

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)

OMB No. 1545-0047

2012Open to Public
Inspection

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

United Way of the Columbia-Willamette

Doing Business As

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

619 SW 11th Avenue

Room/suite
300

City, town, or post office, state, and ZIP code

Portland, OR 97205-2646

F Name and address of principal officer: Carol Frye
same as C above**D Employer identification number**

93-0582124

E Telephone number

(503) 226-9321

G Gross receipts \$ 23,973,127.**H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

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

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Helping people, changing lives, making every contribution count.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	24970
	7a Total unrelated business revenue from Part VIII, column (C), line 12	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 23,178,530.	Current Year 23,397,299.
	9 Program service revenue (Part VIII, line 2g)	96,718.	96,736.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,017.	228.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	269,737.	177,704.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,554,002.	23,671,967.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,638,583.	15,555,612.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,420,670.	3,943,981.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	2,127,103.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,876,883.	2,237,471.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,936,136.	21,737,064.
19 Revenue less expenses. Subtract line 18 from line 12	1,617,866.	1,934,903.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,122,881.	End of Year 18,415,139.
	21 Total liabilities (Part X, line 26)	8,775,692.	7,864,131.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,347,189.	10,551,008.

Part II Signature Block

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

Sign Here	Signature of officer	Date	3/12/14
	Carol Frye, COO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Robert M. Prill	Robert M. Prill	3/11/14
	Firm's name ▶ Hoffman, Stewart & Schmidt, PC	Firm's EIN ▶	93-0743240
	Firm's address ▶ 4900 Meadows Road, Ste. 200 Lake Oswego, OR 97035-3295	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 AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
 Improve lives, strengthen communities and advance equity by mobilizing the caring power of people across our metro area. See Schedule O.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 2,010,201. including grants of \$ 2,010,201.) (Revenue \$ 96,736.)
 Community Impact Grants - United Way of the Columbia-Willamette continues to improve the lives of people in our community through strategic grants to community partners working to improve health and human services in Clackamas, Washington and Multnomah counties in Oregon and Clark County in Washington. Through a competitive grant process, United Way staff and volunteers identify programs that measurably improve health, education and economic outcomes. In FY 12-13 grants were awarded to 31 projects and initiatives in three major focus areas: education, income, health, and capital projects. See Schedule O.
- 4b** (Code:) (Expenses \$ 1,973,022. including grants of \$ 1,495,618.) (Revenue \$)
 United Way also invests in strategic initiatives and partnerships with non-profit service providers to meet critical community needs and which can be leveraged to foster partnerships with other funders. Strategic Initiatives and Partnerships include: Community Relief Fund (food/rent/utility assistance), Earned Income Tax Credit Assistance (financial assistance/stability), and 211info (phone and online information/referral). In addition, United Way allocated funds to support small planning grants for new funding strategies for upcoming year. See Schedule O for additional information.
- 4c** (Code:) (Expenses \$ 12,049,793. including grants of \$ 12,049,793.) (Revenue \$)
 Donor Choice - United Way offers donors the opportunity to designate their gift directly to 501(c)(3) organizations of their choice. Donations given through United Way provide support to a wide variety of nonprofits and help keep fundraising cost low for these organizations as well as increasing philanthropy within the community.
- 4d** Other program services (Describe in Schedule O.)
 (Expenses \$ 2,069,908. including grants of \$) (Revenue \$)
- 4e** Total program service expenses **18,102,924.**

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school 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 United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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, Parts II and IV</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, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7		
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 86		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	28													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		28												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Al Jubitz Director	0.50	X						0.	0.	0.
(2) Andrew Frazier Director	0.50	X						0.	0.	0.
(3) Barbara Mathey Director/Treasurer	1.00	X		X				0.	0.	0.
(4) Bob Tackett Director	0.50	X						0.	0.	0.
(5) Brett Baker Director	0.50	X						0.	0.	0.
(6) David Willmott Director	0.50	X						0.	0.	0.
(7) Dwight Kelly Director	0.30	X						0.	0.	0.
(8) Eric Brown Director	0.50	X						0.	0.	0.
(9) Glenn Rodriguez Director	0.50	X						0.	0.	0.
(10) Jaime Lim Director	0.50	X						0.	0.	0.
(11) Jill Eiland Director	0.50	X						0.	0.	0.
(12) Jocelynne McAdory Director/Secretary	1.00	X		X				0.	0.	0.
(13) Jon Huddleston Director	0.50	X						0.	0.	0.
(14) Keith Ristau Director	0.50	X						0.	0.	0.
(15) Kerry Barnett Director	0.50	X						0.	0.	0.
(16) Kristin Lewis Director	0.50	X						0.	0.	0.
(17) Larry Paulson Director/Chair Elect	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Lesley Hallick Director	0.50	X						0.	0.	0.
(19) Lilisa Hall Director	0.50	X						0.	0.	0.
(20) Mary Monnat Director	0.50	X						0.	0.	0.
(21) Michael Montgomery Director	0.50	X						0.	0.	0.
(22) Norwood Knight Richardson Director	0.50	X						0.	0.	0.
(23) Perry Moore Director	0.50	X						0.	0.	0.
(24) Rob Davison Director	0.50	X						0.	0.	0.
(25) Sabrina Rokovitz Director/Chair	2.00	X		X				0.	0.	0.
(26) Scott Hatley Director	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								299,703.	0.	39,042.
d Total (add lines 1b and 1c)								299,703.	0.	39,042.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

See Part VII, Section A Continuation sheets

Form **990** (2012)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Tom Elmer Director	0.50	X						0.	0.	0.
(28) Tony Trunzo Director	0.50	X						0.	0.	0.
(29) Carol Frye COO	50.00			X				129,530.	0.	26,034.
(30) Jay Bloom Interim CEO	50.00			X				15,319.	0.	0.
(31) Keith Thomajan President/CEO	50.00			X				154,854.	0.	13,008.
Total to Part VII, Section A, line 1c								299,703.		39,042.

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,397,299.				
	g Noncash contributions included in lines 1a-1f: \$		6,848.				
	h Total. Add lines 1a-1f		23,397,299.				
Program Service Revenue	2 a Community service fees	Business Code	561000	96,736.	96,736.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		96,736.				
	3 Investment income (including dividends, interest, and other similar amounts)			11,688.			11,688.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	153,875.				
	b Less: rental expenses	(ii) Personal	0.				
	c Rental income or (loss)		153,875.				
	d Net rental income or (loss)			153,875.			153,875.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	289,700.				
	b Less: cost or other basis and sales expenses	(ii) Other	301,160.				
	c Gain or (loss)		-11,460.				
	d Net gain or (loss)			-11,460.			-11,460.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
11 a Other		900099	23,829.			23,829.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			23,829.				
12 Total revenue. See instructions.			23,671,967.	96,736.	0.	177,932.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,555,612.	15,555,612.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	351,268.	151,251.	163,100.	36,917.
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	2,769,244.	1,017,136.	677,519.	1,074,589.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	193,823.	72,264.	58,626.	62,933.
9 Other employee benefits	408,645.	154,703.	104,349.	149,593.
10 Payroll taxes	221,001.	81,386.	58,049.	81,566.
11 Fees for services (non-employees):				
a Management				
b Legal	7,852.	598.	6,578.	676.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	332,324.	129,230.	77,106.	125,988.
12 Advertising and promotion	216,097.	121,344.		94,753.
13 Office expenses	312,009.	58,033.	113,607.	140,369.
14 Information technology				
15 Royalties				
16 Occupancy	282,459.	156,674.	61,105.	64,680.
17 Travel	54,482.	21,036.	8,075.	25,371.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	214,689.	105,740.	38,729.	70,220.
20 Interest	10.		10.	
21 Payments to affiliates	213,937.	179,354.	13,154.	21,429.
22 Depreciation, depletion, and amortization	394,279.	226,130.	82,023.	86,126.
23 Insurance	33,820.	12,884.	14,283.	6,653.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Equip Repair & Maint	63,533.	26,750.	16,081.	20,702.
b Printing	60,932.	23,439.	1,476.	36,017.
c Miscellaneous	34,100.	7,091.	12,861.	14,148.
d Volun & Donor Recog	16,948.	2,269.	306.	14,373.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,737,064.	18,102,924.	1,507,037.	2,127,103.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,950.	1	709.
	2 Savings and temporary cash investments	3,007,879.	2	2,431,255.
	3 Pledges and grants receivable, net	6,475,576.	3	6,578,655.
	4 Accounts receivable, net	93,851.	4	103,420.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	219,776.	9	279,155.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,667,994.		
	b Less: accumulated depreciation	10b 4,085,882.		
		2,607,329.	10c	2,582,112.
	11 Investments - publicly traded securities	3,345,981.	11	5,023,882.
	12 Investments - other securities. See Part IV, line 11	481,182.	12	494,821.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	889,357.	15	921,130.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,122,881.	16	18,415,139.	
Liabilities	17 Accounts payable and accrued expenses	399,149.	17	513,476.
	18 Grants payable	8,376,543.	18	7,350,655.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,775,692.	26	7,864,131.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,876,894.	27	6,175,866.
	28 Temporarily restricted net assets	1,373,070.	28	1,246,144.
	29 Permanently restricted net assets	1,097,225.	29	3,128,998.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,347,189.	33	10,551,008.	
34 Total liabilities and net assets/fund balances	17,122,881.	34	18,415,139.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,671,967.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,737,064.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,934,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,347,189.
5	Net unrealized gains (losses) on investments	5	-16,166.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	285,082.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,551,008.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

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

Form **990** (2012)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

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

- 1 ☐ A church, convention, 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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box 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 - Non-functionally integrated

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 supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,149,451.	20,823,473.	21,926,209.	23,178,530.	23,397,299.	109,474,962.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,149,451.	20,823,473.	21,926,209.	23,178,530.	23,397,299.	109,474,962.
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)						11,926,702.
6 Public support. Subtract line 5 from line 4.						97,548,260.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	20,149,451.	20,823,473.	21,926,209.	23,178,530.	23,397,299.	109,474,962.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,192.	197,529.	219,988.	242,788.	165,563.	904,060.
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.)	49,321.	28,408.	57,769.	41,535.	23,829.	200,862.
11 Total support. Add lines 7 through 10						110,579,884.
12 Gross receipts from related activities, etc. (see instructions)					12	717,381.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	88.22 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	87.42 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the 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	1,160,718.	1,204,431.	1,058,074.	990,368.	1,233,727.
b Contributions	2,000,000.				
c Net investment earnings, gains, and losses	15,086.	-34,943.	156,003.	78,247.	-231,818.
d Grants or scholarships	5,361.	5,406.			8,190.
e Other expenditures for facilities and programs			6,298.	7,216.	
f Administrative expenses	4,135.	3,364.	3,348.	3,325.	3,351.
g End of year balance	3,166,308.	1,160,718.	1,204,431.	1,058,074.	990,368.

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

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☒ 98.82 %
c Temporarily restricted endowment ☒ 1.18 %

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

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		886,000.		886,000.
b Buildings		3,749,065.	2,671,673.	1,077,392.
c Leasehold improvements		641,965.	394,841.	247,124.
d Equipment		1,390,964.	1,019,368.	371,596.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,582,112.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Interest in perpetual trust	921,130.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	921,130.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,057,956.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-16,166.
b	Donated services and use of facilities	2b	166,866.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	285,082.
e	Add lines 2a through 2d	2e	435,782.
3	Subtract line 2e from line 1	3	11,622,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,049,793.
c	Add lines 4a and 4b	4c	12,049,793.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,671,967.

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

1	Total expenses and losses per audited financial statements	1	9,854,137.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	166,866.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	166,866.
3	Subtract line 2e from line 1	3	9,687,271.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,049,793.
c	Add lines 4a and 4b	4c	12,049,793.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,737,064.

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

operations.

Part X, Line 2: Accounting principles generally accepted in the United

States of America prescribe a recognition threshold and a measurement

process for accounting for uncertain tax positions, and also provide

guidance on various related matters such as interest, penalties, and

required disclosures. Management believes UWCW does not have any

Part XIII Supplemental Information *(continued)*

uncertain tax positions. UWCW files informational returns. Generally,
the returns filed by UWCW are subject to examination by Federal or state
tax authorities for a period of three years from the filing of the return.
As such, the returns for the 2009, 2010, and 2011 tax years are currently
subject to examination. Interest or penalties assessed by taxing
authorities, if any, would be included with management and general
expenses.

Part XI, Line 2d - Other Adjustments:

Increase in interest in perpetual trust	31,773.
increase in net assets from acquisition of a related organization	253,309.
Total to Schedule D, Part XI, Line 2d	285,082.

Part XI, Line 4b - Other Adjustments:

Pledges designated by donors	12,049,793.
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Part XII, Line 4b - Other Adjustments:

Pledges designated by donors	12,049,793.
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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States****Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.****▶ Attach to Form 990.**

OMB No. 1545-0047

2012**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
211 Info PO Box 11830 Portland , OR 97211	93-0784586	501(c)(3)	270,000.	0.			Regional 2-1-1 Collaboration
All Hands Raised 2069 NE Hoyt St Portland , OR 97232	93-1149789	501(c)(3)	25,000.	0.			Cradle to Career collectively: SUN/PSU C2C Collaborative
Asian Health & Service Center 3430 SE Powell Blvd Portland , OR 97202	93-1192100	501(c)(3)	10,000.	0.			Culturally Specific Earned Income Tax Credit (EITC) Tax Help
Camp Odyssey 707 NE Couch St Portland , OR 97232	23-7345990	501(c)(3)	6,000.	0.			Year round activities
CASH Oregon (Creating Assets, Savings & Hope) - 2013 Lloyd Center Mall - Portland , OR 97232	20-5682797	501(c)(3)	90,000.	0.			Earned Income Tax Credit (EITC) Tax Help
Centro Cultural de Washington County - PO Box 708 - Cornelius , OR 97113	93-0606729	501(c)(3)	43,750.	0.			STEAM Middle School Module

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51.**3** Enter total number of other organizations listed in the line 1 table ▶**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2012)**

See Part IV for Column (h) descriptions

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chess For Success 2701 NW Vaughn, Suite 101 Portland , OR 97210	93-1208405	501(c)(3)	50,000.	0.			After-School Chess Clubs
Children First for Oregon PO Box 14914 Portland , OR 97293	94-3168157	501(c)(3)	50,000.	0.			Fostering Success
Children's Institute 1221 SW Yamhill, Ste 260 Portland , OR 97205	93-1095351	501(c)(3)	25,000.	0.			Early works Pilot Project-Earl Boyle Initiative
Clackamas County Social Services 2051 Kaen Road PO Box 2950 Oregon City , OR 97045	94-3032590	501(c)(3)	35,318.	0.			Community Relief Fund
Clackamas Women's Services 704 Main Street Suite 200 Oregon City , OR 97045	93-0900119	501(c)(3)	75,000.	0.			Latina and Spanish speaking counseling support for victims of domestic and sexual
Coalition of Communities of Color 5135 NE Columbia Blvd Portland , OR 97218	93-1141536	501(c)(3)	50,000.	0.			Support for countywide equity agenda.
Community Action 1001 SW Baseline Street Hillsboro , OR 97123	93-0554941	501(c)(3)	70,000.	0.			Opening Doors Prenatal Outreach
Community Action 1001 SW Baseline Street Hillsboro , OR 97123	93-0554941	501(c)(3)	55,368.	0.			Community Relief Fund
Community Housing Resource Center 103 East 29th Street Vancouver , WA 98663	91-1641351	501(c)(3)	10,000.	0.			Culturally Specific Earned Income Tax Credit (EITC) Tax Help

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Vision, Inc 1750 SW Skyline Blvd, #102 Portland, OR 97221	20-1288169	501(c)(3)	73,436.	0.			Employment Connections Program
Council for the Homeless 2500 Main St Vancouver, WA 98660	91-2001828	501(c)(3)	50,000.	0.			Housing Solutions Center
De Paul Treatment Centers PO Box 3007 Portland, OR 97208	93-0706892	501(c)(3)	10,080.	0.			Assessing Readiness of Portland's Behavioral Health System
DePaul Industries 4950 NE MLK Jr Blvd Portland, OR 97211	93-0607857	501(c)(3)	75,000.	0.			New City Kitchen
Free Clinic of Southwest Washington - 4100 Plomondon St - Vancouver, WA 98661	91-1707542	501(c)(3)	61,919.	0.			Oral Health Expansion Project
Gladstone Education Foundation 17789 Webster Rd Gladstone, OR 97027	93-1284265	501(c)(3)	20,000.	0.			Family Resource Coordinator
Hacienda Community Development Corporation - 5136 NE 42nd Ave - Portland, OR 97218	93-0979064	501(c)(3)	7,259.	0.			Community Relief Fund
Home Forward 1055 9th Ave #B Longview, WA 98632	93-6001547	501(c)(3)	100,000.	0.			Community Relief Fund
I Have A Dream Foundation - Oregon 2916 Alberta St Suite D Portland, OR 97211	93-1037323	501(c)(3)	75,000.	0.			Dreamer School Project Middle School/High School Initiative

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Immigrant & Refugee Community Organization - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)(3)	75,000.	0.			Financial Health for Newcomers
Labors Community Service Agency, Inc - 1125 SE Madison St, #103B - Portland, OR 97214	23-7393223	501(c)(3)	125,000.	0.			Community Service
Latino Network 5123 N Michigan Portland, OR 97217	73-1675402	501(c)(3)	75,000.	0.			Youth and Family Success
Lutheran Community Services Northwest - 605 SE Cesar E Chavez Blvd - Portland, OR 97214	93-0386860	501(c)(3)	74,950.	0.			Pathways to Wellness
Macdonald Center 605 NW Couch St Portland, OR 97209	93-1060938	501(c)(3)	29,536.	0.			Macdonald Center Individualized Medication Assistance Program
Mercy Corps Northwest 43 SW Naito Pkwy Portland, OR 97204	93-1315010	501(c)(3)	75,000.	0.			Reentry Transition Center
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	10,000.	0.			Cultuarally Specific Earned Income Tax Credit (EITC) Tax Help
Native American Youth & Family Center - 5135 NE Columbia Blvd - Portland, OR 97218	93-1141536	501(c)(3)	75,000.	0.			Youth Advocacy Program
Nonprofit Network SW Washington PO Box 822379 Vancouver, WA 98682	26-1396970	501(c)(3)	25,000.	0.			Clark County capacity building

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwest Family Services 6200 SE King Rd Portland , OR 97222	93-0841022	501(c)(3)	75,000.	0.			Access to Dental Care
Northwest Housing Alternatives, Inc - 2316 SE Willard St - Milwaukie , OR 97222	93-0814473	501(c)(3)	72,775.	0.			HomeBase
Northwest Pilot Project Inc 1430 SW Broadway Ste 200 Portland , OR 97201	93-0635871	501(c)(3)	75,000.	0.			Housing Stabilization Project for Seniors
Oregon Human Development Corporation - 9600 SW Oak St, Ste #565 - Tigard , OR 97223	93-1150042	501(c)(3)	69,300.	0.			OHDC YouthSource and the Supa Fresh Youth Farm
Oregon Law Center 921 SW Washington St, Ste 516 Portland , OR 97205	93-1194564	501(c)(3)	50,000.	0.			Project SCRUB (Scrubbing Criminal Records to Unlock Barriers)
Portland Women's Crisis Line PO Box 42610 Portland , OR 97242	93-6094804	501(c)(3)	65,333.	0.			Access Improvement Project
Portland Youth Builders 4816 SE 92nd Ave Portland , OR 97266	94-3123483	501(c)(3)	75,000.	0.			Apprenticeship and College Transitions (ACT) Project
Project Access Now PO Box 10953 Portland , OR 97296	93-0582124	501(c)(3)	90,000.	0.			Linking Patients and Doctors
SELF 13504 NE 84th Street Suite 103-137 Vancouver , WA 98682	27-1423723	501(c)(3)	10,000.	0.			Children Can't Wait Campaign

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Self Enhancement, Inc 3920 N Kerby Ave Portland, OR 97227	93-1086629	501(c)(3)	75,000.	0.			Self Enhancement, Inc.
Serendipity Center Inc PO Box 33350 Portland, OR 97292	93-0730861	501(c)(3)	38,500.	0.			Enrichment Project
The Wallace Medical Concern 124 NE 181st Avenue Suite 103 Portland, OR 97230	93-0853709	501(c)(3)	58,862.	0.			Lasting Smiles
Todos Juntos PO Box 645 Canby, OR 97013	93-1308023	501(c)(3)	75,000.	0.			Clackamas County Preventions and Interventions for Underserved Youth
Urban League of Portland 10 N Russell St Portland, OR 97227	93-0395590	501(c)(3)	25,000.	0.			Business Model development
Verde 6899 NE Columbia Blvd Suite A Portland, OR 97218	20-3685723	501(c)(3)	75,000.	0.			Let Us Build Cully Park!
Volunteers of America of Oregon, Inc - 3910 SE Stark St - Portland, OR 97214	93-0395591	501(c)(3)	52,500.	0.			Home Free's Teens Together Services
Voz Workers Rights Education Project - 1131 SE Oak St - Portland, OR 97214	26-1357376	501(c)(3)	60,000.	0.			MLK Jr. Worker Center
YWCA Clark County 3609 Main St Vancouver, OR 98663	91-0569882	501(c)(3)	50,386.	0.			Strengthening Families, Ending Violence

Schedule I (Form 990)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, 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)

Part IV Supplemental Information

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

Part II, line 1, Column (h):

Name of Organization or Government: Clackamas Women's Services

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: Latina and Spanish speaking

counseling support for victims of domestic and sexual Violence

Schedule I, Part II:

In addition, to the grants listed in this schedule, UWCW provided

grants related to the following : Gas Assistance, Born Learning

expansion, Diversity Summit, various pledges designated by donors, as

well as miscellaneous small grants and community engagement

sponsorships. The total of these grants and payments was \$12,560,340.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

[illegible]

Part III	Supplemental Information
-----------------	---------------------------------

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

Form 990, Part III, Line 1

We bring our leadership, expertise and resources together throughout
our region to change the education, health and economic outcomes for
kids in low-income families. We can break the cycles that trap children
in poverty and move children and families toward better lives. Our
Cornerstone Program covers all operating expenses so that 100 percent
of individual donors' gifts go directly to the community.

United Way of Columbia-Willamette has a simple, ambitious vision-to
make our home a better place for everyone. Our work is focused on
creating a place where communities are connected, families are stable
and kids are set up for success-regardless of their background or where
they live. We bring our leadership, expertise and resources together
throughout our region to change the education, health and economic
outcomes for kids in low-income families and communities of color. We
can break the cycles that trap children in poverty and move children
and families toward better lives. Together, we have the power to create
lasting change and to bring big ideas and big ideals home.

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

United Way of the Columbia-Willamette continues to improve the lives of
people in our community by funding community partners to meet the
health and human services needs in the region. In collaboration with
nearly 100 volunteers, local non-profit organizations and community
leaders helped United Way staff prioritize community needs, release a
competitive request for proposals and award grants to address

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

identified needs. For the most recent grants process, 94 community

volunteers provided nearly 1,100 hours during the review phase. 31

Community Impact grants totaling \$1,996,247 were awarded to provide

services to residents of Clackamas, Washington and Multnomah counties

in Oregon and Clark County in Washington. Community Impact grants

served over 39,000 residents in those four counties.

The Community Impact Grants program has two funding streams: Community

Investment and Capital Project grants. Community Investment grants

focus on three Impact areas: Education, Income and Health. The Capital

Project grant stream funds facilities improvements, technology upgrades

and equipment purchases for organizations working in the areas of

Education, Income and Health. The funding breakdown is as follows: 29%

to Community Investment- Education; 29% to Community Investment-

Income; 29% to Community Investment- Health; and 13% to Capital

Projects. Contracts include requirements for outcomes to be measured

and reporting periods.

Community Investment grant-funded projects anticipate to serve over

39,000 residents in the four-county area.

Grants within the Community Investment-Education tracks seek to

accomplish the following goals: 1) Middle School Success and 2) High

School Completion and Transition to Continuing Education. Specific

outcomes are listed below.

Middle School Success Outcomes: Keep youth in school during transition

to high school; increase youth cultural identity and community

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

connection; youth and parents increase participation in policy making

affecting public schools and family support.

High School Completion and Transition to Continuing Development

Outcomes: Youth increase achievement of academic credits needed for

graduation, and succeed socially, including civic and community

involvement; youth achieve vocational or higher education goals; youth

and parents increase participation in policy making affecting public

schools and family support.

Projects funded within the Community Investment-Income track seek to

accomplish the following goals: 1) Employment and 2) Affordable

Housing. Specific outcomes are listed below.

Employment Outcomes: Increase access to job training and placement for

certification and training programs; increase access to employment

opportunities for all job seekers; increase low income individuals'

participation in advocacy for employment.

Affordable Housing Outcomes: increase access to financial education

and banking services; increase resident participation in advocacy on

housing issues; increase individuals' access to income support and tax

credits; improve individual/family ability to retain affordable

housing.

Projects funded within the Community Investment- Health track focus on

the following goals: 1) Physical, Mental and Oral Health and 2) Family

Health & Healthy Relationships. Specific outcomes are listed below.

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

Physical, Mental & Oral Health Outcomes: increase utilization and quality of physical, mental and oral health services; improve physical, mental and oral health education and awareness for all communities; individuals and families increase participation in advocacy to improve physical, mental and oral health.

Family Health & Healthy Relationships Outcomes: increase utilization and quality of reproductive, family health and domestic violence prevention and response services; improve reproductive, family health and healthy relationships education for all communities; individuals and families increase participation in advocacy to improve reproductive, family health and domestic violence prevention and response system.

With our Capital Project grants, organizations working in health and human services with a focus on Education, Income and Health show results through reports describing their increased capacity to serve individuals through the various facilities improvements, technology upgrades and equipment purchases.

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

United Way also invests in 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) Income and

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

3) Health; and 4) Nonprofit System Capacity.

Community Relief Fund (CRF) - funds provided to Community Action

Agencies (15 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 but increased need among community members has

required UW to make the CRF part of a longer term strategy to meet

basic needs in the community. Allocations for the last year helped

more than 5,000 households - nearly 14,000 individuals -- in the

four-county Portland/Vancouver metro area.

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. Health professionals

recruited to volunteer for Project Access Now provided 3,667 distinct

individuals with access to free health care services. More than 3,000

volunteers donated medical care, including approximately 1,000

clinician volunteers. During this time, more than \$20,000,000 in

donated health care services were provided to the community.

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. Last year,

nearly 400 volunteers gave their time to assist with tax preparation

for over 17,000 low-income filers, which received over \$5.5 million in

EITC refunds.

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

211info is a regional resource (phone and online) that provides information and referral and handles more than 90,000 calls annually requesting information about health and human services. Last year, 93,811 individuals called the resource hotline to seek referral to resources, with 91% of community members reporting that the resource increased their knowledge about available health and human services. Over 142,000 community members increased their knowledge of health and human services issues, events and disaster response by visiting the hotline's website.

Hands-on-Greater-Portland is a strategic program that connects individuals to volunteer projects. Last year, Hands-on-Greater-Portland engaged more than 2,012 volunteer connections involving children and education including after school programs and reading and math tutoring for kids. The volunteers completed 4,159 hours of volunteer work with a savings of \$80,393 to our region.

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

Other Program Services - This area includes community engagement, 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 provided direct technical assistance to nonprofits for collaboration, along with training and resources to increase capacity of community-based nonprofits. United Way also convened and participated in regional planning processes and initiative development with other community based organizations and foundations.

Expenses \$ 2,069,908. including grants of \$ 0. Revenue \$ 0.

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

Form 990, Part III

Statement of Program Accomplishments

Education:

-75% of 6th grade children served by United Way funded programs

improved attendance

-Almost 70% of eight graders served by UWCW funded programs showed

improvement in math scores.

-Programs funded by UWCW saw a 90% increase among 10th graders that are

on-track to graduate

-More than 800 at-risk high schools students served by organizations

funded by UWCW are now on track to graduate on time from high school,

nearly an 80% success rates for those programs.

-Among programs funded by UWCW, there was a 60% reduction in

disciplinary actions taken against students of color.

-More than 80% English Language Learners served by a UWCW funded

program improved language skills.

Income:

-More than 19,500 people were served by UWCW funded programs to improve

financial stability.

-Almost 11,800 individuals reported achieving financial goals and

improving financial stability, as assessed by individual partner

providers (a 60% success rate).

-Over 1,400 individuals who accessed UWCW funded programs increased

sources of income, like finding employment, starting a business or

receiving a tax credit.

-82% of people served to access affordable housing (623 individuals)

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

increased access to housing opportunities, and nearly 70% reported

increased financial stability.

-1,235 people are engaged in community building through UWCW funded

programs.

Health:

-Seven new partnerships were created in order to improve access to oral

health care

-2,130 receive access to mental health and/or addictions services.

-97% improve their health and make informed healthy decisions, as

assessed by individual partner providers.

-94% maintain safety from domestic and family violence, as assessed by

individual partner providers.

Volunteerism / Information & Referral:

-22,287 volunteer connections totaling 89,148 volunteer hours given a

value of \$1,723,230 worth of service of giving back to our community

(using the \$19.33 OR state volunteer value)

-619 individuals from companies who work with UW are connected to

volunteer opportunities, accounting for 2,476 hours of service

providing \$47,861 worth of work going back into the community.

-Our partner, Project Access Now, recruited over 3,000 volunteers to

donate medical care; and more than 1,000 clinicians volunteered to

provide care for low income community members.

-More than 400 volunteers worked with individuals qualifying for the

Earned Income Tax Credit filing tax returns through our EITC

Initiative. That resulted in \$5,535,282 in EITC dollars going back into

families, and over \$20 million going back into the community.

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

-74,163 people received information and referral services in our 4-county region.

-100% increase their knowledge of available health and human services.

-100% receive appropriate referrals to health and human services providers.

-93,811 individuals called the resource hotline to seek referral to resources, with 91% of community members reporting that the resource increased their knowledge about available health and human services

Form 990, Part VI, Section B, line 11: The IRS Form 990 is electronically sent to all finance committee members and reviewed at the finance committee meeting. Once reviewed by the finance committee, the 990 is electronically sent to all board members for review. The 990 is then submitted to the IRS and posted to the UWCW website.

Form 990, Part VI, Section B, Line 12c: The United Way of the Columbia-Willamettes Code of Ethics certification and a Conflict of Interest disclosure are completed and signed annually by all Board members, committee members, and staff on an annual basis. Tracking is in place to ensure compliance and these forms are reviewed by the HR Director. A summary of conflicts of interest are provided to the President and Board Chair annually. Board and Committee members do not participate in discussions or vote on matters where they have a conflict.

Form 990, Part VI, Section B, Line 15: The Human Resources Director at United Way of Columbia-Willamette conducts a salary survey every other year. Salary data from United Way World Wide, direct contact with United

Ways of similar size, 990 salary data, local non-profit surveys, and other

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

job specific information from the Portland metro area are analyzed. Staff

salaries and salary survey data are reviewed by the Human Resources

volunteer committee to insure that each position falls within the

appropriate salary range. The Board of Directors reviews the compensation

of organization officers.

Form 990, Part VI, Section C, Line 19: United Way of Columbia-Willamettes

governing documents, code of ethics, conflict of interest policy, and

anti-discrimination policy are available upon request. The audited

financial statements, IRS Form 990, and the Annual Report are available on

the website.

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

Change in perpetual trusts	31,773.
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increase in net assets from acquisition	253,309.
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Total to Form 990, Part XI, Line 9	285,082.
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Form 990, Part XI, Line 2C

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

Proposals from local audit firms. The Finance Committee reviewed these

proposals, interviewed finalists, and selected Hoffman, Stewart,

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

approved this recommendation and the hiring of the auditor. The

Finance Committee continues to provide oversight for the audit.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012
Open to Public
Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Hands on Greater Portland, LLC - 46-1086627 619 SW 11th Ave Ste 300 Portland, OR 97205	Coordination of Volunteer Activities	Oregon	233,124.	36,030.	United way of the Columbia-Willamette

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

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

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

[illegible]

