

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF THE COLUMBIA-WILLAMETTE		D Employer identification number 93-0582124
		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 country, and ZIP + 4 PORTLAND, OR 97205-2646		E Telephone number (503) 226-9321

◆ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.UNITEDWAY-PDX.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **18,270,167.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	16,766,148.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 16,733,423. noncash \$ 32,725.)	1e			16,766,148.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			907,835.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			179,082.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶ SEE STATEMENT 1)	7			56,022.	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	187,491.	8a			
	170,013.	8b			
	17,478.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2	8d			17,478.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	125,107.			
b Less: direct expenses other than fundraising expenses	9b	70,267.			
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c			54,840.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			48,482.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			18,029,887.	
Expenses	13 Program services (from line 44, column (B))	13		14,887,910.	
	14 Management and general (from line 44, column (C))	14		1,091,125.	
	15 Fundraising (from line 44, column (D))	15		1,664,032.	
	16 Payments to affiliates (attach schedule) SEE STATEMENT 4	16		167,628.	
	17 Total expenses. Add lines 16 and 44, column (A)	17			17,810,695.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		219,192.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,144,653.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20		120,575.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			5,484,420.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 6		
22b Other grants and allocations (attach schedule) (cash \$ 13,407,529 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	13,407,529.	13,407,529.			
23 Specific assistance to individuals (attach schedule)					
24 Benefits paid to or for members (attach schedule)					
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	328,900.	100,616.		87,585.	140,699.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.		0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
26 Salaries and wages of employees not included on lines 25a, b, and c	1,980,366.	610,977.		518,285.	851,104.
27 Pension plan contributions not included on lines 25a, b, and c	153,562.	44,317.		45,585.	63,660.
28 Employee benefits not included on lines 25a-27	256,900.	74,140.		76,261.	106,499.
29 Payroll taxes	162,911.	47,016.	48,360.	67,535.	
30 Professional fundraising fees					
31 Accounting fees					
32 Legal fees					
33 Supplies	75,873.	29,234.	2,518.	44,121.	
34 Telephone	38,813.	9,483.	13,626.	15,704.	
35 Postage and shipping	27,306.	6,672.	9,586.	11,048.	
36 Occupancy	286,436.	208,895.	42,960.	34,581.	
37 Equipment rental and maintenance	55,765.	1,276.	52,736.	1,753.	
38 Printing and publications	176,227.	34,975.	11,246.	130,006.	
39 Travel	23,180.	10,306.	2,386.	10,488.	
40 Conferences, conventions, and meetings	146,321.	65,054.	15,064.	66,203.	
41 Interest	47,537.	33,130.	7,220.	7,187.	
42 Depreciation, depletion, etc. (attach schedule)	247,926.	131,082.	56,185.	60,659.	
43 Other expenses not covered above (itemize):					
a LEGAL AND PROF. FEES	142,603.	57,423.	45,358.	39,822.	
b MISCELLANEOUS	84,912.	15,785.	56,164.	12,963.	
c					
d					
e					
f					
g					
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	17,643,067.	14,887,910.	1,091,125.	1,664,032.	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 7	
(Grants and allocations \$ 6,555,731.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,555,731.
b SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,480,381.
c DESIGNATIONS - DOLLARS ARE DIRECTED TOWARDS SPECIFIC 501(C)(3) AGENCIES AS SPECIFIED BY THE DONOR.	
(Grants and allocations \$ 6,851,798.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,851,798.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	14,887,910.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,393,069.	46	2,236,373.
	47 a Accounts receivable	47a 492,673.		
	b Less: allowance for doubtful accounts	47b	263,527.	47c 492,673.
	48 a Pledges receivable	48a 5,132,229.		
	b Less: allowance for doubtful accounts	48b 650,908.	5,012,462.	48c 4,481,321.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		201,949.	53 205,362.
	54 a Investments - publicly-traded securities STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,481,211.	54a 2,887,568.
	b Investments - other securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		317,715.	54b 332,702.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other	SEE STATEMENT 10	45,631.	56 43,872.
	57 a Land, buildings, and equipment: basis	57a 5,676,935.		
b Less: accumulated depreciation STMT 11	57b 2,771,005.	2,960,045.	57c 2,905,930.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 12)		1,250,281.	58 1,359,328.	
59 Total assets (must equal line 74). Add lines 45 through 58		14,925,890.	59 14,945,129.	
Liabilities	60 Accounts payable and accrued expenses		60 377,955.	356,747.
	61 Grants payable		61 8,311,502.	8,205,045.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 13	1,082,008.	64b 896,124.
	65 Other liabilities (describe ▶ CAPITAL LEASE OBLIGATION)		9,772.	65 2,793.
66 Total liabilities. Add lines 60 through 65		9,781,237.	66 9,460,709.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67 3,531,388.	3,541,579.
	68 Temporarily restricted		68 368,681.	597,335.
	69 Permanently restricted		69 1,244,584.	1,345,506.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		5,144,653.	73 5,484,420.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		14,925,890.	74 14,945,129.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	11461285.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1 11,528.		
2	Donated services and use of facilities	b2 162,621.		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 16</u>	b4 109,047.		
	Add lines b1 through b4		b	283,196.
c	Subtract line b from line a		c	11178089.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>PLEDGES DESIGNATED BY DONORS</u>	d2 6,851,798.		
	Add lines d1 and d2		d	6,851,798.
e	Total revenue (Part I, line 12). Add lines c and d		e	18029887.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	11121518.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1 162,621.		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	162,621.
c	Subtract line b from line a		c	10958897.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>PLEDGES DESIGNATED BY DONORS</u>	d2 6,851,798.		
	Add lines d1 and d2		d	6,851,798.
e	Total expenses (Part I, line 17). Add lines c and d		e	17810695.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 17		286,000.	42,900.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include: 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings (27); 75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? (X); 75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? (X); 75d Does the organization have a written conflict of interest policy? (X)

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 76 Did the organization make a change in its activities or methods of conducting activities? (X); 77 Were any changes made in the organizing or governing documents but not reported to the IRS? (X); 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? (X); 78b If "Yes," has it filed a tax return on Form 990-T for this year? (N/A); 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (X); 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (X); 80b If "Yes," enter the name of the organization (N/A) and check whether it is exempt or nonexempt; 81a Enter direct or indirect political expenditures. (See line 81 instructions.) (0); 81b Did the organization file Form 1120-POL for this year? (X)

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	168,921.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed WA, OR		
90b	b Number of employees employed in the pay period that includes March 12, 2006		48
91 a	The books are in care of CAROL FRYE Telephone no. (503) 226-9321 Located at 619 SW 11TH AVENUE, PORTLAND, OR ZIP + 4 97205-2646		
91b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a COMMUNITY SERVICE FEES					690,927.
b RENTAL INCOME					216,908.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	179,082.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	56,022.	
100 Gain or (loss) from sales of assets other than inventory			18	17,478.	
101 Net income or (loss) from special events			01	54,840.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER					48,482.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		307,422.	956,317.
105 Total (add line 104, columns (B), (D), and (E))					1,263,739.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 18

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

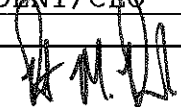
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here
 Signature of officer: 
 Date: 3/3/08
 BRENT STEWART, PRESIDENT/CEO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: 
 Date: 2/27/08
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: HOFFMAN, STEWART & SCHMIDT, PC
 111 SW FIFTH AVENUE, STE. 1500
 PORTLAND, OR 97204-3619
 EIN:
 Phone no.: (503) 220-5900

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization: **UNITED WAY OF THE COLUMBIA-WILLAMETTE** Employer identification number: **93: 0582124**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FRANK SALKOFF C/O ORGANIZATION, PORTLAND, OR 97205	VP RESOURCE DEV. 40.00	93,250.	9,325.	
HOWARD KLINK C/O ORGANIZATION, PORTLAND, OR 97205	VP COMM. INV. 40.00	90,000.	8,106.	
MARK TODD C/O ORGANIZATION, PORTLAND, OR 97205	VP BRAND MNGM. 40.00	85,000.	8,500.	
MILT DENNIS C/O ORGANIZATION, PORTLAND, OR 97205	DIR. WP CAMP. 40.00	65,750.	6,575.	
KATHY GRIMM C/O ORGANIZATION, PORTLAND, OR 97205	DIR. HUMAN RESOURCES 40.00	62,737.	8,233.	
Total number of other employees paid over \$50,000	3			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	17186720.	15759934.	13583410.	15494307.	62,024,371.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	341,028.	267,308.	203,852.	301,213.	1,113,401.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	123,671.	65,765.	24,636.	79,132.	293,204.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	103,155.	62,989.	SEE STATEMENT 19 70,653.	108,162.	344,959.
23 Total of lines 15 through 22	17754574.	16155996.	13882551.	15982814.	63,775,935.
24 Line 23 minus line 17	17413546.	15888688.	13678699.	15681601.	62,662,534.
25 Enter 1% of line 23	177,546.	161,560.	138,826.	159,828.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,253,251.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,387,609.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 62,662,534.
d Add: Amounts from column (e) for lines: 18 293,204. 19 344,959. 22 344,959. 26b 3,387,609.					26d 4,025,772.
e Public support (line 26c minus line 26d total)					26e 58,636,762.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.5755%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
TRUST INCOME		6,468.	
PERPETUAL TRUST DISTRIB.		49,554.	
TOTAL TO FORM 990, PART I, LINE 7		56,022.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	187,491.	170,013.	0.	17,478.
TO FORM 990, PART I, LINE 8	187,491.	170,013.	0.	17,478.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	125,107.		125,107.	70,267.	54,840.
TO FM 990, PART I, LINE 9	125,107.		125,107.	70,267.	54,840.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>
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UNITED WAY OF AMERICA, INC

<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
TO SUPPORT 2006 CAMPAIGN	167,628.
<hr/>	
TOTAL TO FORM 990, PART I, LINE 16	167,628.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
INCREASE IN INTEREST IN CRUT	23,112.
INCREASE IN PERPETUAL TRUSTS	85,935.
UNREALIZED GAIN ON INVESTMENTS	11,528.
<hr/>	
TOTAL TO FORM 990, PART I, LINE 20	120,575.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

SEE ATTACHED LIST

13,407,529.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

13,407,529.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

PROGRAM GRANTS - THE BOARD OF DIRECTORS APPROVES ANNUAL GRANTS TO AGENCIES. FUNDS ARE DISTRIBUTED TO LOCAL HEALTH AND HUMAN SERVICE NON-PROFIT ORGANIZATIONS THROUGH A RIGOROUS VOLUNTEER DRIVEN EVALUATION PROCESS WHERE APPLICANTS APPLY FOR FUNDS TO MEET IDENTIFIED NEEDS CONSISTENT WITH ESTABLISHED PRIORITIES. NON-PROFITS RECEIVING FUNDS ARE ALSO REQUIRED TO CREATE STRATEGIC PARTNERSHIPS WITH OTHER HEALTH AND SOCIAL SERVICE AGENCIES TO MAXIMIZE COMMUNITY IMPACT. DOLLARS ARE ALSO AWARDED TO PROGRAMS WITH CREATIVE, CUTTING-EDGE SERVICE DELIVERY APPROACHES TO RESPONDING TO THE NEEDS OF UNDER-REPRESENTED AND DIVERSE POPULATIONS OF PEOPLE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	6,555,731.	6,555,731.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

COMMUNITY INVESTMENT - COMMUNITY INVESTMENT ACTIVITIES INCLUDE REGIONAL AND COMMUNITY NEEDS ASSESSMENT, DATA COLLECTION AND ANALYSIS, COMMUNITY EDUCATION PRESENTATIONS, PRODUCTION OF DOCUMENTS DESIGNED TO HIGHLIGHT REGIONAL NEEDS, FUNDING TRENDS, AND EMERGING ISSUES. ADDITIONAL ACTIVITIES INCLUDE ADVOCACY, PUBLIC POLICY INVOLVEMENT, DEVELOPMENT AND SUPPORT OF STRATEGIC INITIATIVES, AND COMMUNITY LEADERSHIP.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		1,480,381.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

UNITED WAY OF THE COLUMBIA-WILLAMETTE (UWCW) IS THE PORTLAND METROPOLITAN REGION'S LEADING AND OLDEST HEALTH AND HUMAN SERVICE SUPPORT ORGANIZATION. INCORPORATED IN 1952, UWCW CONDUCTS ANNUAL WORKPLACE AND MAJOR GIVER FUNDRAISING CAMPAIGNS DEDICATED TO SUPPORT OF THE AREA'S HEALTH AND HUMAN SERVICES; ORGANIZES COMMUNITY EXPERTS TO IDENTIFY KEY SOCIAL PROBLEMS AND DEVELOPS AND EMPOWERS SOLUTIONS; RECRUITS, TRAINS AND DEPLOYS COMMUNITY VOLUNTEERS; AND PROVIDES PROFESSIONAL SERVICES TO AN ARRAY OF COMMUNITY PROJECTS. UWCW'S MISSION IS, "HELPING PEOPLE, CHANGING LIVES, MAKING EVERY CONTRIBUTION COUNT."

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
CSV OF LIFE INSURANCE POLICIES	MARKET VALUE	43,872.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		43,872.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	886,000.	0.	886,000.
BUILDING	3,476,738.	1,834,446.	1,642,292.
FURNITURE, EQUIPMENT AND IMPROVEMENTS	1,314,197.	936,559.	377,638.
TOTAL TO FORM 990, PART IV, LN 57	5,676,935.	2,771,005.	2,905,930.

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	AMOUNT
INTEREST IN CHARITABLE REMAINDER TRUST	264,910.
INTEREST IN PERPETUAL TRUST	1,094,418.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,359,328.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 13

LENDER'S NAME UNION CENTRAL LIFE INSURANCE
 TERMS OF REPAYMENT MONTHLY PRINCIPAL AND INTEREST PAYMENTS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/01/03	10/01/11	1,550,000.	4.75%

SECURITY PROVIDED BY BORROWER LAND AND BUILDING
 PURPOSE OF LOAN TO FINANCE LAND AND BUILDING

RELATIONSHIP OF LENDER
 NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
LAND AND BUILDING	896,124.	896,124.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 896,124.

FORM 990 OTHER SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
STOCK - PRIVATELY HELD COMPANY	FMV	220,000.
INVESTMENTS HELD AT OCF	FMV	112,702.
TO FORM 990, LINE 54B, COL B		332,702.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 15

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET FUNDS	FMV			2,601,409.	2,601,409.
BOND FUNDS	FMV		124,911.		124,911.
EQUITY MUTUAL FUNDS	FMV	161,248.			161,248.
TO FORM 990, LINE 54A, COL B		161,248.	124,911.	2,601,409.	2,887,568.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
INCREASE IN CRUT	23,112.
INCREASE IN INTEREST IN PERPETUAL TRUST	85,935.
TOTAL TO FORM 990, PART IV-A	109,047.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 17
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY BLOOM C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
KEVIN BORKOWSKI C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
JULIE BRANFORD C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
DIANA DAGGETT C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
MARIE DAHLSTROM C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
SHO DOZONO C/O ORGANIZATION PORTLAND, OR 97205	CHAIRMAN 3.00	0.	0.	0.
BERTHA FERRAN C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
TINA FOSTER C/O ORGANIZATION PORTLAND, OR 97205	TREASURER 3.00	0.	0.	0.
JAMES FRANCESCONI C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
RAYMOND GUENTHER C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
RICHARD HIGH C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.

ROGER HINSHAW C/O ORGANIZATION PORTLAND, OR 97205	CHAIR-ELECT 3.00	0.	0.	0.
DAN JAMES C/O ORGANIZATION PORTLAND, OR 97205	SECRETARY 3.00	0.	0.	0.
GREGG KANTOR C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
BERNIE KRONBERGER C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
ROSS LIENHART C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
DAVID LIPPOFF C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
DEBBIE LUPPOLD C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
TIMOTHY MCMAHAN C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
MARTIN MOLL C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
MARY MONNAT C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
ALBERTO MORENO C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
KEVIN NEARY C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
PRESTON PULLIAMS C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.

ROY SOLNIK C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
BARBE WEST C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
MICHAEL WORTHY C/O ORGANIZATION PORTLAND, OR 97205	DIRECTOR 3.00	0.	0.	0.
CAROL FRYE C/O ORGANIZATION PORTLAND, OR 97205	COO 40.00	116,000.	17,400.	0.
BRENT STEWART C/O ORGANIZATION PORTLAND, OR 97205	PRESIDENT/CEO 40.00	170,000.	25,500.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>286,000.</u>	<u>42,900.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 18
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REIMBURSEMENTS FROM COLUMBIA RIVER/WILLAMETTE VALLEY COMBINED FEDERAL CAMPAIGN FOR SUPPLIES AND PAYROLL COSTS INCURRED ON BEHALF OF THE CAMPAIGN. IN ADDITION, FEES RETAINED DURING THE CAMPAIGN TO COVER SUPPLIES, PAYROLL COSTS, AND OTHER COSTS ASSOCIATED WITH ADMINISTRATING THE ANNUAL UCW CAMPAIGN.
93B	AS PART OF ITS SERVICES TO THE PUBLIC, UNITED WAY RENTS SPACE TO LOCAL NONPROFIT AGENCIES AT RATES BELOW FAIR MARKET VALUE.
103A	MISCELLANEOUS GROSS RECEIPTS FROM ACTIVITIES RELATED TO THE EXEMPT FUNCTION OF THE ORGANIZATION.

SCHEDULE A	OTHER INCOME			STATEMENT 19
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER	103,155.	62,989.	70,653.	108,162.
TOTAL TO SCHEDULE A, LINE 22	<u>103,155.</u>	<u>62,989.</u>	<u>70,653.</u>	<u>108,162.</u>

UNITED WAY OF THE COLUMBIA-WILLAMETTE

GRANT AWARDS

07/01/06-06/30/07

Lead Organization	Program	Amount
211info	Regional 2-1-1 Collaboration	299,632
A Child's Place	Bilingual School Readiness & Early Childhood Mental Health Education	75,000
Albertina Kerr Centers	Skills Training Program	32,055
Arc of Multnomah-Clackamas	Adults with Developmental Disabilities Service Delivery Model	67,678
Big Brothers Big Sisters Columbia Northwest	African American Mentoring Initiative	22,800
Bradley-Ange House	Healing Roots Center	200,000
Cascade AIDS Project	LUES – Latinos Unidos Enfrentando el SIDA (Latinos United Confronting AIDS)	120,198
Cascadia Behavioral Healthcare, Inc.	HOT: Housing for Chronically Homeless	90,000
Central City Concern	CARE (Clinically Aligned Reimbursement for Effectiveness) Project	40,000
Centro Cultural of Washington County	4H Tech Wizards/Adelante con Tecnologia	127,000
Children's Home Society of Washington	The Family Wellness Project	200,000
Children's Home Society of Washington	Triole Point Out Reach	38,730
Children's Justice Alliance	Healthy Families Inside Out	200,000
Clackamas County Office for Children and Families	Children of Incarcerated Parents	25,000
Clackamas Women's Services	Rural Mental Health Outreach Project	35,000
Community Alliance of Tenants	Safe Housing Project	39,000
Community Housing Resource Center (DBA the Homeownership Center)	Fourth Plain Revitalization Task Force	37,000
Community Partners for Affordable Housing	Recreation, Education & Active Leadership (REAL)	75,000
Community Partners for Affordable Housing	SELF (Stable Environment to Launch the Future)	90,000
East County One Stop, Inc.	Differently-abled Business Association (DBA)	35,640
Educational Opportunities for Children and Families	Clark County Multidisciplinary Team	90,000
Educational Service District 112	Born Learning	20,000
Educational Service District 112	Clark County Child Care Provider Networks	75,000
Educational Service District 112	School Readiness/Ready Schools	50,000
Family Action Coalition Team (FACT)	Multnomah Parent Action Committee (MPAC)	109,635
Friendly House, Inc.	Collaboration for Enhanced Support for Senior Living (CESSL)	100,000
Girls Inc. of NW Oregon	Go Onward	92,400
Hacienda CDC	Expresiones-Centro de Jovenes	134,250
Hands On Portland	Civic Leaders	100,000
Hands On Portland	Volunteer Innovation Project	120,000
Hearing & Speech Institute/Northwest Early Childhood Institute	Building Cycles of Hope	200,000
Housing Development Corporation of Northwest Oregon	Promotores Program – "Community Connectors"	90,000
IRCO	Successful School Transition (SST)	125,000
Janus Youth Programs, Inc.	Village Gardens	122,326
JOIN	HomeFirst	107,000
Labor's Community Service Agency	Community Service	117,000
LifeWorks Northwest	Junto oor los Jovenes	22,800
LifeWorks Northwest	MILPA	300,699
LifeWorks Northwest	School Readiness/Ready Schools	50,000
Lutheran Community Services Northwest	New youth Perspectives (NYP)	140,000
Metropolitan Family Service	Ready Set Go	50,000
Metropolitan Family Service	Rowe Community School	139,050
Multnomah County Commission on Children, Families & Community	Project Summer: Everybody Eats	100,000
Multnomah County Domestic Violence Coordinator	Expanded Multnomah County DVERT	150,000
Multnomah County Health Department	Holistic Services Collaborative for Homeless Families	123,000
NAMI Multnomah (a.k.a. National Alliance on Mental Illness Multnomah)	Visions for Tomorrow	40,000
Neighborhood House, Inc.	Child Care Improvement Project - Child Care Quality	90,000
Neighborhood House, Inc.	Child Care Improvement Project - Provider Income Improvement	50,000
Neighborhood House, Inc.	School Readiness/Ready Schools	50,000
Neighborhood House, Inc.	Youth Career Exploration Project	75,000
Northwest Pilot Project, Inc.	Permanent Housing for Homeless: A Fresh Start	97,000
Northwest Regional Education Service District	Washington County School-Based Health Center Initiative	40,000
NW Natural Gas Assistance Program.	Gas Assistance	107,479
Outside In	Neighborhood in Need: Socio-Medical Outreach to SE 82nd Ave	94,520
Outside In	Road Warrior Access Project	100,000
Outside In	Youth Employment Internship Program	100,000
Outside In	Youth Sexual Minority Voices	37,000
Partners in Careers	Employment Connection	89,500
Peninsula Children's Center	North Portland Children and Families Partnership	191,200
Planned Parenthood of the Columbia/Willamette	Latino Parent-Child Connectedness	24,500
Portland Community College Capital Career Center	Washington County Housing and Employment Collaborative for Economic Stability	185,330
Portland Impact, Inc.	Coalition for Homeless Families Community Building	34,000
Portland Impact, Inc.	Early Education Care & Family Services	75,000
Portland Impact, Inc.	Senior Transportation Program Expansion	111,886
Salvation Army - Clark County	Integrated Food, Housing, & Employment	85,000
SE Works	Southeast Portland Workforce-Housing Alliance	50,000
Senior Citizens Council of Clackamas County, Inc.	Guardianship, Conservatorship and Diversion Services	70,000
Somali Community Services Coalition of Oregon	The Somali Family Wellness Project	30,000
Technical Assistance for Community Services (TACS)	Fund Development Capacity Building Initiative	50,000
Todos Juntos	Estacada PreventNet Stations	75,000
United Cerebral Palsy Association of Oregon and Southwest Washington	Supported Employment	35,000
YWCA Clark County	Child Care Project	63,000
YWCA Clark County	Family Violence Services for LGBTG	28,868
Community Response	Various Programs	27,070
Returned and Unused Grant Payments		<u>(88,515)</u>
Grand Total		6,555,731
Designations to others		<u>6,851,798</u>
		<u><u>13,407,529</u></u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization UNITED WAY OF THE COLUMBIA-WILLAMETTE	Employer identification number 93-0582124
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 619 SW 11TH AVENUE, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97205-2646	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CAROL FRYE**
Telephone No. ▶ **(503) 226-9321** 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 will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment 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. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNITED WAY OF THE COLUMBIA-WILLAMETTE	Employer identification number 93-0582124
	Number, street, and room or suite no. If a P.O. box, see instructions. 619 SW 11TH AVENUE, NO. 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97205-2646	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

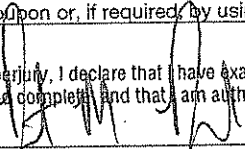
- The books are in the care of **CAROL FRYE**
Telephone No. **(503) 226-9321** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . 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, 2008**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.
- 6 If this tax year 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 EXTENSION OF TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 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	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

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 **2/14/08**

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

By: _____ Date _____
Director

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name HOFFMAN, STEWART & SCHMIDT, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 111 SW FIFTH AVENUE, SUITE 1500
	City or town, province or state, and country (including postal or ZIP code) PORTLAND, OR 97204