

Form **990**Department of the Treasury
Internal Revenue Service

Extended to May 15, 2017

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

2015Open to Public
Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

United Way of the Columbia-Willamette

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

619 SW 11th Avenue

Room/suite
300

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

Portland, OR 97205-2646

F Name and address of principal officer: Keith Thomajan

same as C above

D Employer identification number

93-0582124

E Telephone number

(503) 226-9321

G Gross receipts \$ 24,408,359.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.unitedway-pdx.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1952 **M** State of legal domicile: OR**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Helping people, changing lives, making every contribution count.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3****4** Number of independent voting members of the governing body (Part VI, line 1b) **4****5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5****6** Total number of volunteers (estimate if necessary) **6****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a****b** Net unrelated business taxable income from Form 990-T, line 34 **7b**

Revenue

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

24,109,329.

19,319,640.

134,185.

202,165.

145,070.

3,845,214.

278,851.

166,196.

24,667,435.

23,533,215.

18,061,395.

14,909,848.

0.

0.

4,927,705.

4,979,470.

0.

0.

2,153,223.

2,249,011.

25,142,323.

22,138,329.

-474,888.

1,394,886.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,257,934.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year

End of Year

18,305,865.

18,496,676.

8,038,350.

6,837,568.

10,267,515.

11,659,108.

Net Assets or Fund Balances

20 Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20**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

Date

Keith Thomajan, President/CEO
Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

Robert M. Prill

Preparer's signature

Robert M. Prill

Date

3/23/17

Check if self-employed ☐

PTIN

P00236613

Firm's name ▶ Hoffman, Stewart & Schmidt, PC

Firm's address ▶ 4900 Meadows Road, Ste. 200

Lake Oswego, OR 97035-3295

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

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 7,146,414. including grants of \$ 4,875,911.) (Revenue \$)
 Transformation Grants - The Community Transformation Strategy is envisioned as a collective impact model with a long-term focus on transforming communities. United Way will focus on breaking the cycle of childhood poverty by investing in the highest need communities across our region to improve educational outcomes for young people, stabilize the families in which they live, and build strong and connected communities around them. (See Schedule O for more information)
- 4b** (Code:) (Expenses \$ 7,924,539. including grants of \$ 7,924,539.) (Revenue \$ 122,018.)
 Donor Choice - United Way offers donor the opportunity to designate their gift directly to 501 (3) organizations of their choice. Donations given through United Way provide support to a wide variety of nonprofits and help keep fundraising cost low for these organizations as well as increasing philanthropy within the community.
- 4c** (Code:) (Expenses \$ 2,680,154. including grants of \$ 2,109,398.) (Revenue \$)
 Early Learning Hubs - Early Learning Multnomah (ELM) and Early Learning Washington County are two of sixteen state-designated early learning hubs throughout Oregon. Oregon's early learning hubs are designed to create an aligned and coordinated early childhood system of services and supports for families to ensure that children have what they need to thrive in school and life. (See Schedule O for more information)
- 4d** Other program services (Describe in Schedule O.)
 (Expenses \$ 552,073. including grants of \$) (Revenue \$ 86,244.)
- 4e** Total program service expenses **18,303,180.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	84	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 1a 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		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? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	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?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	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? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 ContractorsCheck 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) Bob Tackett Director	0.50	X						0.	0.	0.
(2) Brett Baker Director/Chair	3.00	X		X				0.	0.	0.
(3) David Willmott Director	0.50	X						0.	0.	0.
(4) Jon Huddleston Director	0.50	X						0.	0.	0.
(5) Lesley Hallick Director	0.50	X						0.	0.	0.
(6) Lilisa Hall Director/Secretary	3.00	X		X				0.	0.	0.
(7) Tony Trunzo Director	0.50	X						0.	0.	0.
(8) Kevin Rask Director	0.50	X						0.	0.	0.
(9) Janet O'Hollaren Director	0.50	X						0.	0.	0.
(10) James Harker Director	0.50	X						0.	0.	0.
(11) Heather Guthrie Director	0.50	X						0.	0.	0.
(12) Sean Edwards Director/Treasurer	3.00	X		X				0.	0.	0.
(13) Chris Delaney Director	0.50	X						0.	0.	0.
(14) Bill Agnew Director	0.50	X						0.	0.	0.
(15) Augie Gallego Director	0.50	X						0.	0.	0.
(16) Anthony Jones-DeBerry Director	0.50	X						0.	0.	0.
(17) Rodrigo Lopez 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) Alan Yordy Director/Chair-elect	3.00	X		X				0.	0.	0.
(19) Jilma Meneses Director	0.50	X						0.	0.	0.
(20) Tricia Tillman Director/Exec Memeber	0.50	X		X				0.	0.	0.
(21) Jason Green Director	0.50	X						0.	0.	0.
(22) Laura Burney-Nissen Director	0.50	X						0.	0.	0.
(23) Gary Haines Director	0.50	X						0.	0.	0.
(24) Bob Harding Director	0.50	X						0.	0.	0.
(25) Janet LaBar Director	0.50	X						0.	0.	0.
(26) Cobi Lewis Director	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								499,763.	0.	113,971.
d Total (add lines 1b and 1c)								499,763.	0.	113,971.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NONE		

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

See Part VII, Section A Continuation sheets

Form **990** (2015)

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Karen Kervin Director	0.50	X						0.	0.	0.
(28) Courtney Martin Director	0.50	X						0.	0.	0.
(29) Cindy Kirk Director	0.50	X						0.	0.	0.
(30) Mark Poling Director	0.50	X						0.	0.	0.
(31) Todd Spear Director	0.50	X						0.	0.	0.
(32) Carol Frye Former COO	50.00			X				121,371.	0.	24,417.
(33) Keith Thomajan President/CEO	50.00			X				192,900.	0.	48,242.
(34) Kori Dye-Gregg VP-Finance	50.00			X				81,016.	0.	19,011.
(35) Rekah Strong CO&EO	50.00					X		104,476.	0.	22,301.
Total to Part VII, Section A, line 1c								499,763.		113,971.

Part VIII Statement of RevenueCheck 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	1,119,074.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,750,882.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,449,684.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		19,319,640.				
Program Service Revenue	2 a Service fees	Business Code	900099	202,165.	202,165.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		202,165.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			136,332.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses		160,099.	0.				
c Rental income or (loss)		160,099.					
d Net rental income or (loss)				160,099.			160,099.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses		628,526.	3,955,500.				
c Gain or (loss)		579,811.	295,333.				
d Net gain or (loss)		48,715.	3,660,167.				
e Total. Add lines 7a-7d				3,708,882.			3,708,882.
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		6,097.	6,097.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			6,097.				
12 Total revenue. See instructions.			23,533,215.	208,262.	0.	4,005,313.	

Part IX Statement of Functional Expenses

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

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

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

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

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

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

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	23,533,215.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,138,329.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,394,886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,267,515.
5	Net unrealized gains (losses) on investments	5	62,435.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-65,728.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,659,108.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <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		<input checked="" type="checkbox"/>
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
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 _____		

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	23,178,530.	23,397,299.	21,486,757.	24,109,329.	19,319,640.	111,491,555.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	242,788.	165,563.	247,612.	352,095.	296,431.	1,304,489.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	41,535.	23,829.	6,584.	9,098.	6,097.	87,143.
11 Total support. Add lines 7 through 10						112,883,187.
12 Gross receipts from related activities, etc. (see instructions)					12	725,399.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91.04 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	89.89 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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.		
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.	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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) 2015

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

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

OMB No. 1545-0047

2015**Open to Public
Inspection****Name of the organization**

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

- a** Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☐ 93.00 %
c Temporarily restricted endowment ☐ 7.00 %

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.		590,666.
b Buildings	877,971.	2,059,524.	1,817,964.	1,119,531.
c Leasehold improvements				
d Equipment		1,804,593.	1,252,422.	552,171.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,262,368.

Schedule D (Form 990) 2015

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

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

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

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

Part XIII Supplemental Information.

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

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 -65,728.

Part XI, Line 4b - Other Adjustments:

Pledges designated by donors 7,924,540.

Part XIII Supplemental Information *(continued)*

Part XII, Line 4b - Other Adjustments:

Pledges designated by donors	7,924,540.
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

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 non-cash assistance	(h) Purpose of grant or assistance
211 Info PO Box 11830 Portland, OR 97211	93-0784586	501(c)3	225,000.	0.			Safety Net Grants
37104 American Red Cross - Oregon Trail Chapter - Federated Payment Processing PO Box 73857 - Chicago, IL 60673-7857	53-0196605	501(c)3	10,044.	0.			Donor Designations
A Jesus Church Family, Inc. 10500 SW Nimbus Ave Building T Portland, OR 97223	20-0368851	501(c)3	44,388.	0.			Donor Designations
Adelante Mujeres 2036 Main Street, Suite A Forest Grove, OR 97116	03-0473181	501(c)3	45,000.	0.			Community Strengthening Grants
Alano Club of Portland Oregon 909 NW 24th Ave Portland, OR 97210	93-0370227	501(c)3	6,250.	0.			Donor Designations
Albertina Kerr Centers 424 NE 22nd Avenue Portland, OR 97232	93-0386780	501(c)3	5,915.	0.			Donor Designations

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

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

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

Schedule I (Form 990) (2015)

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
American Cancer Society-Atlanta, GA Headquarters - c/o American Cancer Society HQ PO Box 22718 - Oklahoma City, OK 73123	13-1788491	501(c)3	10,124.	0.			Donor Designations
APANO 2788 SE 82nd Ave Suite 203 Portland, OR 97266	800252850	501(c)3	45,000.	0.			Community Strengthening Grants
Archbishop's Catholic Appeal PO Box 15149 Portland, OR 97293	93-0114100	501(c)3	8,051.	0.			Donor Designations
Beaverton Foursquare Church 13565 SW Walker Rd Beaverton, OR 97005	93-0655509	501(c)3	17,779.	0.			Donor Designations
Beaverton Seventh-Day Adventist Church - 14645 SW Davis Rd - Beaverton, OR 97007	93-0441769	501(c)3	9,990.	0.			Donor Designations
Bethany Baptist church 4545 NW Kaiser Rd Portland, OR 97229-2212	93-0511260	501(c)3	6,220.	0.			Donor Designations
Bethlehem Lutheran Church 18865 SW Johnson St Aloha, OR 97006-3164	93-0507554	501(c)3	5,495.	0.			Donor Designations
Bienestar 220 SE 12th Ave Suite A-100 Hillsboro, OR 97123	93-0860753	501(c)3	45,000.	0.			Community Strengthening Grants
Big Brothers Big Sisters of Columbia Northwest - 1827 NE 44th Ave #100 - Portland, OR 97213	93-1303640	501(c)3	5,000.	0.			Catalyst Fund

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
Black United Fund of Oregon 2828 NE Alberta St Portland, OR 97211	93-0843267	501(c)3	8,317.	0.			Donor Designations
Boy Scouts of America, Cascade Pacific Council - 2145 SW Naito Pkwy - Portland, OR 97201-5103	93-0386792	501(c)3	16,478.	0.			Donor Designations
Bridge Meadows 8502 N Wayland Ave Portland, OR 97203	20-2028975	501(c)3	45,000.	0.			Community Strengthening Grants
Camp Fire Columbia 1411 SW Morrison St #300 Portland, OR 97205	93-0386901	501(c)3	5,000.	0.			Catalyst Fund
Cascade Aids Project 208 SW Fifth Ave Suite 800 Portland, OR 97204	93-0903383	501(c)3	5,503.	0.			Donor Designations
CASH Oregon (Creating Assets, Savings & Hope) - 2027 Lloyd Center Mall - Portland, OR 97232	20-5682797	501(c)3	75,000.	0.			Safety Net Grants
Catholic Charities of Oregon 2740 SE Powell Blvd Portland, OR 97202	93-0386801	501(c)3	12,063.	0.			Donor Designations
Cedar Mill Bible Church 14273 NW Science Park Dr Portland, OR 97229-5416	93-6014152	501(c)3	8,812.	0.			Donor Designations
Centro Cultural de Washington County - PO Box 708 - Cornelius, OR 97113	93-0606729	501(c)3	45,000.	0.			Community Strengthening 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
Chaplain Services PO Box 397 Sandy, OR 97055	93-1242942	501(c)3	5,458.	0.			Donor Designations
Children First for Oregon PO Box 14914 Portland, OR 97293	94-3168157	501(c)3	45,000.	0.			Community Strengthening Grants
Children's Cancer Association 1200 NW Naito Pkwy Suite 140 Portland, OR 97209	93-1181662	501(c)3	7,349.	0.			Donor Designations
Children's Trust Fund of Oregon Foundation - 1785 NE Sandy Blvd Suite 270 - Portland, OR 97232	93-1310666	501(c)3	7,124.	0.			Donor Designations
Chinmaya Mission Portland 3551 NW John Olsen Pl Hillsboro, OR 97124	51-0175323	501(c)3	6,863.	0.			Donor Designations
Church of Jesus Christ of Latter Day Saints - Corporation of the President 50 E North Temple, Room 1521 - Salt Lake City, UT 84150	87-0234341	501(c)3	478,988.	0.			Donor Designations
City Bible Church 9200 NE Fremont Portland, OR 97220	93-6034705	501(c)3	9,012.	0.			Donor Designations
Clackamas Women's Services 256 Warner Milne Rd Oregon City, OR 97045	93-0900119	501(c)3	45,000.	0.			Community Strengthening Grants
Coalition of Communities of Color 5135 NE Columbia Blvd Portland, OR 97218	931141536	501(c)3	50,000.	0.			Safety Net 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
Community Action Washington County 5050 SW Griffith Dr Suite 101 Beaverton, OR 97005	93-0554941	501(c)3	45,000.	0.			Community Strengthening Grants
Community Action Washington County 5050 SW Griffith Dr Suite 101 Beaverton, OR 97005	93-0554941	501(c)3	50,682.	0.			Safety Net Grants
Community Baptist Church 612 N 1st Ave Hillsboro, OR 97124	04-3760247	501(c)3	20,667.	0.			Donor Designations
Community Housing Resource Center 103 E 29th St Vancouver, WA 98663	91-1641351	501(c)3	20,000.	0.			Safety Net Grants
Council for the Homeless 2500 Main St Vancouver, WA 98660	912001828	501(c)3	45,000.	0.			Community Strengthening Grants
Council for the Homeless 2500 Main St Vancouver, WA 98660	912001828	501(c)3	41,282.	0.			Safety Net Grants
David Douglas Educational Foundation - 11300 NE Halsey St - Portland, OR 97220	93-1067591	501(c)3	31,347.	0.			Donor Designations
Doctors Without Borders USA PO Box 5030 Hagerstown, MD 21741-5030	13-3433452	501(c)3	6,142.	0.			Donor Designations
Doernbecher Children's Hospital Foundation - 1121 SW Salmon St Ste 201 - Portland, OR 97205-2021	93-0579589	501(c)3	27,138.	0.			Donor Designations

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
Domestic Violence Safe Dialogue PO BOX 13441 Portland, OR 97213	46-4014410	501(c)3	5,000.	0.			Catalyst Fund
Dove Lewis Emergency Animal Hospital - 1945 NW Pettygrove St - Portland, OR 97209-1688	93-0621534	501(c)3	5,399.	0.			Donor Designations
EarthShare Oregon PO Box 40333 Portland, OR 97240-0333	93-1001285	501(c)3	18,528.	0.			Donor Designations
Equity Foundation c/o Pride Foundation - 2014 E Madison St #300 - Seattle, WA 98122	93-1012688	501(c)3	11,182.	0.			Donor Designations
Evergreen Christian Center 4400 NW Glencoe Rd Hillsboro, OR 97124	93-0625630	501(c)3	20,864.	0.			Donor Designations
First Church of God 2802 Altamont Dr Klamath Falls, OR 97603	93-6023732	501(c)3	5,400.	0.			Donor Designations
Friendly House Inc. 2617 NW Xavier St Portland, OR 97210-2413	93-0524232	501(c)3	12,859.	0.			Donor Designations
Friends of Creston Children's Dental Clinic - 10505 SE 17th Ave - Portland, OR 97222-7475	32-0300896	501(c)3	5,215.	0.			Donor Designations
Friends of the Children - Portland 44 NE Morris Portland, OR 97212	93-1098105	501(c)3	45,000.	0.			Community Strengthening 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
Friends of the Children - Portland 44 NE Morris Portland, OR 97212	93-1098105	501(c)3	5,439.	0.			Donor Designations
Friends of the Columbia Gorge 522 SW 5th Ave Suite 720 Portland, OR 97204	93-0782467	501(c)3	5,119.	0.			Donor Designations
Habitat for Humanity of Oregon PO Box 11452 Portland, OR 97211	93-1180321	501(c)3	13,443.	0.			Donor Designations
Hacienda Community Development Corporation - 6700 NE Killingsworth St. - Portland, OR 97218	93-0979064	501(c)3	45,000.	0.			Community Strengthening Grants
Hacienda Community Development Corporation - 6700 NE Killingsworth St. - Portland, OR 97218	93-0979064	501(c)3	45,000.	0.			Multnomah County Grants
HECSA Portland Balaji Temple 2092 NW Aloclek Dr Site #522 Hillsboro, OR 97124-8062	27-1098567	501(c)3	10,796.	0.			Donor Designations
Hillsboro Nazarene Church 1390 NE 21st Ave Hillsboro, OR 97124	93-0478361	501(c)3	5,096.	0.			Donor Designations
Hillsboro United Methodist Church 168 NE 8th Hillsboro, OR 97123	31-1813333	501(c)3	22,268.	0.			Donor Designations
Home Forward 1055 9th Ave #B Longview, WA 98632	93-6001547	501(c)3	84,446.	0.			Safety Net 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
Human Solutions, Inc 12350 SE Powell Blvd Portland, OR 97236	930977166	501(c)3	45,000.	0.			Community Strengthening Grants
I Have A Dream Foundation - Oregon 2916 NE Alberta St Suite D Portland, OR 97209	93-1037323	501(c)3	45,000.	0.			Community Strengthening Grants
Imago Dei Community Church PO Box 14429 Portland, OR 97293-0429	93-1277176	501(c)3	12,577.	0.			Donor Designations
Immigrant & Refugee Community Organization - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)3	45,000.	0.			Community Strengthening Grants
Immigrant & Refugee Community Organization - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)3	138,000.	0.			Community Transformation Grants
Immigrant & Refugee Community Organization - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)3	400,003.	0.			Multnomah County Grants
Impact NW PO Box 33530 Portland, OR 97292-3530	93-0557964	501(c)3	6,058.	0.			Donor Designations
Innovative Changes 2027 Lloyd Center Portland, OR 97232	80-0516996	501(c)3	45,000.	0.			Community Strengthening Grants
Janus Youth Programs, Inc. 707 NE Couch St Portland, OR 97232	23-7345990	501(c)3	7,574.	0.			Donor Designations

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
Jewish Federation of Greater Portland - 6680 SW Capitol Hwy - Portland, OR 97219-1958	93-0386825	501(c)3	6,488.	0.			Donor Designations
Jubitz Family Foundation 221 NW 2nd Ave Suite 210 Portland, OR 97209	93-1324016	501(c)3	200,000.	0.			Donor Designations
Junior Achievement-Columbia Empire 7830 SE Foster Rd Portland, OR 97206	93-0384007	501(c)3	9,855.	0.			Donor Designations
KairosPDX PO Box 12190 Portland, OR 97212	46-0987167	501(c)3	25,000.	0.			Multnomah County Grants
Labor's Community Service Agency Inc - 9955 SE Washington St Ste 211 - Portland, OR 97216	23-7393223	501(c)3	120,000.	0.			Safety Net Grants
Labor's Community Service Agency, Inc. - 9955 SE Washington St Ste 211 - Portland, OR 97216	23-7393223	501(c)3	28,257.	0.			Donor Designations
Latino Network 240 N Broadway, Suite 214 Portland, OR 97227	731675402	501(c)3	45,000.	0.			Community Strengthening Grants
Latino Network 240 N Broadway, Suite 214 Portland, OR 97227	731675402	501(c)3	138,000.	0.			Community Transformation Grants
Latino Network 240 N Broadway, Suite 214 Portland, OR 97227	731675402	501(c)3	400,003.	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
Lawyers' Campaign for Equal Justice - 620 SW 5th Ave Suite 1225 - Portland, OR 97204	93-1193792	501(c)3	26,558.	0.			Donor Designations
LifeWorks NW 14600 NW Cornell Rd Portland, OR 97229	93-0502822	501(c)3	45,000.	0.			Community Strengthening Grants
LifeWorks NW 14600 NW Cornell Rd Portland, OR 97229	93-0502822	501(c)3	11,287.	0.			Donor Designations
Loaves & Fishes Centers, Inc PO Box 19477 Portland, OR 97280-0477	93-0584318	501(c)3	11,883.	0.			Donor Designations
Luis Palau Association PO Box 50 Portland, OR 97207	93-0713827	501(c)3	15,395.	0.			Donor Designations
Meadow Springs Community Church 12647 SW 62nd Ave Portland, OR 97219	93-1151392	501(c)3	10,225.	0.			Donor Designations
Medical Teams International PO Box 10 Portland, OR 97207-0010	93-0878944	501(c)3	10,535.	0.			Donor Designations
Mercy Corps PO Box 2669 Portland, OR 97208-2669	91-1148123	501(c)3	31,542.	0.			Donor Designations
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	45,000.	0.			Community Strengthening 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
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	68,000.	0.			Community Transformation Grants
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	8,917.	0.			Donor Designations
Metropolitan Family Service 1808 SE Belmont St Portland, OR 97214	93-0397825	501(c)3	175,000.	0.			Multnomah County Grants
Miracle Theater Group 425 SE 6TH AVE Portland, OR 97214	93-0907543	501(c)3	55,000.	0.			Multnomah County Grants
Momentum Alliance 1631 NE BROADWAY STREET # 453 Portland, OR 97232	45-4176224	501(c)3	5,000.	0.			Catalyst Fund
Mountain Home United Methodist Church - PO Box 1497 - Sherwood, OR 97140	93-0832992	501(c)3	6,908.	0.			Donor Designations
Mt Hood Community College 26000 S.E. Stark Street Gresham, OR 97030	93-0546890	115(1)	107,253.	0.			Early Learning Exp
Mt. Olivet Baptist Church 8725 N Chautauqua Blvd Portland, OR 97217-7326	98-6022041	501(c)3	15,583.	0.			Donor Designations
Multnomah County (DCHS) SUN Service System, 421 SW Oak St. Portland, OR 97204	93-6002309	115(1)	953,683.	0.			Early Learning Exp

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
Muslim Educational Trust, Inc PO Box 283 Portland, OR 97207	931151949	501(c)3	100,325.	0.			Donor Designations
National Multiple Sclerosis Society, Oregon Chapter - 5331 SW Macadam Ave, Ste 290 - Portland, OR 97239-3847	93-0551147	501(c)3	5,101.	0.			Donor Designations
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	931141536	501(c)3	45,000.	0.			Community Strengthening Grants
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	931141536	501(c)3	138,000.	0.			Community Transformation Grants
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	931141536	501(c)3	374,997.	0.			Multnomah County Grants
Northwest Housing Alternatives, Inc. - 2316 SE Willard St - Milwaukie, OR 97222	93-0814473	501(c)3	23,590.	0.			Safety Net Grants
Open Meadow Alternative Schools 7633 N Wabash Ave Portland, OR 97217	93-0757378	501(c)3	45,000.	0.			Community Strengthening Grants
Open Meadow Alternative Schools 7633 N Wabash Ave Portland, OR 97217	93-0757378	501(c)3	36,117.	0.			Donor Designations
Oregon Food Bank PO Box 55370 Portland, OR 97238-5370	93-0785786	501(c)3	60,041.	0.			Donor Designations

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Health & Science University Foundation - 1121 SW Salmon St Suite 200 - Portland, OR 97205-2021	23-7083114	501(c)3	81,669.	0.			Donor Designations
Oregon Humane Society 1067 NE Columbia Blvd Portland, OR 97211	93-0386880	501(c)3	35,348.	0.			Donor Designations
Oregon Humanities 921 SW Washington St Suite 150 Portland, OR 97205	93-0716419	501(c)3	10,000.	0.			Donor Designations
Oregon Public Broadcasting 7140 SW Macadam Ave Portland, OR 97219-3013	93-0814638	501(c)3	21,193.	0.			Donor Designations
Orenco Presbyterian Church 6420 NE Oelrich Rd Hillsboro, OR 97124	23-6393377	501(c)3	5,745.	0.			Donor Designations
Outside In 1132 SW 13th Ave Portland, OR 97205	93-0567549	501(c)3	11,471.	0.			Donor Designations
Planned Parenthood of the Columbia Willamette - 3727 NE Martin Luther King Jr Blvd - Portland, OR 97212	93-6031270	501(c)3	23,420.	0.			Donor Designations
Portland Art Museum 1219 SW Park Ave Portland, OR 97205-2430	93-0391604	501(c)3	10,560.	0.			Donor Designations
Portland Church of Christ 4804 NW Bethany Blvd Suite I-2 #32 Portland, OR 97229	93-1067695	501(c)3	9,100.	0.			Donor Designations

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
Portland Community Reinvestment Initiatives, Inc - 6329 NE Mlk Jr Blvd - Portland, OR 97211	931059146	501(c)3	45,000.	0.			Community Strengthening Grants
Portland Habitat for Humanity PO Box 11527 Portland, OR 97211	93-0801200	501(c)3	6,028.	0.			Donor Designations
Portland Rescue Mission PO Box 3713 Portland, OR 97208-3713	93-0429004	501(c)3	23,105.	0.			Donor Designations
Portland Rotary Charitable Trust 1220 SW Morrison St Suite 425 Portland, OR 97205	93-6031284	501(c)3	26,167.	0.			Donor Designations
Project Access Now PO Box 10953 Portland, OR 97296	20-8928388	501(c)3	75,000.	0.			Safety Net Grants
Reading Results 3115 NE Sandy Blvd Suite 229 Portland, OR 97232	20-1760894	501(c)3	45,000.	0.			Community Strengthening Grants
Regional Arts & Culture Council 411 NW Park Ave Suite 101 Portland, OR 97209	93-1059037	501(c)3	7,452.	0.			Donor Designations
Resound Church PO Box 5752 Beaverton, OR 97006	27-1775660	501(c)3	5,850.	0.			Donor Designations
Rotary Foundation of Rotary International - One Rotary Center 1560 Sherman Ave - Evanston, IL 60201	36-3245072	501(c)3	70,000.	0.			Donor Designations

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
Salmon Creek Foursquare Church 1313 NE 134th St Ste 200 Vancouver, WA 98685	94-3187892	501(c)3	5,000.	0.			Donor Designations
Salvation Army, Cascade Division 8495 SE Monterey Ave Box 9 Happy Valley, OR 97086	94-1156347	501(c)3	15,966.	0.			Donor Designations
Second Step Housing 2500 Main St Ste 120 Vancouver, WA 98660	91-1691325	501(c)3	45,000.	0.			Community Strengthening Grants
Self Enhancement, Inc 3920 North Kerby Ave Portland, OR 97227	93-1086629	501(c)3	45,000.	0.			Community Strengthening Grants
Self Enhancement, Inc 3920 North Kerby Ave Portland, OR 97227	93-1086629	501(c)3	123,000.	0.			Community Transformation Grants
Self Enhancement, Inc 3920 North Kerby Ave Portland, OR 97227	93-1086629	501(c)3	450,000.	0.			Multnomah County Grants
Self Enhancement, Inc. 3920 N Kerby Ave Portland, OR 97227	93-1086629	501(c)3	22,787.	0.			Donor Designations
Sonrise Church 6701 NE Campus Way Hillsboro, OR 97124	93-0785442	501(c)3	24,967.	0.			Donor Designations
Southwest Bible Church 14605 SW Weir Rd Beaverton, OR 97007	93-0624137	501(c)3	6,500.	0.			Donor Designations

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
Southwest Church of Christ 9725 SW Durham Rd Tigard, OR 97224	93-6089529	501(c)3	5,549.	0.			Donor Designations
St. Antonious Coptic Orthodox Church - PO Box 91238 - Portland, OR 97291	93-1227410	501(c)3	5,417.	0.			Donor Designations
St. Juan Diego Parish 5995 NW 178th Ave Portland, OR 97229	32-0032429	501(c)3	9,181.	0.			Donor Designations
St. Jude Children's Research Hospital - PO Box 3704 - Memphis, TN 38173-9984	62-0646012	501(c)3	5,507.	0.			Donor Designations
Sunset Presbyterian Church 14986 NW Cornell Rd Portland, OR 97229-5460	93-6014978	501(c)3	24,847.	0.			Donor Designations
The Well Community Church 1734 NE 1st Ave Portland, OR 97212-3974	93-1294368	501(c)3	10,538.	0.			Donor Designations
Todos Juntos PO Box 645 Canby, OR 97013	931308023	501(c)3	45,000.	0.			Community Strengthening Grants
Transit Employee Support Team PO Box 13332 Portland, OR 97213	27-1215210	501(c)3	18,021.	0.			Donor Designations
Union Gospel Mission 3 NW Third Ave Portland, OR 97209-3906	93-0401258	501(c)3	7,736.	0.			Donor Designations

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
United Way of Grant County PO Box H Moses Lake, WA 98837-0023	91-0646357	501(c)3	9,860.	0.			Donor Designations
United Way of Greater Los Angeles 1150 S Olive St Suite T500 Los Angeles, CA 90015	95-2274801	501(c)3	7,402.	0.			Donor Designations
United Way of King County 720 2nd Ave Seattle, WA 98104-1702	91-0565555	501(c)3	14,312.	0.			Donor Designations
United Way of Natrona County, Inc. PO Box 2046 Casper, WY 82602-2046	83-0181315	501(c)3	6,930.	0.			Donor Designations
United Way of Salt Lake 257 East 200 South Suite 300 Salt Lake Cty, UT 84111-8099	87-0227091	501(c)3	47,546.	0.			Donor Designations
United Way of Snohomish County 3120 McDougall Ave Suite 200 Everett, WA 98201	91-0606507	501(c)3	23,957.	0.			Donor Designations
United Way of Southwest Wyoming 404 N St Suite 301 Rock Springs, WY 82901	83-0233314	501(c)3	55,624.	0.			Donor Designations
United Way of the Columbia-Willamette - 619 SW 11th Ave Suite 300 - Portland, OR 97205-2646	93-0582124	501(c)3	9,100.	0.			Donor Designations
United Way of the Mid-Willamette Valley - 455 Bliler Ave NE - Salem, OR 97301	93-0395586	501(c)3	7,398.	0.			Donor Designations

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
United Way of Treasure Valley PO Box 16330 Boise, ID 83715	82-0299013	501(c)3	8,425.	0.			Donor Designations
United Way of York County, SC PO Box 925 Rock Hill, SC 29731	57-0360058	501(c)3	5,258.	0.			Donor Designations
Urban League of Portland 10 N Russell Portland, OR 97227	93-0395590	501(c)3	45,000.	0.			Community Strengthening Grants
Urban League of Portland 10 N Russell Portland, OR 97227	93-0395590	501(c)3	75,000.	0.			Multnomah County Grants
Valley of the Sun United Way 3200 E Camelback Rd Suite 375 Phoenix, AZ 85018-2328	86-0104419	501(c)3	5,200.	0.			Donor Designations
Verde 6899 NE Columbia Blvd Suite A Portland, OR 97218	20-3685723	501(c)3	45,000.	0.			Community Strengthening Grants
Village Baptist Church 330 SW Murray Blvd Beaverton, OR 97005	93-6035652	501(c)3	41,831.	0.			Donor Designations
Virginia Garcia Memorial Foundation - PO Box 486 - Cornelius, OR 97113-0486	91-2077840	501(c)3	45,000.	0.			Community Strengthening Grants
Virginia Garcia Memorial Health Center - PO Box 568 - Cornelius, OR 97113-0568	93-0717997	501(c)3	17,019.	0.			Donor Designations

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
Washington County HHS Suite 270 MS 25, 155 N. First Ave. Hillsboro, OR 97124-3072	93-6002316	115(1)	1,050,823.	0.			Early Learning Exp
West Valley Community Church 21830 NW Cherry Ln Hillsboro, OR 97124	93-1089546	501(c)3	5,476.	0.			Donor Designations
Westport Church 20475 NW Amberwood Dr #120 Hillsboro, OR 97006	93-0466453	501(c)3	8,225.	0.			Donor Designations
Westside Church of Christ 5525 SW Menlo Drive Beaverton, OR 97005	93-0698686	501(c)3	10,686.	0.			Donor Designations
Wounded Warrior Project PO Box 758517 Topeka, KS 66675	20-2370934	501(c)3	14,262.	0.			Donor Designations
Yale University PO Box 2038 New Haven, CT 06521	06-6078326	501(c)3	20,000.	0.			Donor Designations
YWCA Clark County PO Box 2206 Vancouver, WA 98668	91-0569882	501(c)3	45,000.	0.			Community Strengthening Grants
YWCA Clark County PO Box 2206 Vancouver, WA 98668	91-0569882	501(c)3	5,672.	0.			Donor Designations

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

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

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

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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Part I Questions Regarding Compensation

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 (e.g., 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 in 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" to 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 non-fixed 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" to 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) 2015

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.

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Form 990, Part III, Line 1

We bring our leadership, expertise and resources together throughout

our region to change the education, health and economic outcomes for

kids in low-income families. We can break the cycles that trap children

in poverty and move children and families toward better lives.

United Way of Columbia-Willamette has a simple, ambitious vision-to

make our home a better place for everyone. Our work is focused on

creating a place where communities are connected, families are stable

and kids are set up for success-regardless of their background or where

they live. We bring our leadership, expertise and resources together

throughout our region to change the education, health and economic

outcomes for kids in low-income families and communities of color. We

can break the cycles that trap children in poverty and move children

and families toward better lives. Together, we have the power to create

lasting change and to bring big ideas and big ideals home.

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

Transformation Grants Cont'd: United Way has selected one

collaborative to invest in through the Community Transformation

strategy. The community collaborative consists of a number of

organizations and/or groups from different sectors that are working

together in alignment with UWCW's new strategic goals of successful

kids, stable families and connected communities. UWCW is engaging with

the collaborative as a partner in a planning process to co-create a

business and work plan that achieves the results outlined by the

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

532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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collaborative to create impact in their community.

Strengthening Grants - The goal of Community Strengthening grants is

ultimately to support the establishment of a stronger network of

nonprofits in the four-county area. Specifically, UWCW is supporting

the work of nonprofits who are leading the way in reducing poverty for

children and families. By investing in and connecting these

organizations together, we hope to help align services and networks to

achieve greater impact in breaking the cycle of childhood poverty.

UWCW has selected 30 organizations that are acting as a cohort and who

are primarily focusing on strengthening their organizational capacity

to improve outcomes for low-income families and their children. For

this strategy, UWCW aspires to have a balance of emerging and

established organizations, geographic distribution and organizations

serving culturally specific communities. Grantees are required to

provide specific information about each of these different factors.

Additionally, UWCW recognizes that poverty in many communities is a

generational issue and is looking for strategies that both impact

immediate poverty issues and address the longer-term issues that keep

families in poverty. Grantees are required and expected to participate

in a planning process where grantees are organized into learning

communities based on common issue areas and organizational interests.

Throughout the funding period, these learning communities will meet to

share experiences, exchange data and information and build collective

knowledge around new and promising practices. Learning communities will

be self-organized, meaning that organizations within a learning

community will determine learning objectives, frequency and duration of

meetings, etc. United Way staff will provide convening, facilitation

and administrative support to develop and nurture the success of these

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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learning communities and other supports as available and requested.

Additionally, during the planning process the cohort will identify

shared outcomes that will be evaluated throughout the grant cycle. Each

learning community, in partnership with United Way staff, will be

responsible for documenting what is learned through this process so

that we can share this more broadly across the community.

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

provide critical aid for our most vulnerable families through

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

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

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

emergency in their lives, would benefit from additional assistance.

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

varies by organization.

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

Early Learning Hubs Contd: Each hub is working locally to make early

learning resources and supports more available, more accessible, and

more effective for children and families that have historically been

underrepresented in services.

Operating since May 2014, ELM is jointly managed by the United Way of

the Columbia-Willamette and Multnomah County. United Way of the

Columbia-Willamette serves as the lead agency and overall project

manager with fiscal and program accountability to the State of Oregon's

Early Learning Division and the Early Learning Council. Multnomah

County provides program development, procurement, contract management

and monitoring functions on behalf of services funded through Early

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Learning Multnomah. ELM staff are housed in both agencies.

Early Learning Washington County - co-convened by United Way of the Columbia-Willamette and Washington County, focuses on improving educational outcomes for children in Washington County.

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. Hands On Greater Portland is a program of United Way of the Columbia-Willamette and an affiliate of the HandsOn Network, an association of 250 volunteer service organizations across 16 countries. 25,157 volunteer connections were made serving over 72,768 hours; that's an estimated value add of \$1,600,168 generated through volunteerism.

Expenses \$ 552,073. including grants of \$ 0. Revenue \$ 86,244.

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

The IRS Form 990 is electronically sent to all finance committee members and reviewed at the finance committee meeting. Once reviewed by the finance committee, the 990 is electronically sent to all board members for review. The 990 is then submitted to the IRS and posted to the UWCW website.

Form 990, Part VI, Section B, Line 12c:

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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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 Human Resources volunteer committee to insure that each position

falls within the appropriate salary range. The Board of Directors reviews

the compensation of organization officers.

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

United Way of Columbia-Willamettes governing documents, code of ethics,

conflict of interest policy, and anti-discrimination policy are available

upon request. The audited financial statements, IRS Form 990, and the

Annual Report are available on the website.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in perpetual trusts -65,728.

Form 990, Part XII, Line 2C

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

In March 2011, United Way of Columbia-Willamette issued a Request for

Proposals from local audit firms. The Finance Committee reviewed these

proposals, interviewed finalists, and selected Hoffman, Stewart,

Schmidt, P.C. as the auditor for the company. The Board of Directors

approved this recommendation and the hiring of the auditor. The

Finance Committee continues to provide oversight for the audit.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

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

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

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

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

Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	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, No. 300	
	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-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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 ☐
- 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.

4 I request an additional 3-month extension of time until May 15, 2017.

5 For calendar year 2015, or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension
Additional time is needed to gather the information necessary to file a complete and accurate return.

8a 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.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title CPA Date

Form

CT-12

For Oregon Charities

**Charitable Activities Section
Oregon Department of Justice**1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
Email: charitable.activities@doj.state.or.us
Website: http://www.doj.state.or.usVOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

For Accounting Periods Beginning in:

2015**Section I. General Information**

1. Cross Through Incorrect Items and Correct Here:
-
- (See instructions for change of name or accounting period.)

1421

United Way of the Columbia Willamette

619 SW 11th Avenue, Room 300

Portland, OR 97205

Registration #:

Organization Name:

Address:

City, State, Zip:

Phone:

Fax:

Amended
Report?

07/01/2015

06/30/2016

Email:

Period Beginning:

Period Ending:

☐

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. ☒ Yes ☐ No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? ☐ Yes ☒ No
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☒ No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☒ No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☒ No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Kori Gregg	VP-Finance	503-226-9315	619 SW 11th Avenue, Room 300 Portland, OR 97205

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	See IRS Form 990, Part VII		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		

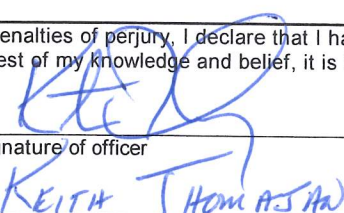
Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. Attach explanation if Total Revenue is \$0.)	9.	23,533,215																		
10.	Revenue Fee (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)	10.	200																		
<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>\$25,000</td> <td>\$25</td> </tr> <tr> <td>\$50,000</td> <td>\$45</td> </tr> <tr> <td>\$100,000</td> <td>\$75</td> </tr> <tr> <td>\$250,000</td> <td>\$100</td> </tr> <tr> <td>\$500,000</td> <td>\$135</td> </tr> <tr> <td>\$750,000</td> <td>\$170</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$200</td> </tr> </tbody> </table>				Amount on Line 9	Revenue Fee	\$0	\$10	\$25,000	\$25	\$50,000	\$45	\$100,000	\$75	\$250,000	\$100	\$500,000	\$135	\$750,000	\$170	\$1,000,000 or more	\$200
Amount on Line 9	Revenue Fee																				
\$0	\$10																				
\$25,000	\$25																				
\$50,000	\$45																				
\$100,000	\$75																				
\$250,000	\$100																				
\$500,000	\$135																				
\$750,000	\$170																				
\$1,000,000 or more	\$200																				
11.	Net Assets or Fund Balances at End of the Reporting Period (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)	11.	11,659,108																		
12.	Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	2,262,368																		
13.	Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	9,396,740																		
14.	Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)	14.	940																		
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.																			
16.	Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.	1,140																		
17.	Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing																				

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒ 
 Signature of officer
 KEITH THOMAS
 Officer's name (printed)

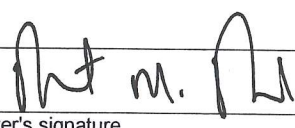
4/3/17
 Date

President/CEO
 Title

Address

Phone

Paid Preparer's Use Only

⇒ 
 Preparer's signature
 Hoffman, Stewart & Schmidt, P.C.
 Preparer's name (printed)

3/23/17
 Date

(503) 220-5900
 Phone

4900 Meadows Rd., Suite 200
 Lake Oswego, OR 97035-3295
 Address