

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 **and ending** JUN 30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization United Way of the Columbia-Willamette Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 619 SW 11th Avenue City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97205-2646 F Name and address of principal officer: Cindy Adams same as C above	D Employer identification number 93-0582124 E Telephone number (503) 228-9131 G Gross receipts \$ 24,480,551. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.unitedway-pdx.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1952		M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Helping people, changing lives, making every contribution count.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 72 6 Total number of volunteers (estimate if necessary) 6 21248 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">22,889,785.</td> <td style="text-align: right;">22,542,207.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">19,882.</td> <td style="text-align: right;">104,456.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">577,281.</td> <td style="text-align: right;">687,522.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">53,123.</td> <td style="text-align: right;">27,421.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">23,540,071.</td> <td style="text-align: right;">23,361,606.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	22,889,785.	22,542,207.	9 Program service revenue (Part VIII, line 2g)	19,882.	104,456.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	577,281.	687,522.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,123.	27,421.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,540,071.	23,361,606.							
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Part II Signature Block

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

Sign Here	Signature of officer Cindy Adams, President/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Robert M. Prill Preparer's signature Robert M. Prill Date Check <input type="checkbox"/> if self-employed PTIN P00236613 Firm's name ▶ Hoffman, Stewart & Schmidt, PC Firm's address ▶ 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Firm's EIN ▶ 93-0743240 Phone no. 503-220-5900	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Improve lives, strengthen communities and advance equity by mobilizing the caring power of people across our metro area. See Schedule O.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,951,147. including grants of \$ 2,853,522.) (Revenue \$ 27,421.) Transformation Grants - The Community Transformation Strategy is envisioned as a collective impact model with a long-term focus on transforming communities. United Way is focusing on breaking the cycle of childhood poverty by investing in the highest need communities across our region to improve educational outcomes for young people, stabilize the families in which they live, and build strong and connected communities around them. (See Schedule O for more information)

4b (Code:) (Expenses \$ 6,265,584. including grants of \$ 6,265,584.) (Revenue \$) Donor Choice - United Way offers donors the opportunity to designate their gift directly to 501 (3) organizations of their choice. Donations given through United Way provide support to a wide variety of nonprofits and help keep fundraising cost low for these organizations as well as increasing philanthropy within the community.

4c (Code:) (Expenses \$ 9,116,489. including grants of \$ 3,271,872.) (Revenue \$) Early Learning Hubs - Early Learning Multnomah (ELM) and Early Learning Washington County are two of sixteen state-designated early learning hubs throughout Oregon. Oregon's early learning hubs are designed to create an aligned and coordinated early childhood system of services and supports for families to ensure that children have what they need to thrive in school and life. (See Schedule O for more information)

4d Other program services (Describe in Schedule O.) (Expenses \$ 533,923. including grants of \$) (Revenue \$ 104,456.)

4e Total program service expenses 19,867,143.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

Check if Schedule O contains a response 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.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Charlene Zidell Director	0.50	X					0.	0.	0.	
(19) Keith Thomajan Former President/CEO	50.00			X			207,552.	0.	40,122.	
(20) Kori Dye-Gregg VP-Finance	50.00			X			100,794.	0.	18,343.	
(21) Thomas Smith Former Chief Impact Officer	50.00			X			98,800.	0.	25,222.	
(22) Chelsea Sokolow Interim CEO	50.00			X			124,291.	0.	7,004.	
(23) Amanda Whalen Chief Impact Officer	50.00			X			32,322.	0.	1,113.	
(24) Kathleen Grimm VP of Equity and HR	50.00				X		103,296.	0.	36,594.	
1b Sub-total							667,055.	0.	128,398.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							667,055.	0.	128,398.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Portland Public Schools-Faubion@Tubman PO Box 3107, Portland, OR 97208	Early Learning	617,811.
Multnomah County Health Department, 421 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 97219	Early Learning	263,546.
Parkrose School District 10636 NE Prescott St, Portland, OR 97220	Early Learning	261,779.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,185,050.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,357,157.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		22,542,207.				
Program Service Revenue	2 a Service fees	Business Code 900099	104,456.	104,456.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		104,456.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		229,940.			229,940.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			457,582.		457,582.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Other	900099	27,421.	27,421.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		27,421.				
12 Total revenue. See instructions		23,361,606.	131,877.	0.	687,522.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,390,978.	12,390,978.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	622,860.	139,041.	315,318.	168,501.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,923,169.	1,334,655.	631,726.	956,788.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,697.	23,280.	4,810.	11,607.
9 Other employee benefits	331,033.	166,983.	59,878.	104,172.
10 Payroll taxes	245,346.	113,922.	57,262.	74,162.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	74,650.		74,650.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	656,446.	415,838.	183,046.	57,562.
12 Advertising and promotion	122,517.	78,135.	22.	44,360.
13 Office expenses	244,800.	182,017.	16,642.	46,141.
14 Information technology				
15 Royalties				
16 Occupancy	270,343.	125,623.	54,897.	89,823.
17 Travel	100,378.	56,295.	17,209.	26,874.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	155,301.	87,097.	26,626.	41,578.
20 Interest				
21 Payments to affiliates	181,243.	133,634.	19,813.	27,796.
22 Depreciation, depletion, and amortization	343,288.	151,209.	73,069.	119,010.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Preschool Promise vendo</u>	4,410,177.	4,410,177.		
b _____				
c _____				
d _____				
e All other expenses	139,945.	58,259.	65,068.	16,618.
25 Total functional expenses. Add lines 1 through 24e	23,252,171.	19,867,143.	1,600,036.	1,784,992.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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	9,478.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	244,401.	9	229,842.
	10a 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	9,818,106.
	12 Investments - other securities. See Part IV, line 11	669,201.	12	719,849.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	921,107.	15	913,154.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,945,954.	16	21,229,315.	
Liabilities	17 Accounts payable and accrued expenses	3,686,192.	17	3,124,826.
	18 Grants payable	1,831,440.	18	1,737,758.
	19 Deferred revenue	388,595.	19	109,963.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,906,227.	26	4,972,547.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,701,392.	27	11,355,408.
	28 Temporarily restricted net assets	1,209,360.	28	1,780,338.
	29 Permanently restricted net assets	3,128,975.	29	3,121,022.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,039,727.	33	16,256,768.	
34 Total liabilities and net assets/fund balances	21,945,954.	34	21,229,315.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	24,109,329.	19,319,640.	28,851,637.	22,889,785.	22,542,207.	117,712,598.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	24,109,329.	19,319,640.	28,851,637.	22,889,785.	22,542,207.	117,712,598.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,476,034.
6 Public support. Subtract line 5 from line 4.						112,236,564.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	24,109,329.	19,319,640.	28,851,637.	22,889,785.	22,542,207.	117,712,598.
8 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.
12 Gross receipts from related activities, etc. (see instructions)					12	635,008.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.26 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	93.66 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
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?		
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).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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.			
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.			
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.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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 Part VI . 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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: United Way of the Columbia-Willamette; Employer identification number: 93-0582124

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and expenses.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and assets.

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,635,351.	3,532,371.	3,318,033.	3,432,353.	3,424,797.
b Contributions					
c Net investment earnings, gains, and losses	159,874.	203,277.	312,348.	-32,103.	60,040.
d Grants or scholarships	102,587.	100,297.	98,010.	82,217.	52,484.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,692,638.	3,635,351.	3,532,371.	3,318,033.	3,432,353.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 85.00 %
- c Temporarily restricted endowment 15.00 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		295,333.		295,333.
b Buildings		4,446,300.	2,391,712.	2,054,588.
c Leasehold improvements				
d Equipment		1,236,075.	646,676.	589,399.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,939,320.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,258,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	115,559.
b	Donated services and use of facilities	2b	129,160.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-7,953.
e	Add lines 2a through 2d	2e	236,766.
3	Subtract line 2e from line 1	3	17,021,372.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,650.
b	Other (Describe in Part XIII.)	4b	6,265,584.
c	Add lines 4a and 4b	4c	6,340,234.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,361,606.

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

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

1	Total expenses and losses per audited financial statements	1	17,041,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	129,160.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,650.
b	Other (Describe in Part XIII.)	4b	6,265,584.
c	Add lines 4a and 4b	4c	6,340,234.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,252,171.

Part XIII Supplemental Information.

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

Part V, line 4:

To provide a predictable stream of income for program operations.

Part X, Line 2:

Management believes UWCW does not have any uncertain tax positions.

Part XI, Line 2d - Other Adjustments:

Change in value perpetual trust -7,953.

Part XI, Line 4b - Other Adjustments:

Pledges designated by donors 6,265,584.

Part XIII Supplemental Information *(continued)*

Part XII, Line 4b - Other Adjustments:

Pledges designated by donors 6,265,584.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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	501(c)3	14,689.	0.			Donor Choice

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 89.

3 Enter total number of other organizations listed in the line 1 table ▶ 5.

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 Hillsboro, OR 97123	93-0860753	501(c)3	5,000.	0.			Catalyst Fund from Multhnomah Country Grant
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 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 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 Portland, OR 97233	81-1843680	501(c)3	5,000.	0.			Catalyst Fund from Multhnomah Country Grant
CASA for Children, Inc 1401 NE 68th Ave Portland, OR 97213	93-0923866	501(c)3	8,191.	0.			Donor Choice

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 - 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 - 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
Clackamas Service Center PO Box 2620 Clackamas, OR 97015	93-0626175	501(c)3	6,037.	0.			Community Relief 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.			Safety Net Grant

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	0.			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
First United Methodist Church 560 Columbia Blvd St. Helens, OR 97051	93-0559024	501(c)3	9,214.	0.			Donor Choice
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	501(c)3	12,407.	0.			Donor Choice

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 Portland, OR 97214	93-1277176	501(c)3	15,085.	0.			Donor Choice
Immigrant & Refugee Community Organization - 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
Janus Youth Programs 707 NE Couch St 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KairosPDX Attn: Marsha Williams, PO Box 121 Portland, OR 97212	46-0987167	501(c)3	25,875.	0.			Multnomah County Grants
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
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 Portland, OR 97213	73-1675402	501(c)3	424,000.	0.			Multnomah 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 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 - Portland, OR 97214	93-0691187	501(c)3	6,126.	0.			Donor Choice

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Medical Teams International PO Box 10 Portland, OR 97207	93-0878944	501(c)3	5,717.	0.			Donor Choice
Mercy Corps PO Box 2669 Portland, OR 97208	91-1148123	501(c)3	11,962.	0.			Donor Choice
Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124	93-0397825	501(c)3	242,000.	0.			Multnomah County Grants
Metropolitan Family Service 230 NE Second Ave #2 Hillsboro, OR 97124	93-0397825	501(c)3	6,510.	0.			Donor Choice
Miracle Theater Group 425 SE 6th Ave Portland, OR 97214	93-0907543	501(c)3	31,050.	0.			Multnomah County Grants
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 - Portland, OR 97218	93-1141536	501(c)3	330,166.	0.			Multnomah County Grants

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
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 4001 SW Canyon Rd Portland, OR 97221	93-0718337	501(c)3	11,776.	0.			Donor Choice

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Outside In 1132 SW 13th Ave Portland, OR 97205	93-0567549	501(c)3	9,424.	0.			Donor Choice
Philanthropy Northwest 2101 4th Avenue, Suite 650 Seattle, WA 98121	91-1110995	501(c)3	7,500.	0.			Complete Count Census Collaboration Project 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.	0.			Donor Choice
Portland Meet Portland 1320 SE 122nd Ave Portland, OR 97233	47-2471876	501(c)3	13,000.	0.			Strategic Initiative Grants
Portland Rescue Mission PO Box 3713 Portland, OR 97208	93-0429004	501(c)3	5,705.	0.			Donor Choice
Portland Rotary Charitable Trust 1220 SW Morrison St, Suite 425 Portland, OR 97205	93-6031284	501(c)3	26,322.	0.			Donor Choice
Regional Arts & Culture Council 411 NW Park Ave Ste 101 Portland, OR 97209	93-1059037	501(c)3	8,403.	0.			Donor Choice
Royal Ridges Retreat PO Box 3010 Battle Ground, WA 98604	94-3088285	501(c)3	5,619.	0.			Donor Choice

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army 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
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
Urban League of Portland 10 N Russell St Portland, OR 97227	93-0395590	501(c)3	77,625.	0.			Multnomah County Grants

Schedule I (Form 990)

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

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

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 required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

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

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ 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

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization 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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any 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 listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

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.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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we are united for impact.

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,

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

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

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.

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.

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

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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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.
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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 filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	United Way of the Columbia-Willamette	93-0582124
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	619 SW 11th Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Portland, OR 97205-2646	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

Kori Gregg

- The books are in the care of ▶ 619 SW 11TH Avenue - Portland, OR 97205-2646
Telephone No. ▶ (503) 228-9131 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box X
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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 filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. United Way of the Columbia-Willamette	Employer identification number (EIN) or 93-0582124
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 619 SW 11th Avenue	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Portland, OR 97205-2646	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

Kori Gregg

- The books are in the care of ▶ 619 SW 11TH Avenue - Portland, OR 97205-2646
Telephone No. ▶ (503) 228-9131 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box X
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ X tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	19,389.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	17,364.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	2,025.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.