cancellation of the funding agreement. Cancellation of the funding
agreement is the responsibility of the United Way Board of Directors.

Amounts Designated by Donors: United Way of the Columbia-Willamette honors

donor intent, including requests to fund specific nonprofit organizations

Schedule I (	Form	990)

Part IV

that meet the IRS qualification of a tax exempt charitable organization.

SCHEDULE J	Compensation Information	O	MB No. 1	545-004	.7		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2018				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				_		
Department of the Treas	Attach to Form 990.	0	pen to Inspe		с		
Internal Revenue Service Name of the organ		Employer ident	-		nber		
i laine ei lite eigai	United Way of the Columbia-Willamette	93-058212					
Part I Ques	tions Regarding Compensation						
				Yes	No		
1a Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,					
	on A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	ss or charter travel Housing allowance or residence for perso	onal use					
Travel fo	r companions Payments for business use of personal re	esidence					
Tax inde	mnification and gross-up payments Health or social club dues or initiation fee	S					
Discreti	nary spending account Personal services (such as maid, chauffe	ur, chef)					
<b>b</b> If any of the I	oxes on line 1a are checked, did the organization follow a written policy regarding payment or						
reimburseme	nt or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
	ization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which	h, if any, of the following the filing organization used to establish the compensation of the organiz	ation's					
CEO/Executi	e Director. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to					
establish cor	pensation of the CEO/Executive Director, but explain in Part III.						
Comper	sation committee X Written employment contract						
	dent compensation consultant						
	0 of other organizations X Approval by the board or compensation of	committee					
4 During the ye	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization	or a related organization:						
	verance payment or change-of-control payment?		4a		х		
<b>b</b> Participate in	or receive payment from, a supplemental nonqualified retirement plan?		4b		х		
	or receive payment from, an equity-based compensation arrangement?		4c		х		
	y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For persons	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	the revenues of:						
a The organiza	ion?		5a		Х		
<b>b</b> Any related of	rganization?		5b		Х		
	e 5a or 5b, describe in Part III.						
6 For persons	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	the net earnings of:						
	ion?		6a		Х		
<b>b</b> Any related of	rganization?		6b		Х		
	e 6a or 6b, describe in Part III.						
7 For persons	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
	l on lines 5 and 6? If "Yes," describe in Part III		7		Х		
	punts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
•	t exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х		
	e 8, did the organization also follow the rebuttable presumption procedure described in						
	ection 53.4958-6(c)?	<u></u>	9				
	ork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2018		

Schedule J (Form 990) 2018

93-0582124

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title				compensation		(B)(i) <sup>-</sup> (D)	reported as deferred on prior Form 990	
(1) Keith Thomajan	(i)	202,508.	40.	5,004.	6,329.	33,793.	247,674.	0
Former President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

### 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

United Way of the Columbia-Willamette

Employer identification number 93-0582124

Form 990, Part III, Line 1

At United Way of the Columbia-Willamette, we have a simple, ambitious

vision: invest in our region's kids so they are free from poverty and

free to reach their potential.

We have been bringing our community to do good for nearly 100 years. We

are uniquely positioned to connect and support the people, nonprofits,

businesses and government agencies working hard to address poverty in

our region. Leveraging our capacity as a convener and our trusted brand

as an influencer, we focus on where the need is the greatest and

identify and scale what works.

Together we are making schools, families and communities stronger for

the kids of our region.

Schools for kids: We are working to ensure that kids, from pre-school

through graduation, get the support they need to stay in school and

succeed so they can enter college or the workforce ready to thrive and

contribute.

Families for kids: We are helping families meet basic needs and have a

stable foundation so kids can focus in school.

Communities for kids: We are activating the village. We mobilize over

20,000 volunteers a year by connecting them to projects that directly

support kids in our region.

Together, we can make our region a better place for everyone. Together

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

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

Learn more about our mission and what we do at:

https://www.unitedway-pdx.org

Form 990, Part III, Line 4a, Program Service Accomplishments:

United Way has selected one collaborative to invest in through the

Community Transformation strategy. The community collaborative consists

of a number of organizations and/or groups from different sectors that

are working together in alignment with UWCW's new strategic goals of

successful kids, stable families and connected communities. UWCW is

engaging with the collaborative as a partner in a planning process to

co-create a business and work plan that achieves the results outlined

by the collaborative to create impact in their community.

Safety Net Grants - The Safety Net funding strategy is designed to

provide critical aid for our most vulnerable families through

short-term, non-competitive investments in supportive programs that

provide housing, food, heat, utilities and other essential needs for

individuals that, due to an unforeseen personal crisis, disaster or

emergency in their lives, would benefit from additional assistance.

Safety Net partnerships are one-year in length and the grant amount

varies by organization.

The Oregon Census Equity Funders Committee of Oregon (CEFCO) is a

collaborative of philanthropic organizations working to reduce the

undercount in the 2020 census by partnering with public agencies to

raise funds and implement an equitable Hard to Count Campaign,

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
#WeCountOregon, through a pooled and aligned Oregon Census Equity Fund	
· · · ·	
(OCEF). United Way of the Columbia Willamette is the fiscal agent and	
backbone of the OCEF.	
The Albina Rockwood Promise Neighborhood Initiative (ARPNI) is a	
collaborative of seven non-profit organizations working to empower	
students and families of color to achieve academic and economic	
success. In partnership with two school districts, the ARPNI provides	
culturally specific and responsive services to students and families	
from early childhood through college/career. United Way of the	
Columbia Willamette supports the evaluation work of the collaborative,	
leading two surveys: a biennial neighborhood survey and annual school	
climate survey.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
Each hub is working locally to make early learning resources and	
supports more available, more accessible, and more effective for	
children and families that have historically been underrepresented in	
services.	
Form 990, Part III, Line 4d, Other Program Services:	
Hands On Greater Portland provides a link for individuals, families,	
corporate and community groups to join together and engage in	
meaningful volunteer opportunities across the Greater Portland region.	
Hands On Greater Portland offers unique, fun, and flexible ways to get	
connected and involved, and provides volunteer management resources to	
the nonprofit sector.	
Expenses \$ 533,923. including grants of \$ 0. Revenue \$ 104,456. 832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
	55 0502124
Form 990, Part VI, Section B, line 11b:	
The IRS Form 990 is electronically sent to all finance committee members	
and reviewed at the finance committee meeting. Once reviewed by the	
finance committee, the 990 is electronically sent to all board members for	
review. The 990 is then submitted to the IRS and posted to the UWCW	
website.	
webbite.	
Form 990, Part VI, Section B, Line 12c:	
The United Way of the Columbia-Willamette's Code of Ethics certification	
and a Conflict of Interest disclosure are completed and signed annually by	
all Board members, committee members, and staff on an annual basis.	
Tracking is in place to ensure compliance and these forms are reviewed by	
the HR Director. A summary of conflicts of interest are provided to the	
President and Board Chair annually. Board and Committee members do not	
participate in discussions or vote on matters where they have a conflict.	
participate in discussions of 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 UWCW leadership team to ensure that each position falls within the	
appropriate salary range. The Board of Directors reviews the compensation	
of organization officers.	
or organization officers.	

Form 990, Part VI, Section C, Line 19:

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
United Way of the Columbia-Willamette	93-0582124
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.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of perpetual trusts -7,953.	

(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

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

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identif	iying number	
Type or print	Name of exempt organization or other filer, see instruc	tions.		Employer identification number (EIN) o			or
Cite barrels a	United Way of the Columbia-Willamette				93-058	2124	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 619 SW 11th Avenue	e instruc <sup>.</sup>	tions.	Social se	ecurity num	ıber (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a for Portland, OR 97205-2646	reign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1	T
Applicati	on	Return	Application			Return	1
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	-
Form 990	·BL	02	Form 1041-A			08	_
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	_
Form 990	PF	04	Form 5227			10	_
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	_
Form 990	-T (trust other than above)	06	Form 8870			12	_
• The bo	Kori Gregg boks are in the care of 🕨 619 SW 11TH Avenue – Po	ortland	. OR 97205-2646				
	one No. (503) 228-9131		Fax No.				
	organization does not have an office or place of business	in the Ur	·			► X	
	s for a Group Return, enter the organization's four digit G						s
box 🕨 [	$\square$ . If it is for part of the group, check this box $\blacktriangleright$		ch a list with the names and EINs of				-
<b>1</b> Irea	quest an automatic 6-month extension of time until	May 1	5, 2020 . to file	the exen	not organiz	ation return for	
	organization named above. The extension is for the orga				1 3		
▶[	calendar year or						
• •		, an	dending JUN 30, 2019				
-	, , , , , , , , , , , , , , , , , , , ,	/	C				
2 If th	e tax year entered in line 1 is for less than 12 months, ch	neck reas	on: Initial return	Final retur	'n		
	Change in accounting period						
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less				_
any	nonrefundable credits. See instructions.			3a	\$	(	٥.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	y refundable credits and				_
esti	mated tax payments made. Include any prior year overpa	ayment a	llowed as a credit.	3b	\$	(	٥.
c Bal	ance due. Subtract line 3b from line 3a. Include your pay	/ment wit	h this form, if required, by				
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ons.	3c	\$		Ο.
	If you are going to make an electronic funds withdrawal (			453-EO a	nd Form 8	379-EO for payme	nt
instructio							

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

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► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ing numb	ber
Type or print	Name of exempt organization or other filer, see instruct	ctions.		Employer identification number (EIN) o			er (EIN) or
	United Way of the Columbia-Willamette				93-05823	124	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 619 SW 11th Avenue	ee instruc	tions.	Social se	curity numb	er (SSN)	
instructions	City, town or post office, state, and ZIP code. For a for Portland, OR 97205-2646	oreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				0 7
Applicat	ion	Return	Application				Return
Is For		Code	Is For				Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990	D-BL	02	Form 1041-A				08
Form 47	20 (individual)	03	Form 4720 (other than individual)				09
Form 990	D-PF	04	Form 5227				10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990	D-T (trust other than above)	06	Form 8870				12
	Kori Gregg						
• The b	ooks are in the care of 🕨 619 SW 11TH Avenue – P	ortland	, OR 97205-2646				
Telep	hone No. 🕨 (503) 228-9131		Fax No. 🕨				
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			►	X
	is for a Group Return, enter the organization's four digit (						eck this
box 🕨	□ . If it is for part of the group, check this box ▶		ch a list with the names and EINs o				
<b>1</b> Ire	equest an automatic 6-month extension of time until	May 1	5, 2020 , to file	e the exem	npt organizat	tion returi	n for
the	e organization named above. The extension is for the orga	anization's	s return for:				
►	calendar year or						
►	X tax year beginning JUL 1, 2018	, an	d ending JUN 30, 2019				
2 lft	he tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less				
an	y nonrefundable credits. See instructions.			3a	\$		19,389.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
est	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$		17,364.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by				
us	ng EFTPS (Electronic Federal Tax Payment System). See	<u>instruc</u> tio	ons	3c	\$		2,025.
	If you are going to make an electronic funds withdrawal			3453-EO ai	nd Form 887	'9-EO for	payment
instructio	ons.						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)