

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

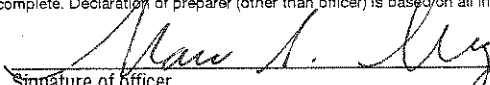
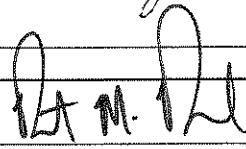
2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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
		Doing Business As		E Telephone number (503) 226-9321
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 619 SW 11th Avenue 300		G Gross receipts \$ 20,702,053.
		City or town, state or country, and ZIP + 4 Portland, OR 97205-2646		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: Marc Levy same as C above		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: www.unitedway-pdx.org K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1952 M State of legal domicile: OR				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Helping people, changing lives, making every contribution count. See Schedule O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of employees (Part V, line 2a)	5	77
	6 Total number of volunteers (estimate if necessary)	6	2586
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,586,099.	20,149,451.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,562.	291,898.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	248,461.	39,938.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,099.	49,321.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,279,221.	20,530,608.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	15,065,116.	15,134,842.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,764,619.	3,377,631.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,944,988.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,227,304.	1,893,643.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,057,039.	20,406,116.
19 Revenue less expenses. Subtract line 18 from line 12	222,182.	124,492.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	16,467,248.	15,163,971.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,932,154.	9,725,421.

Part II Signature Block

Sign Here	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.	
	Signature of officer  Marc Levy, CEO Type or print name and title	Date 5/13/10
Paid Preparer's Use Only	Preparer's signature  Robert M. Prill 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	Date 5/10/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (503) 220-5900

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

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: See Schedule O for Continuation
Helping people, changing lives, making every contribution count. We
mobilize the people and resources of the community to solve our
community's most urgent needs and focus on education, income and
health. Our Cornerstone Program covers all overhead expense so no
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 3,627,255. including grants of \$ 3,627,255.) (Revenue \$)
Community Impact Grants United Way of the Columbia-Willamette continues
to measurably improve the lives of people in our community by working
with community partners to tackle health and human service issues in
Clackamas, Washington and Multnomah counties in Oregon and Clark County
in Washington. United Way staff and over 100 volunteers research and
prioritize community needs. Through a competitive grant process, we
identify programs that promote collaboration and are committed to
measurable outcomes to address those needs. In FY 08-09 grants were
awarded to 66 programs and initiatives involving 174 collaborating
organizations in four major focus areas: education, income, health, and
nonprofit system support. See Schedule O.

4b (Code:) (Expenses \$ 2,395,033. including grants of \$ 2,395,033.) (Revenue \$)
United Way also invests in strategic initiatives and partnerships that
meet critical community needs and demonstrate the best opportunity to
generate a clearly identified return on investment and leverage or
foster partnerships with other funders. Strategic Initiatives and
Partnerships include: Community Relief Fund (food/rent/utility
assistance), Born Learning (early childhood education), Earned Income
Tax Credit Assistance (financial assistance/stability), 211info (phone
and online information/referral), and Hands-on-Greater Portland
(community volunteer coordination). See Schedule O for additional
information.

Strategic Initiatives and Partnerships - United Way also invests in

4c (Code:) (Expenses \$ 9,112,554. including grants of \$ 9,112,554.) (Revenue \$)
Donor Choice United Way offers donors the opportunity to designate
their gift directly to 501(c)(3) organizations of their choice. The
United Way Cornerstone Program covers all overhead expense so no fees
are charged for the cost of fundraising and distribution. Donations
given through United Way provide support to a wide variety of
nonprofits and help keep fundraising cost low for these organizations
as well as increasing philanthropy within the community.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 1,948,441. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 17,083,283. (Must equal Part IX, Line 25, column (B).)

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>	1 x	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	x
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	x
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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>	7	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>	8	x
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	x
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 x	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 x	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 x	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	x
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	x
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	x
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	x
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	x
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	x
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	x
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	x
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 x	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	x
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) 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>	25a	x
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	x

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
28a		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
28b		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
34		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
35		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		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? If "Yes," complete Schedule R, Part VI		X
37		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 12		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a 77		
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 this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter: N/A			
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: N/A			
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 N/A	12b		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	37
b Enter the number of voting members that are independent	1b	37
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 organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**

Carol Frye - (503) 228-9131

619 SW 11TH Avenue, Portland, OR 97205-2646

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
Kerry Barnett Director	0.50	X						0.	0.	0.
Kevin Borkowski Director	0.50	X						0.	0.	0.
Marie Dahlstrom Director	1.00	X						0.	0.	0.
Rob Davison Director	0.50	X						0.	0.	0.
Jill Eiland Director	0.50	X						0.	0.	0.
Tina Foster Director/Board Chair	1.00	X		X				0.	0.	0.
James Francesconi Director	0.50	X						0.	0.	0.
Raymond Guenther Director	0.50	X						0.	0.	0.
Scott Hatley Director	0.50	X						0.	0.	0.
Richard High Director/Treasurer	1.00	X		X				0.	0.	0.
Roger Hinshaw Director/Past-chair	1.00	X		X				0.	0.	0.
Dan James Director/Chair-Elect	1.50	X		X				0.	0.	0.
Albin Jubitz Director	2.00	X						0.	0.	0.
Gregg Kantor Director	0.50	X						0.	0.	0.
Andrea Kelly Director	0.50	X						0.	0.	0.
Dwight Kelley Director	0.50	X						0.	0.	0.
Kristin Lewis 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	(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			
Ross Lienhart Director	0.50	X						0.	0.	0.
Jaime Lim Director	0.50	X						0.	0.	0.
David Lippoff Director/Secretary	0.50	X		X				0.	0.	0.
Debbie Luppold Director	0.50	X						0.	0.	0.
Barbara Mathey Director	1.00	X						0.	0.	0.
Jocelynn McAdory Director	1.00	X						0.	0.	0.
Mary Monnat Director	1.00	X						0.	0.	0.
Michael Montgomery Director	0.50	X						0.	0.	0.
Albert Moreno Director	1.00	X						0.	0.	0.
Larry Paulson Director	0.50	X						0.	0.	0.
1b Total								244,226.	0.	39,336.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	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 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. NONE

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

See Schedule J-2 for Part VII, Section A Continuation

Form **990** (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	38,410.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,111,041.				
	g Noncash contributions included in lines 1a-1f: \$		684,309.				
	h Total. Add lines 1a-1f			20,149,451.			
Program Service Revenue			Business Code				
	2 a Rental income		532000	162,358.	162,358.		
	b Community service fees		561000	129,540.	129,540.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			291,898.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			78,192.			78,192.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				133,191.			
	b Less: cost or other basis and sales expenses			171,445.			
	c Gain or (loss)			-38,254.			
	d Net gain or (loss)			-38,254.			-38,254.
	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	49,321.	49,321.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			49,321.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				20,530,608.	341,219.	0.	39,938.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,134,842.	15,134,842.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	384,269.	144,236.	217,365.	22,668.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,344,654.	686,862.	602,289.	1,055,503.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	189,732.	57,684.	52,887.	79,161.
9 Other employee benefits	270,257.	74,371.	77,785.	118,101.
10 Payroll taxes	188,719.	55,526.	54,971.	78,222.
11 Fees for services (non-employees):				
a Management				
b Legal	6,229.	1,020.	3,750.	1,459.
c Accounting	49,500.	24,355.	9,353.	15,792.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	103,325.	49,698.	37,867.	15,760.
12 Advertising and promotion	358,087.	119,111.	601.	238,375.
13 Office expenses	139,141.	44,129.	33,611.	61,401.
14 Information technology				
15 Royalties				
16 Occupancy	280,196.	206,911.	35,363.	37,922.
17 Travel	23,957.	1,634.	3,498.	18,825.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	120,033.	51,586.	25,527.	42,920.
20 Interest	28,896.	21,117.	4,240.	3,539.
21 Payments to affiliates	189,780.	168,678.	19,071.	2,031.
22 Depreciation, depletion, and amortization	290,346.	152,741.	62,867.	74,738.
23 Insurance	30,534.	12,403.	16,052.	2,079.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Miscellaneous</u>	141,666.	32,837.	95,450.	13,379.
b <u>Printing</u>	94,129.	35,344.	7,438.	51,347.
c <u>Equipment Repair & Main</u>	37,824.	8,198.	17,860.	11,766.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	20,406,116.	17,083,283.	1,377,845.	1,944,988.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	36,616.	1	950.
	2 Savings and temporary cash investments	2,043,467.	2	1,888,095.
	3 Pledges and grants receivable, net	6,019,769.	3	5,664,095.
	4 Accounts receivable, net	336,433.	4	159,235.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	318,678.	9	232,531.
	10a Land, buildings, and equipment: cost basis ... 10a 5,936,358.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 3,109,069.	2,852,962.	10c	2,827,289.
	11 Investments - publicly traded securities	3,278,580.	11	3,293,685.
	12 Investments - other securities. See Part IV, line 11	367,879.	12	336,523.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,212,864.	15	761,568.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,467,248.	16	15,163,971.	
Liabilities	17 Accounts payable and accrued expenses	424,788.	17	490,356.
	18 Grants payable	9,806,150.	18	8,738,219.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	701,216.	23	496,846.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,932,154.	26	9,725,421.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,943,339.	27	4,199,804.
	28 Temporarily restricted net assets	416,137.	28	269,727.
	29 Permanently restricted net assets	1,175,618.	29	969,019.
	Organizations that do not follow SFAS 117, 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	5,535,094.	33	5,438,550.
	34 Total liabilities and net assets/fund balances	16,467,248.	34	15,163,971.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 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?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

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: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,687,311.	17,708,826.	16,822,170.	19,646,549.	20,149,451.	90,014,307.
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 - 3	15,687,311.	17,708,826.	16,822,170.	19,646,549.	20,149,451.	90,014,307.
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)						8,469,888.
6 Public support. Subtract line 5 from line 4.						81,544,419.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	15,687,311.	17,708,826.	16,822,170.	19,646,549.	20,149,451.	90,014,307.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,765.	123,671.	179,082.	179,451.	78,192.	626,161.
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 IV.)	7,695.	50,089.	48,482.	112,099.	49,321.	267,686.
11 Total support. Add lines 7 through 10						90,908,154.
12 Gross receipts from related activities, etc. (see instructions)					12	2,483,535.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	89.70 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	91.68 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

2 Complete lines 2a-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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,233,727.				
b Contributions	0.				
c Investment earnings or losses	-231,818.				
d Grants or scholarships	8,190.				
e Other expenditures for facilities and programs					
f Administrative expenses	3,351.				
g End of year balance	990,368.				

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

- a Board designated or quasi-endowment ☐ .00 %
 b Permanent endowment ☐ 98.00 %
 c Term endowment ☐ 2.00 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		886,000.		886,000.
b Buildings		3,476,738.	2,064,536.	1,412,202.
c Leasehold improvements				
d Equipment		1,573,620.	1,044,533.	529,087.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,827,289.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

(a) Description	(b) Book value
Interest in Charitable Remainder Trust	417
Interest in perpetual trust	761,151
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	761,568

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	

B32053
12-23-08

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,530,608.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,406,116.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	124,492.
4	Net unrealized gains (losses) on investments	4	-17,429.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-203,607.
9	Total adjustments (net). Add lines 4-8	9	-221,036.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-96,544.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,444,618.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	247,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,992.
e	Add lines 2a through 2d	2e	250,592.
3	Subtract line 2e from line 1	3	11,194,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	9,336,582.
c	Add lines 4a and 4b	4c	9,336,582.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	20,530,608.

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

1	Total expenses and losses per audited financial statements	1	11,541,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	247,600.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	247,600.
3	Subtract line 2e from line 1	3	11,293,562.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	9,112,554.
c	Add lines 4a and 4b	4c	9,112,554.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	20,406,116.

Part XIV Supplemental Information

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

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

operations.

Part XI, Line 8 - Other Adjustments:

Increase in interest in CRUT: 2992.

Decrease in Perpetual trusts: -206599.

Part XII, Line 2d - Other Adjustments:

Part XIV Supplemental Information *(continued)*

Increase in interest in CRUT: 2992.

Part XII, Line 4b - Other Adjustments:

Pledges designated by donors: 9112554.

Net Unrealized loss on investments: 17429.

Decrease in interest in perpetual trust: 206599.

Part XIII, Line 4b - Other Adjustments:

Pledges designated by donors: 9112554.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number
93-0582124

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 621 SW Alder St #810 Portland, OR 97205-3623	93-0784586	501(c)(3)	300,000.	0.			Regional 2-1-1 Collaboration
Adelante Mujeres 2420 19th Ave. Forest Grove, OR 97116	03-0473181	501(c)(3)	135,000.	0.			Adelante Chicas
American Red Cross-Oregon Trail Chapter - P O Box 3200 - Portland, OR 97208-3200	93-0386784	501(c)(3)	36,950.	0.			Building Safety Skills Among Hispanic Families
Arc of Clark County PO Box 2608 Vancouver, WA 98668-2608	91-0759016	501(c)(3)	112,750.	0.			Parents Receiving Intensive Developmental Education (PRIDE)
Asian Health & Service Center 3430 SE Powell Blvd Portland, OR 97202	93-1192100	501(c)(3)	10,000.	0.			Earned Income Tax Credit Outreach
Asian Health & Service Center 3430 SE Powell Blvd Portland, OR 97202	93-1192100	501(c)(3)	152,000.	0.			Asian Wellness Connection
2 Enter total number of section 501(c)(3) and government organizations							68.
3 Enter total number of other organizations							0.

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

Schedule I (Form 990) 2008

on Form 990, Part IV, line 22.

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

Services. The total of these grants equaled \$115,634.

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Benefit Advocacy Coalition 2910 SE Hillyard Road Gresham, OR 97080	54-2136269	501(c)(3)	130,000.	0.			Toward Independence
Bienestar 220 SE 12th Ave Ste A-100 Hillsboro, OR 97123-2937	93-0860753	501(c)(3)	15,000.	0.			Earned Income Tax Credit Outreach
Bienestar 220 SE 12th Ave Ste A-100 Hillsboro, OR 97123-2937	93-0860753	501(c)(3)	130,000.	0.			Semillas de Exito/Seeds for Success
The Black Parent Initiative 2811 NE Holman Portland, OR 97211	43-0658188	501(c)(3)	152,000.	0.			Parent University
The Black Parent Initiative 2811 NE Holman Portland, OR 97211	43-0658188	501(c)(3)	30,000.	0.			Mobilization, advocacy & policy change for Africa American educational achievement
Canby School District 1130 S Ivy Street Canby, OR 97013	93-6000230	School District	25,000.	0.			Dental Health for Children and Youth
Cascade AIDS Project 520 SW 5th Ave, Ste #300 Portland, OR 97204	93-0903383	501(c)(3)	36,000.	0.			Survey of Portland's Street Youth
CASH Oregon (Creating Assets, Savings & Hope) - PO Box 10708 - Portland, OR 97296	20-5682797	501(c)(3)	82,500.	0.			Earned Income Tax Credit Outreach

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Children's Institute 1221 SW Yamhill, Ste 260 Portland, OR 97205	93-1095351	501(c)(3)	5,000.	0.			Community Leaders Breakfast
Clackamas County Social Services 2051 Kaen Road PO Box 2950 Oregon City, OR 97045	94-3032590	501(c)(3)	118,848.	0.			Community Relief Fund
Clackamas Womens Services 704 Main Street Oregon City, OR 97045	93-0900119	501(c)(3)	152,000.	0.			Beyond Shelter Housing Initiative
Community Action Washington County 1001 SW Baseline St Hillsboro, OR 97123-3972	93-0554941	501(c)(3)	142,617.	0.			Community Relief Fund
Community Housing Resource Center 2700 NE Andresen Rd, Ste #D3 Vancouver, WA 98661	91-1641351	501(c)(3)	15,000.	0.			Earned Income Tax Credit Outreach
Community Housing Resource Center 2700 NE Andresen Rd, Ste #D3 Vancouver, WA 98661	91-1641351	501(c)(3)	112,320.	0.			Take Charge! --- Build Assets, \$\$\$ and Credit Smarts
Community Warehouse 3969 NE Martin Luther King Jr Blvd Portland, OR 97212-1117	93-1310582	501(c)(3)	34,000.	0.			Door to Door Delivery
Cowlitz Tribe 1055 9th Avenue, Suite B Longview, WA 98632	91-1265477	Tribal govern't	7,923.	0.			Community Relief Fund

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-06 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Equity Foundation, Inc PO Box 5696 Portland, OR 97228-5696	93-1012688	501(c)(3)	29,980.	0.			Providing Unbiased Services for LGBTQ Youth
Hacienda Community Development Corporation - 5136 NE 42nd Ave - Portland, OR 97218-1506	93-0979064	501(c)(3)	162,000.	0.			Vamos & Expresiones: Latino & Somali
Hacienda Community Development Corporation - 5136 NE 42nd Ave - Portland, OR 97218-1506	93-0979064	501(c)(3)	35,638.	0.			Community Relief Fund
Hands on Portland PO Box 4889 Portland, OR 97208-4889	93-1218427	501(c)(3)	145,000.	0.			Volunteer Innovation Project
Hollywood Senior Center 1820 NE 40th Avenue Portland, OR 97212	23-7291187	501(c)(3)	140,000.	0.			Senior Medication Assistance Network
Human Solutions 12350 SE Powell Blvd. Portland, OR 97236-3432	93-0977166	501(c)(3)	158,000.	0.			Resident Services Profes
Human Solutions, Inc 12350 SE Powell Blvd. Portland, OR 97236-3432	93-0977166	501(c)(3)	5,000.	0.			Home Again Mentoring Program
Human Solutions, Inc 12350 SE Powell Blvd. Portland, OR 97236-3432	93-0977166	501(c)(3)	134,730.	0.			Community Relief Fund

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Immigrant & Refugee Com Org (IRCO) 10301 NE Glisan St Portland, OR 97220	93-0806295	501(c)(3)	34,409.	0.			Community Relief Fund
Immigrant & Refugee Com Org (IRCO) 10301 NE Glisan St Portland, OR 97220	93-0806295	501(c)(3)	131,000.	0.			African Community Collaboration for Economic Self-Sufficiency
Impact NW PO Box 33530 Portland, OR 97292-3530	93-0557964	501(c)(3)	58,381.	0.			Community Relief Fund
Innovation Partnership 610 SW Alder St., Suite 915 Portland, OR 97205	93-1304080	501(c)(3)	10,000.	0.			Making Connections Scholarships
Inter-Faith Treasure House 91 C Street Washougal, WA 98671	91-1214478	501(c)(3)	7,923.	0.			Community Relief Fund
Irvington Covenant CDC 405 NE Church St Portland, OR 97211	93-1155647	501(c)(3)	135,000.	0.			Constructing Green Futures
Janus Youth Programs 707 NE Couch St Portland, OR 97232-2922	23-7345990	501(c)(3)	152,000.	0.			Village Gardens
JOIN: A Center for Involvement 3338 SE 17th Ave Portland, OR 97202	93-1090005	501(c)(3)	136,000.	0.			Working in Community

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Labors Community Service Agency, Inc - 1125 SE Madison St, #103B - Portland, OR 97214-3600	23-7393223	501(c)(3)	125,000.	0.			Community Services
Mercy Corps Northwest 43 SW Naito Pkwy Portland, OR 97204	93-1315010	501(c)(3)	148,000.	0.			ROAR
Native American Rehabilitation Assoc of the NW Inc - 1776 SW Madison St - Portland, OR 97205	23-7098400	501(c)(3)	7,988.	0.			Community Relief Fund
Native American Rehabilitation Assoc of the NW Inc - 1776 SW Madison St - Portland, OR 97205	23-7098400	501(c)(3)	152,000.	0.			Discovering our Story Project
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	19,281.	0.			Community Relief Fund
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	162,000.	0.			Native Student Literacy Project
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	8,000.	0.			Earned Income Tax Credit Outreach
Neighborhood House, Inc 7780 SW Capitol Hwy Portland, OR 97219-2477	93-0386875	501(c)(3)	37,425.	0.			Community Relief Fund

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

United Way of the Columbia-Willamette

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Neighborhood House, Inc 7780 SW Capitol Hwy Portland, OR 97219-2477	93-0386875	501(c)(3)	158,000.	0.			Community Approaches to Building School Success
Oregon Food Bank PO Box 55370 Portland, OR 97238-5370	93-0785786	501(c)(3)	339,564.	0.			Community Relief Fund
Oregon Law Center 921 SW Washington St, Ste 516 Portland, OR 97205	93-1194564	501(c)(3)	136,000.	0.			Project Against Workplac Sexual Assault
Oregon Opportunity Network 847 NE 19th Avenue, Ste 150 Portland, OR 97232	93-1174536	501(c)(3)	34,000.	0.			Resident Services-Program Cost Analysis
Outside In 1132 SW 13th Ave Portland, OR 97205-1703	93-0567549	501(c)(3)	152,000.	0.			Neighborhood Sparks: Transformation
PANOW- Project Access of Northwest Oregon & Washington - PO Box 10953 - Portland, OR 97296-0953	93-0582124	501(c)(3)	100,000.	0.			Linking Patients and Doctors
Impact NW PO Box 33530 Portland, OR 97292-3530	93-0557964	501(c)(3)	15,000.	0.			Earned Income Tax Credit Outreach
Portland Reading Foundation PO Box 80516 Portland, OR 97280	20-1760894	501(c)(3)	25,000.	0.			Targeted Reading Intervention Program

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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		
Poverty Bridge P O Box 23071 Tigard, OR 97281	20-4147905	501(c)(3)	10,000.	0.			Opportunity Conference		
Salvation Army of Clark County PO Box 5559 Vancouver, WA 98668-5559	94-1156347	501(c)(3)	71,309.	0.			Community Relief Fund		
Second Step Housing 2500 Main St Suite 120 Vancouver, WA 98660	91-1691325	501(c)(3)	148,000.	0.			Re-Entry Housing Project		
Self Enhancement, Inc 3920 N Kerby Ave Portland, OR 97227-1255	93-1086629	501(c)(3)	44,538.	0.			Community Relief Fund		
Self Enhancement, Inc 3920 N Kerby Ave Portland, OR 97227-1255	93-1086629	501(c)(3)	162,000.	0.			Youth Potential Realized		
Share, Inc PO Box 1209 Vancouver, WA 98666	91-1205119	501(c)(3)	39,616.	0.			Community Relief Fund		
Somali Community Services Coalition of Oregon - 9123 SW Barbur Blvd. - Portland, OR 97219	03-0391013	501(c)(3)	33,000.	0.			Somali Senior Engagement Project		
Street Roots 211 NW Davis Portland, OR 97209	93-1271399	501(c)(3)	22,000.	0.			Eastside Expansion and Pilot Project		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number

United Way of the Columbia-Willamette

93-0582124

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Garcia Memorial Health Center - PO Box 568 - Cornelius, OR 97113-0568	93-0717997	501(c)(3)	152,000.	0.			MILPA II
Volunteers of America Oregon 3910 SE Stark St Portland, OR 97214-3241	93-0395591	501(c)(3)	36,000.	0.			Transition Bridge Project
Washington County Commission on Children & Families - 155 N First Avenue, MS#6 - Hillsboro, OR 97124	93-6002316	govt	40,000.	0.			Reconnecting Children with Families
Youth Contact 447 SE Baseline Hillsboro, OR 97123	93-0780364	501(c)(3)	152,000.	0.			Family Justice Initiative
YWCA of Clark County 3609 Main St Vancouver, WA 98663-2225	91-0569882	501(c)(3)	31,693.	0.			Community Relief Fund
YWCA of Greater Portland 1111 SW 10th Ave Portland, OR 97205-2411	93-0386984	501(c)(3)	36,000.	0.			The Survivor's Legal Service
donor designations 619 SW 11th, Room 300 Portland, OR 97205	Applied For	501(c)(3)	9,112,554.	0.			Individual donor designations see 990, page 2, part III, Line 4

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

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 in 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 checked="" 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 checked="" 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 line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <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 in Form 990, Part VII, Section A, line 1a:

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

Yes No

1b

x

2

x

4a

x

4b

x

4c

x

5a

x

5b

x

6a

x

6b

x

7

x

8

x

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

Schedule J (Form 990) 2008

Part III **Supplemental Information**

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

Part I, Line 1a: A new CEO was hired and his employment contract provided a housing allowance as part of his relocation package. These payments were gross-up payments. In addition, the new CEO was provided a monthly auto allowance. All payments were included in the W-2.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

United Way of the Columbia-Willamette

Employer Identification number

93-0582124

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
--------	---

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

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	659,916.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Computer equi)	X	1	22,163.FMV	
26 Other ► (Modular offic)	X	1	2,230.FMV	
27 Other ► ()				
28 Other ► ()				

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

29

2

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2008

Part II

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

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

securities received as gifts

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Form 990, Part I, Line 1, Description of Organization Mission:

Helping people, changing lives, making United Way of the Columbia-Willamettes mission is: helping people, changing lives, making every contribution count. We do this by bringing the right people, resources, and ideas together to tackle our community's most urgent needs. At United Way, we research the needs of the community, identify partners that promote collaborations, and invest in programs that achieve measurable results. Our work is focused in the areas of education, income and health. We provide basic emergency needs (food, rent, utilities and prescriptions) while also seeking innovative approaches to address the underlying causes or problems to prevent them from happening in the first place. At United Way, we work with volunteers, nonprofit partners, businesses, government entities, and donors because it takes all of us working together, united, to create long-lasting change in our community.

Form 990, Part III, Line 1, Description of Organization Mission:

fees are charged for the cost of fundraising and distribution.

Form 990, Part III, Line 2, New Program Services:

The Community Relief Fund (CRF) was established in February, 2009 as a fundraising campaign to meet the emergency short-term needs of individuals and families in the four county service areas for food, rent, and utility assistance. By June 2009, over \$800,000 had been raised from foundations, corporations, and individual donors. Thirty percent of the funds provided food assistance and seventy percent of

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

the funds provided rent and utility assistance.

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

Community Impact Grants United Way of the Columbia-Willamette

continues to measurably improve the lives of people in our community by

funding community partners to tackle the toughest issues in health and

human services. United Way involves over 100 volunteers who prioritize

community needs, release a competitive request for proposals and award

grants to address identified needs. In 2008, grants were awarded to 66

programs and initiatives, involving 174 collaborating organizations who

provided services to more than 100,000 residents of Clackamas,

Washington and Multnomah counties in Oregon and Clark County in

Washington. The Community Impact Grants program has three major

focuses, the three Impact areas of Education, Health and Income. The

funding breakdown was as follows: 34% to Education; 26% to Health; 32%

to Income. Contracts include requirements for outcomes to be measured.

Our focus on Education has two long-term goals: 1) increase the number

of children who are ready to succeed upon entering kindergarten and 2)

increase the number of youth who graduate from high school with the

skills necessary to succeed in work, life and continuing education. The

goal for our work in Income is to increase financial stability of

individuals and families. Health has two goals: 1) improve access to

health care and 2) improve the health and safety of adults, youth and

children through education and prevention.

Form 990, Part III, Line 4b, Program Service Accomplishments

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

832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

strategic initiatives and partnerships that bring together the human
and financial resources of the community to respond to emerging,
critical needs and demonstrate the best opportunity to generate a
clearly identified return on investment and leverage or foster
partnerships with other funders. Strategic Initiatives and Partnerships
are aligned with our four major areas of focus, including the three
Impact areas of 1) Education, 2) Health and 3) Income; and 4) Nonprofit
System Capacity.

Community Relief Fund (CRF) funds provided to Community Action
Agencies and the Oregon Food Bank (18 different partners representing
our four-county service area) to meet emergency short-term needs in the
area of food, rent, and utility assistance. The CRF was formed in
February 2009 as a six month fundraising campaign. Between February
and June, \$800,000 was raised from foundations, corporations, and
individual donors. The first allocation of \$400,000 reached people
most affected by the recession in April, with another \$400,000 being
distributed in early July 2009. Thirty percent of the funds were
designated for food assistance, and 70% for rent and utilities. The
needs of the community have continued to increase, and the CRF has now
become part of a longer term strategy to meet basic needs in the
community. The first two allocations of funds provided more than
400,000 pounds of food and helped 34,161 people (8,656) households in
the four-county Portland/Vancouver metro area.

Born Learning works with local agencies, childcare providers, clinics

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

and libraries to distribute information and materials that help them
create rich learning opportunities for children from birth to the age
of five. In 2008, more than 5,500 families and 400 community agencies
received Born Learning information and materials.

Project Access Now connects low-income, uninsured patients to needed
medical care and prescriptions through a strategic collaboration of
hospitals and clinics that organize donated care. Almost 2,200 health
professionals were recruited to volunteer for Project Access Now. In FY
2008-09, 724 patients received health care services, resulting in a
donation of health services and prescriptions valued at \$4 million.

Earned Income Tax Credit (EITC) Assistance offers free tax preparation
assistance to ensure that more low-income residents understand and
claim the EITC tax credit for which they are eligible. In FY08-09, more
than 6,000 low-income households received help filling out their tax
forms, and 1,094 households qualified for the credit, returning \$2.3
million to their wallets.

211info is a regional resource (phone and online) that provides
information and referral and handles more than 70,000 calls annually
requesting information about health and human services.

Hands-on-Greater-Portland is a strategic program that provides
organized volunteer projects for more than 800 volunteers last year.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

This area includes community engagement, grant monitoring and results reporting, technical assistance, and volunteer management. United Way worked with community and business leaders, government, and nonprofit partners to identify community needs, foster collaborations, and develop approaches for reaching shared goals. We also provided direct technical assistance to nonprofits in outcome evaluation, cultural competency, nonprofit fund development and collaboration. United Way also produced publications and conducted research and community education on regional trends, needs and best practices, and convened and participated in regional planning processes and initiative development. Technical assistance also included training and resources to increase board and fund development capacity of community-based nonprofits. The organization also supports volunteer activities of the United Way Young Leaders Society (YLS), a group of young professionals ages 21-40 that aims to develop the community's next leaders in both the business and civic arenas. Activities included volunteer, leadership development, and networking events.

Expenses \$ 1948441. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 10: The Form 990 is electronically sent to all Finance Committee members and reviewed in detail at the Finance Committee meeting. Once approved by the Finance Committee, the 990 is electronically sent to all Board Members for review at the next Board Meeting. A Finance Committee member reviews the 990 with the Board and

recommends a motion to accept the 990 for submission. The 990 is added to

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

832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

the UWCW website after submission.

Form 990, Part VI, Section B, Line 12c: United Way of the Columbia

Willamettes Code of Ethics certification includes a Conflict of Interest

section. The Code of Ethics certification and Conflict of Interest

statements are signed by all Board members, Committee members and Staff on

an annual basis. Tracking is in place to insure compliance and these forms

are reviewed by the HR Director. A list of Conflicts of Interest will be

provided to the President and Board Chair annually. Board and Committee

members do not vote on matters where they have a conflict.

Form 990, Part VI, Section B, Line 15: Prior to hiring the new CEO, the

CEO Selection Committee was provided with Salary Survey information for

comparable positions. The HR Director compiled information using the

United Way of America compensation survey, contacting similar size UWs, 990

data, and the local non-profit survey.

Every other year the Human Resources Director conducts a Salary Survey

using information from United Way of America, contacts with similar size

UWs, 990 data, local non-profit survey, and other job specific information

for the Portland market. Staff salaries are reviewed by the Human

Resources Committee to insure that they fall within the appropriate salary

ranges.

Form 990, Part VI, Section C, Line 19: The organizations governing

documents, code of ethics, conflict of interest policy, anti discrimination

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

policy, and financial statements are available upon request. The Form 990

and the Annual Report are available on our website.

Form 990, Part XI, Line 2c

The process of providing oversight of the annual audit has not changed
from the prior year.

Schedule I, Form 990, Part I, Line 2

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

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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.

• 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).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number	
	UNITED WAY OF THE COLUMBIA-WILLAMETTE	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.

CAROL FRYE

• The books are in the care of **619 SW 11TH AVENUE - PORTLAND, OR 97205-2646**

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, 2010**

5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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 **AN ADDITIONAL EXTENSION OF TIME IS NEEDED IN ORDER TO GATHER THE**

INFORMATION NECESSARY 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 **[Signature]** Title **CPA**

Date **2/12/2010**

Form 8868 (Rev. 4-2009)