

Aprio Advisory Group, LLC
3 Centerpointe Dr #300
Lake Oswego, OR 97035

United Way of the Columbia-Willamette
619 Sw 11th Avenue
Portland, OR 97205-2646



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CLIENT'S COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. United Way of the Columbia-Willamette	Taxpayer identification number (TIN) 93-0582124
	Number, street, and room or suite no. If a P.O. box, see instructions. 619 Sw 11th Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Portland, OR 97205-2646	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Kori Gregg
 619 Sw 11th Avenue - Portland, OR 97205-2646

Telephone No. (503) 226-9321 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include 1-22 covering mission, governance, revenue, expenses, and net assets.

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.

Signature block fields: Sign Here (Officer: Kelly O'Lague), Paid (Preparer: Nathan Stamets), Preparer Use Only (Firm: Aprio Advisory Group, LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: At United Way of the Columbia-Willamette (UWCW), we envision an Oregon and Southwest Washington where every child and family - regardless of geography, race, or family income has a stable foundation and access to the resources and support necessary to thrive.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 13,819,051. including grants of \$ 13,227,952.) (Revenue \$) Housing Stability As rising costs of living, housing insecurity, and fragmented support systems place undue pressure on families across our region, United Way of the Columbia-Willamette (UWCW) works to prevent homelessness and promote long-term housing stability. In the past year, UWCW strengthened our efforts through Eviction Legal Defense, Health-Related Social Needs, and the Resilient Families Fund, helping more than 6,700 households avoid displacement and/or remain securely housed. (See continuation on Schedule O).

4b (Code:) (Expenses \$ 8,091,599. including grants of \$ 4,687,553.) (Revenue \$) Coalition/Convening Built on longstanding trust and partnership, United Way of the Columbia-Willamette (UWCW) is uniquely positioned to convene local leaders and community members with lived experience around a shared vision for a stronger Oregon and Southwest Washington. These robust partnerships have united leaders and programs across sectors to effectively deploy resources and deliver impact at scale. (See continuation on Schedule O).

4c (Code:) (Expenses \$ 364,302. including grants of \$) (Revenue \$ 13,140.) Volunteerism For nearly 30 years, Hands On of Greater Portland (HOP) has connected volunteers to meaningful projects that strengthen Portland: mentoring youth, providing care to our most vulnerable, supporting literacy, and protecting the environment. Through the HOP program, United Way of the Columbia-Willamette links volunteers with local service opportunities and helps nonprofit organizations engage volunteers who are ready to make a difference. Hours given to volunteerism: 7,500 Number of volunteers: 4,703 Number of projects: 1,414 Number of non-profit agencies that we served: 85

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,985,348. including grants of \$ 1,868,433.) (Revenue \$)

4e Total program service expenses 25,260,300.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Kori Gregg - (503) 226-9321
619 Sw 11th Avenue, Portland, OR 97205-2646

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Kelly O'Lague President/CEO	50.00			X			301,269.	0.	20,028.	
(2) Kori Dye-Gregg Chief Operating Officer	50.00			X			205,443.	0.	23,956.	
(3) Dahnesh Medora Chief Impact Officer	50.00			X			185,795.	0.	21,229.	
(4) Aaron McKay Sr Director IT	50.00			X			150,186.	0.	25,721.	
(5) Elizabeth Thornton Controller	50.00					X	122,964.	0.	22,595.	
(6) Begona Rodriguez-Liern Early Learning Director	50.00					X	123,601.	0.	14,636.	
(7) Michelle House Director Gift Processing	50.00					X	111,346.	0.	23,519.	
(8) Linda King Sr Director Housing Stability	50.00					X	117,806.	0.	14,404.	
(9) Diana Fischetti Regional Executive Director	50.00					X	121,285.	0.	10,643.	
(10) Mark Tucker Chief Strategy Officer	50.00			X			40,020.	0.	1,650.	
(11) Mihir Patel Chair	1.00	X		X			0.	0.	0.	
(12) Ashlee Irwin Vice-Chair	1.00	X		X			0.	0.	0.	
(13) Isaac Cardona Secretary	1.00	X		X			0.	0.	0.	
(14) Deborah Dang Treasurer	1.00	X		X			0.	0.	0.	
(15) Tichelle Sorensen Director	1.00	X					0.	0.	0.	
(16) Mary Kay Sosa Director	1.00	X					0.	0.	0.	
(17) Jonathan Wells Director	1.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Yves Labisierre, Ph.D. Director	1.00	X						0.	0.	0.
(19) Staci B. Martin, Ed.D. Director	1.00	X						0.	0.	0.
(20) Mari F. McBurney Director	1.00	X						0.	0.	0.
(21) Jose Luis Nava Director	1.00	X						0.	0.	0.
(22) Susan Stearns, MBA, MA Director	1.00	X						0.	0.	0.
1b Subtotal								1,479,715.	0.	178,381.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,479,715.	0.	178,381.

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 14

	Yes	No
3 Did the organization list any former officer, director, 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
Dakin Ventures Consulting Group 1121 Palomares Court, Lafayette, CA 94549	Consulting	124,962.

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 1

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	21,777,304.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,082,675.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f			25,859,979.		
Program Service Revenue	2 a	Service fees	Business Code				
			900099	9,572.	9,572.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			9,572.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,100,815.			1,100,815.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7a			750,000.			
	b	Less: cost or other basis and sales expenses	7b	736,955.			
	c	Gain or (loss)	7c	13,045.			
d	Net gain or (loss)			13,045.		13,045.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Other	Business Code				
			900099	3,568.	3,568.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			3,568.			
12	Total revenue. See instructions			26,986,979.	13,140.	0.	1,113,860.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,727,484.	16,727,484.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,056,454.	3,056,454.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,034,521.	380,029.	472,972.	181,520.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,802,161.	2,350,739.	537,138.	914,284.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,864.	32,332.	7,125.	13,407.
9 Other employee benefits	771,134.	410,178.	178,202.	182,754.
10 Payroll taxes	397,302.	207,175.	98,346.	91,781.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	129,556.		129,556.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,324,497.	844,327.	347,195.	132,975.
12 Advertising and promotion	66,962.	23,870.	1,734.	41,358.
13 Office expenses	1,169,350.	824,722.	140,268.	204,360.
14 Information technology				
15 Royalties				
16 Occupancy	119,545.	61,547.	33,837.	24,161.
17 Travel	234,323.	146,831.	75,377.	12,115.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	68,941.	55,315.	8,465.	5,161.
22 Depreciation, depletion, and amortization	171,595.	99,436.	33,444.	38,715.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	304,906.	39,861.	253,506.	11,539.
25 Total functional expenses. Add lines 1 through 24e	29,431,595.	25,260,300.	2,317,165.	1,854,130.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,894,105.	1	1,823,491.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,110,572.	3	5,017,349.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	216,662.	9	181,376.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,160,884.		
	b Less: accumulated depreciation	10b 3,471,620.		
	11 Investments - publicly traded securities	2,505,457.	10c	2,689,264.
	12 Investments - other securities. See Part IV, line 11	29,616,791.	11	30,932,370.
	13 Investments - program-related. See Part IV, line 11	1,479,522.	12	1,515,347.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	915,604.	14	964,943.
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,738,713.	15	43,124,140.	
Liabilities	17 Accounts payable and accrued expenses	2,099,944.	16	43,124,140.
	18 Grants payable	2,099,944.	17	3,463,367.
	19 Deferred revenue	879,300.	18	1,270,285.
	20 Tax-exempt bond liabilities	685,920.	19	128,473.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	3,665,164.	25	4,862,125.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	33,044,753.	26	4,862,125.
	28 Net assets with donor restrictions	5,028,796.	27	32,749,802.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	5,512,213.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	38,073,549.	31	
33 Total liabilities and net assets/fund balances	41,738,713.	32	38,262,015.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,986,979.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,431,595.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,444,616.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,073,549.
5	Net unrealized gains (losses) on investments	5	2,583,743.
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 on Schedule O)	9	49,339.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,262,015.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 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 on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,531,473.	12,868,440.	14,080,960.	23,608,657.	25,859,979.	113,949,509.
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	37,531,473.	12,868,440.	14,080,960.	23,608,657.	25,859,979.	113,949,509.
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)						17,645,123.
6 Public support. Subtract line 5 from line 4.						96,304,386.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	37,531,473.	12,868,440.	14,080,960.	23,608,657.	25,859,979.	113,949,509.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	244,955.	532,106.	703,297.	1,072,578.	1,100,815.	3,653,751.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,002.	6,187.	4,924.	101,921.	9,572.	140,606.
11 Total support. Add lines 7 through 10						117,743,866.
12 Gross receipts from related activities, etc. (see instructions)					12	243,678.
13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	81.79 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	82.60 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of Oregon 775 Court Street Salem, OR 97301	\$ 6,912,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Portland Housing Bureau 1900 SW 4th Ave #7007 Portland, OR 97201	\$ 2,276,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Multnomah County Joint Office of Homeless Services SW Oak St., Ste. 100 Portland, OR 97205	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CareOregon 315 SW Fifth Avenue Portland, OR 97204	\$ 946,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: United Way of the Columbia-Willamette
Employer identification number (EIN): 93-0582124

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	29,431,595.													
e Total exempt purpose expenditures (add lines 1c and 1d)	29,431,595.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			60,000.		60,000.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,231,979.	3,712,917.	3,585,054.	4,471,607.	3,663,067.
b Contributions		266,936.			
c Net investment earnings, gains, and losses	435,279.	375,843.	246,226.	-674,454.	813,004.
d Grants or scholarships	15,787.	123,717.	118,363.	212,099.	4,464.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,651,471.	4,231,979.	3,712,917.	3,585,054.	4,471,607.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.0000 %
 - b Permanent endowment 48.0000 %
 - c Term endowment 48.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		295,333.		295,333.
b Buildings		4,708,596.	3,300,575.	1,408,021.
c Leasehold improvements				
d Equipment				
e Other		1,156,955.	171,045.	985,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,689,264.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
High Desert Education Service District - 2804 SW 6th St. - Redmond, OR 97756	90-0619844	170(c)(1)	26,651.	0.			Central Oregon Grants/ Community Investment Grants
Cully Black Resource Network 401 NE 19th Ave #200 Portland, OR 97232	47-4961575	501(c)3	25,000.	0.			Community Strengthening Grants
Douglas Latinas International 620 NW 8th St. Gresham, OR 97030	77-0661661	501(c)3	25,000.	0.			Community Strengthening Grants
Oregon Expungement Relief 4332 SE 79th Ave Portland, OR 97206		501(c)3	25,000.	0.			Community Strengthening Grants
Oregon Somali Bravanness Community 10175 SW Barbur Blvd Suite 317B Portland, OR 97219	86-2865479	501(c)3	25,000.	0.			Community Strengthening Grants
Shelter Now 6214 SE 15th Ave Portland, OR 97202	92-3073909	501(c)3	25,000.	0.			Community Strengthening Grants

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

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Torus 5859 SE 92nd Ave Apt 301 Portland, OR 97266	84-3045861	501(c)3	25,000.	0.			Community Strengthening Grants
Douglas Education Service District 1409 NE Diamond Lake Blvd. #110 Roseburg, OR 97470	93-0854699	501(c)3	24,000.	0.			Early Learning Exp
Future Prairie 1650 NW 21st Ave. #511 Portland, OR 97209	83-3289341	501(c)3	15,000.	0.			Community Investment Grants
Shepherd's House Ministries PO Box 5484 Bend, OR 97708	75-3207723	501(c)3	11,000.	0.			Central Oregon Grants
The Giving Plate, Inc. 1212 NE 1st Street Bend, OR 97701	80-0553186	501(c)3	6,300.	0.			Central Oregon Grants
Boys & Girls Clubs of Bend 500 NW Wall St. Bend, OR 97703	93-1127536	501(c)3	6,000.	0.			Central Oregon Grants
Society of St. Vincent de Paul LaPine - PO Box 1008 - La Pine, OR 97739	20-5351113	501(c)3	6,000.	0.			Central Oregon Grants
Society of St. Vincent de Paul Redmond Conference - PO Box 1477 - Redmond, OR 97756	20-5756204	501(c)3	6,000.	0.			Central Oregon Grants
St. Vincent de Paul Bend- St. Francis - PO Box 1011 - Bend, OR 97709	20-5953011	501(c)3	6,000.	0.			Central Oregon Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross of Northwest Oregon Chapter - 3131 N. Vancouver Ave. - Portland, OR 97227	13-1962771	501(c)3	8,478.	0.			Donor Choice
Mental Health Association of Portland - PO Box 3641 - Portland, OR 97208	20-0138570	501(c)3	528,108.	0.			JOHS Housing Grants
Samoa Pacific Development Corporation - 7820 NE Holman St B1 - Portland, OR 97218	20-0237410	501(c)3	25,000.	0.			Community Strengthening Grants
Rose Haven, CIC PO Box 10405 Portland, OR 97296	20-5922682	501(c)3	52,876.	0.			JOHS Housing Grants
Friends of Tryon Creek State Park 11321 S. Terwilliger Blvd. Portland, OR 97219	23-7079356	501(c)3	17,500.	0.			Community Investment Grants
The Native American Rehabilitation Assoc. of the NW Inc. - 1776 SW Madison St. - Portland, OR 97205	23-7098400	501(c)3	147,811.	0.			JOHS Housing Grants
Native American Rehabilitation Assoc of the Northwest Inc - 1776 SW Madison St. - Portland, OR 97205	23-7098400	501(c)3	17,712.	0.			Community Investment Grants
Best Friends Animal Society Attn: Rebecca Sarrells 5001 Angel Canyon Road - Kanab, UT 84741	23-7147797	501(c)3	5,329.	0.			Donor Choice
Janus Youth Programs, Inc. 738 NE Davis St. Portland, OR 97232	23-7345990	501(c)3	96,311.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Labor's Community Service Agency Inc - 9955 SE Washington St Suite 301 - Portland, OR 97216	23-7393223	501(c)3	10,266.	0.			Sponsorship/Scholarship
Voz Workers Rights Education Project - 330 SE 11th Ave. - Portland, OR 97214	26-1357376	501(c)3	18,519.	0.			Community Investment Grants
Oregon Latino Health Coalition 245 S Bancroft St Suite E Portland, OR 97239	26-1530127	501(c)3	25,000.	0.			Community Strengthening Grants
Rahab's Sisters PO Box 90234 Portland, OR 97290	26-1675500	501(c)3	27,326.	0.			JOHS Housing Grants
Straightway Services 8900 NE Vancouver Way Portland, OR 97211	26-3494129	501(c)3	40,101.	0.			JOHS Housing Grants
Path Home 6220 SE 92nd Ave. Portland, OR 97266	26-3967833	501(c)3	84,334.	0.			JOHS Housing Grants
North Star Collaborative Foundation - 733 SW Oak St Suite 200 - Portland, OR 97215	27-0445381	501(c)3	25,000.	0.			Community Strengthening Grants
SELF- Support for Early Learning & Families - 12214 SE Mill Plain Blvd Suite 203 - Vancouver, WA 98684	27-1423723	501(c)3	26,000.	0.			Community Strengthening Grants
Sunshine Division, Inc. 687 N Thompson Portland, OR 97227	27-1423723	501(c)3	5,573.	0.			Donor Choice

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Alliance of Tenants PO Box 11176 Portland, OR 97211	31-1571929	501(c)3	25,000.	0.			Community Strengthening Grants
Next Up 1001 SE Water Ave. Suite 460 Portland, OR 97214	32-0073649	501(c)3	40,000.	0.			Community Investment Grants & Community Strengthening grants
Carbon Caring for Kids c/o Marcy Loveless 1551 West 360 North - Price, UT 84501	32-0518977	501(c)3	21,045.	0.			Donor Choice
Oregon Futures Lab Education Fund/Tides Foundation - Tides Foundation PO Box 29903 - San Francisco, CA	33-1607173	501(c)3	25,000.	0.			Community Strengthening Grants
Brown Girl Rise 7707 SE 70th Ave Portland, OR 97206	37-2007571	501(c)3	25,000.	0.			Community Strengthening Grants
Trash for Peace 5006 NE 35th Pl Portland, OR 97211	45-4715889	501(c)3	139,836.	0.			JOHS Housing Grants
HTC Race Series 7236 SW Durham Rd. Suite 800 Portland, OR 97224	46-0996697	other	19,500.	0.			Sponsorship/Scholarship
Rockwood CDC 4233 SE 182nd Gresham, OR 97030	46-1475038	501(c)3	89,425.	0.			JOHS Housing Grants
Living Islands Non- Profit PO Box 366 Lake Oswego, OR 97034	46-2626255	501(c)3	67,500.	0.			Community Investment Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The 4th Dimension Recovery Center 11010 SE Division St. Ste 300 Portland, OR 97266	46-2702985	501(c)3	121,861.	0.			JOHS Housing Grants
Clark County Latino Youth Leadership - 17704 NE 110th Ave - Battle Ground, WA 98604	46-3764546	501(c)3	25,000.	0.			Community Strengthening Grants
Oregon Community Health Workers Association - 510 SW 3rd Ave. Box #4 - Portland, OR 97204	46-4952693	501(c)3	499,111.	0.			Early Learning Exp
Legacy Health Foundation PO Box 4500 Unit 96 Portland, OR 97208	46-5562403	501(c)3	6,035.	0.			Donor Choice
The Blueprint Foundation c/o Derron Coles 2020 Lloyd Center - Portland, OR 97232	47-2091648	501(c)3	25,087.	0.			Community Investment Grants & Community Strengthening grants
El Programa Hispano Catolico 333 SE 223rd St. Ste 100 Gresham, OR 97030	47-2845537	501(c)3	293,047.	0.			JOHS Housing Grants
Do Good Multnomah 7809 NE Everett St Portland, OR 97213	47-3934102	501(c)3	804,049.	0.			JOHS Housing Grants
Outside the Frame 800 NW 6th Ave. Suite 355 Portland, OR 97209	47-4159875	501(c)3	27,326.	0.			JOHS Housing Grants
Bradley Angle House, Inc. 5432 N. Albina Ave. Portland, OR 97217	51-0188664	501(c)3	65,651.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central City Concern 523 NW Everett St. Portland, OR 97209	65-1163344	501(c)3	1,368,516.	0.			JOHS Housing Grants
Latino Network 410 NE 18th Ave. Portland, OR 97232	73-1675402	501(c)3	128,735.	0.			JOHS Housing Grants & Community Investment Grants & Community Strengthening grants
Primary Children's Hospital - Salt Lake - 100 Mario Capecchi Dr - Salt Lake City, UT 84113	75-2792911	501(c)3	12,489.	0.			Donor Choice
Journey Theater Arts Group 1400 NE 136th Ave Ste 201 Vancouver, WA 98684	80-0034950	501(c)3	6,000.	0.			Donor Choice
APANO 8818 SE Division St. Portland, OR 97206	80-0252850	501(c)3	40,510.	0.			Community Investment Grants
Family Forward Oregon 3934 NE Martin Luther King Jr Blvd Portland, OR 97212	80-0436735	501(c)3	25,000.	0.			Community Strengthening Grants
Transcending Hope PO Box 584 Hillsboro, OR 97123	80-0455845	501(c)3	40,101.	0.			JOHS Housing Grants
Bridgetown Church 2120 NE Tillamook St. Portland, OR 97212	81-1992757	501(c)3	33,928.	0.			Donor Choice
The Marie Equi Institute 6426 NE Rodney Ave. Portland, OR 97211	81-3390559	501(c)3	27,326.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ehtiopian and Eritrean Cultural 1515 SE 122nd Ave Suite 1509A Portland, OR 97233	82-2848405	501(c)3	25,000.	0.			Community Strengthening Grants
Fourth Plain Forward 5107 E 4th Plain Blvd. Vancouver, WA 98661	82-2923189	501(c)3	50,000.	0.			Community Strengthening Grants
African Refugee Immigrant Organization - 7535 NE Glisan St - Portland, OR 97213	82-3421901	501(c)3	25,000.	0.			Community Strengthening Grants
Albina Vision Trust Inc PO Box 5124 Portland, OR 97208	82-3733402	501(c)3	25,000.	0.			Community Strengthening Grants
Portland Street Medicine 2717 NE Broadway St. Portland, OR 97232	82-4209837	501(c)3	37,658.	0.			JOHS Housing Grants
United Way of Southwest Wyoming 510 South Main St Rock Springs, WY 82901	83-0233314	501(c)3	73,575.	0.			Donor Choice
HereTogether Center for Homeless Research - PO Box 11510 - Portland, OR 97211	83-0984408	501(c)3	25,000.	0.			Community Strengthening Grants
Black Community of Portland 202 SE 181st Ste 202 Gresham, OR 97233	83-1369967	501(c)3	27,326.	0.			JOHS Housing Grants
Stone Soup PDX 306 NW Broadway Portland, OR 97209	83-2501091	501(c)3	27,326.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wyoming Food Bank of the Rockies PO Box 1540 Evansville, WY 82636	84-0772672	501(c)3	6,490.	0.			Donor Choice
Housing Connector 1301 5th Ave. Suite 1500 Seattle, WA 98101	84-2100263	501(c)3	27,326.	0.			JOHS Housing Grants
Hygiene4All 1327 SE Spokane St. Portland, OR 97202	84-3785530	501(c)3	27,497.	0.			JOHS Housing Grants
Participatory Budgeting Oregon 6025 N. Vancouver Ave. Unit B Portland, OR 97217	84-4584551	501(c)3	25,000.	0.			Community Strengthening Grants
East County Rising Community Projects - PO Box 1785 - Gresham, OR 97030	85-0562671	501(c)3	15,000.	0.			Community Investment Grants
Beacon Village 621 NE 76th Ave Portland, OR 97213	85-0671363	501(c)3	27,326.	0.			JOHS Housing Grants
Equitable Giving Circle 4212 NE Prescott Portland, OR 97218	85-0874463	501(c)3	25,893.	0.			Community Investment Grants
Cultivate Initiatives 14625 SE Stark St. Portland, OR 97233	85-1311305	501(c)3	185,736.	0.			JOHS Housing Grants
All Good Northwest 1300 SE Stark St. Suite 211 Portland, OR 97214	86-2296287	501(c)3	349,257.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LULAC Oregon 2957 SE Brookwood Ave. Hillsboro, OR 97123	86-2345057	501(c)3	25,000.	0.			Community Strengthening Grants
WeShine 3439 NE Sandy Blvd #525 Portland, OR 97232	86-3660280	501(c)3	32,436.	0.			JOHS Housing Grants
Utah Food Bank 3150 South 900 West Salt Lake City, UT 84119	87-0212453	501(c)3	10,122.	0.			Donor Choice
United Way of Salt Lake 257 East 200 South Suite 300 - Salt Lake City, UT 84111	87-0227091	501(c)3	27,249.	0.			Donor Choice
Humane Society of Utah 4242 South 300 West Murray, UT 84107	87-0256350	501(c)3	5,168.	0.			Donor Choice
United Way of Eastern Utah 81 North 200 East Price, UT 84501	87-0374334	501(c)3	29,096.	0.			Donor Choice
Raices de Bienestar 2920 SE Brookwood Ave Suite A Hillsboro, OR 97123	87-3645309	501(c)3	42,500.	0.			Community Investment Grants & Community Strengthening grants
Greater New Hope Family Services LLC - 7225 NE 6th Ave. - Portland, OR 97211	88-1275831	501(c)3	180,626.	0.			JOHS Housing Grants
Somali Empowerment Circle 8120 N. Interstate Ave. Unit 204 Portland, OR 97217	88-1785129	501(c)3	27,326.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Helping Hands PO Box 413 Seaside, OR 97138	91-1275046	501(c)3	103,976.	0.			JOHS Housing Grants
NAACP of Vancouver Washington PO Box 1903 Vancouver, WA 98668	91-1333554	501(c)3	25,000.	0.			Community Strengthening Grants
Future Generations Collaborative 935 NE 33rd Ave Portland, OR 97232	92-0293860	501(c)3	125,000.	0.			Early Learning Exp & Community Strengthening Grants
Catholic Charities 2740 SE Powell Blvd. Portland, OR 97202	93-0386801	501(c)3	111,641.	0.			JOHS Housing Grants
Oregon Humane Society 1067 NE Columbia Blvd Portland, OR 97211	93-0386880	501(c)3	6,781.	0.			Donor Choice
Camp Fire Columbia 1411 SW Morrison St Suite 300 Portland, OR 97205	93-0386901	501(c)3	6,841.	0.			Donor Choice
YWCA of Greater Portland PO Box 4587 Portland, OR 97208	93-0386984	501(c)3	83,476.	0.			JOHS Housing Grants & Community Investment Grants
The Urban League of Portland 10 N. Russell St. Portland, OR 97227	93-0395590	501(c)3	238,401.	0.			JOHS Housing Grants & Sponsorship/Scholarship & Community Investment Grants
Volunteers of America of Oregon Inc. - 3910 SE Stark St. - Portland, OR 97214	93-0395591	501(c)3	185,736.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friendly House Inc. 2617 NW Savier St Portland, OR 97210	93-0524232	501(c)3	14,436.	0.			Donor Choice
Outside In 1132 SW 13th Ave. Portland, OR 97205	93-0567549	501(c)3	326,464.	0.			JOHS Housing Grants
College Housing Northwest 200 SW Market St. Suite 575 Portland, OR 97201	93-0578172	501(c)3	27,326.	0.			JOHS Housing Grants
Transition Projects, Inc. 665 NW Hoyt Street Portland, OR 97209	93-0591582	501(c)3	806,604.	0.			JOHS Housing Grants
Metropolitan Public Defender 101 SW Main St. Suite 1100 Portland, OR 97204	93-0591637	501(c)3	65,651.	0.			JOHS Housing Grants
The Next Door, Inc. 965 Tucker Rd Hood River, OR 97031	93-0600421	501(c)3	17,500.	0.			Community Investment Grants
Ecumenical Ministries of OR 245 S. Bancroft St. Suite B Portland, OR 97239	93-0625359	501(c)3	27,326.	0.			JOHS Housing Grants
Northwest Pilot Project, Inc. 1430 SW Broadway Ste. 200 Portland, OR 97201	93-0635871	501(c)3	93,756.	0.			JOHS Housing Grants
Good Shepherd Community Church 28986 SE Haley Rd Boring, OR 97009	93-0683235	501(c)3	5,577.	0.			Donor Choice

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Narrative 8915 SW Center Street Tigard, OR 97223	93-0685734	501(c)3	824,489.	0.			JOHS Housing Grants
Raphael House of Portland 4110 SE Hawthorne #503 Portland, OR 97214	93-0710963	501(c)3	124,538.	0.			JOHS Housing Grants
Northeast Coalition of Neighborhoods - 4815 NE 7th Ave - Portland, OR 97211	93-0714716	501(c)3	25,000.	0.			Community Strengthening Grants
211 Info, Inc. 7535 NE Ambassador Pl. Suite B Portland, OR 97220	93-0784586	501(c)3	45,211.	0.			JOHS Housing Grants
Operation Nightwatch- Portland PO Box 4005 Portland, OR 97208	93-0805248	501(c)3	27,326.	0.			JOHS Housing Grants
Immigrant and Refugee Community Organization - 10301 NE Glisan St - Portland, OR 97220	93-0806295	501(c)3	187,961.	0.			JOHS Housing Grants & Community Investment Grants
Worksystems Inc. 1618 SW 1st Ave. Suite 450 Portland, OR 97201	93-0857426	501(c)3	52,876.	0.			JOHS Housing Grants
Innovative Housing Inc. 219 NW 2nd Ave. Portland, OR 97209	93-0877440	501(c)3	29,881.	0.			JOHS Housing Grants
Cascade AIDS Project 520 NW Davis St. Ste 215 Portland, OR 97209	93-0903383	501(c)3	125,326.	0.			Community Investment Grants & JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Avenues for Youth 1220 SW Columbia Street. Portland, OR 97201	93-0910213	501(c)3	372,890.	0.			JOHS Housing Grants
Our Just Future 10550 NE Halsey St. Portland, OR 97220	93-0977166	501(c)3	418,242.	0.			JOHS Housing Grants
Self Enhancement, Inc. 3920 N. Kerby Ave. Portland, OR 97227	93-1086629	501(c)3	93,756.	0.			JOHS Housing Grants
JOIN 1435 NE 81st Ave. Portland, OR 97213	93-1090005	501(c)3	119,306.	0.			JOHS Housing Grants
Children's Institute 1500 SW First Avenue Suite 750 Portland, OR 97201	93-1095351	501(c)3	25,000.	0.			Community Strengthening Grants
Native American Youth and Family Center - 5135 NE Columbia Blvd. - Portland, OR 97218	93-1141536	501(c)3	156,458.	0.			JOHS Housing Grants & Community Investment Grants
Community Partners For Affordable Housing - 6380 SW Capitol Hwy #151 - Portland, OR 97239	93-1155559	501(c)3	27,326.	0.			JOHS Housing Grants
The Library Foundation, Inc. 620 SW 5th Ave. Suite 1025 Portland, OR 97204	93-1190983	501(c)3	135,032.	0.			Early Learning Exp
Oregon Law Center 621 SW Morrison, Suite 1450 Portland, OR 97205	93-1194564	501(c)3	57,986.	0.			JOHS Housing Grants

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Food Bank 7900 NE 33rd Dr. Portland, OR 97211	93-1229766	501(c)3	8,140.	0.			Donor Choice
Street Roots 211 NW Davis st. Portland, OR 97209	93-1271399	501(c)3	41,212.	0.			JOHS Housing Grants
Beyond Toxics PO Box 1106 Eugene, OR 97440	93-1294227	501(c)3	17,500.	0.			Community Investment Grants
Multnomah County (DCHS) SUN Service System 421 SW Oak St., Ste. 240 - Portland, OR 97204	93-6002309	115(1)	1,565,638.	0.			Early Learning Exp
Washington County HHS Suite 270 MS 25 155 N First Ave - Hillsboro, OR 97124	93-6002316	115(1)	1,297,054.	0.			Early Learning Exp
Blanchet House 310 NW Glisan St. Portland, OR 97209	93-6031009	501(c)3	52,876.	0.			JOHS Housing Grants
Call To Safety PO Box 42610 Portland, OR 94242	93-6094804	501(c)3	40,101.	0.			JOHS Housing Grants
The Salvation Army, a California Corporation - 8495 SE Monterey Ave. - Happy Valley, OR 97086	94-1156347	501(c)3	428,462.	0.			JOHS Housing Grants
Community Initiatives 1000 Broadway Suite 480 Oakland, CA 94607	94-3255070	501(c)3	25,000.	0.			Community Strengthening Grants

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Rent assistance	535	3,056,454.	0.		

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

Part I, Line 2:

Program Grants: As a condition for receiving grant funds, grantees are required to submit: 1) a funding agreement signed by the organization's board president and the chief executive officer; 2) organization's anti-discrimination policy; 3) certification stating that United Way funds will be used in compliance with all applicable anti-terrorism financing and asset control laws, statutes and executive orders; and 4) organizations with annual budgets over \$500,000, an annual audit, and organizations with budgets under \$500,000, an annual financial review. In addition grantees submit an annual work plan that reflects: 1) goals and objectives of the funded project with specific deliverables and milestones; 2) an evaluation plan to measure accomplishment of the goals and objectives; and 3) budget of expenses for staffing, equipment, training and other program needs related to project goals and objectives. Progress reports are required every 6 months to determine that grantees are implementing the program according to this work plan, achieving the goals of the program and spending United Way funds according to the project budget. Monitoring includes semi-annual progress report reviews, annual site visits, and

Part IV Supplemental Information

formal program review. Technical assistance is provided to bring programs into compliance regarding the terms of the funding agreement, the program budget, management, implementation and/or achievement of project goals. United Way reserves the right to conduct additional reviews of a funded project at any time during the funding year. Organizations are required to return to United Way any funds paid to the organization which may no longer be used for their intended purposes as outlined in the work plan. United Way may authorize deferment of payment whenever required reports are not submitted, requested additional information is not submitted and/or for repeated non-compliance with terms of the funding agreement. Upon presentation of information regarding alleged fiscal mismanagement, serious financial concerns that impact the project's performance, significant deficiencies in service delivery, and/or non-compliance with the terms of the funding agreement, the Community Impact Cabinet may recommend cancellation of the funding agreement. Cancellation of the funding agreement is the responsibility of the United Way Board of Directors.

Amounts Designated by Donors: United Way of the Columbia-Willamette honors donor intent, including requests to fund specific nonprofit organizations that meet the IRS qualification of a tax exempt charitable organization.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Kelly O'Lague President/CEO	(i)	265,989.	35,280.	0.	9,012.	11,016.	321,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kori Dye-Gregg Chief Operating Officer	(i)	205,443.	0.	0.	6,323.	17,633.	229,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Dahnes Medora Chief Impact Officer	(i)	185,795.	0.	0.	4,934.	16,295.	207,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Aaron McKay Sr Director IT	(i)	150,186.	0.	0.	6,745.	18,976.	175,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

93-0582124

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

Our mission is to improve lives by mobilizing the caring power of our communities to advance equity and the common good. United Way of the Columbia-Willamette brings together people, resources, and ideas to build a region where every person in every community can thrive.

Form 990, Part III, Line 1

At United Way of the Columbia-Willamette, we have a simple, ambitious vision: invest in our region's kids so they are free from poverty and free to reach their potential.

We have been bringing our community to do good for more than 100 years. We are uniquely positioned to connect and support the people, nonprofits, businesses and government agencies working hard to address poverty in our region. Leveraging our capacity as a convener and our trusted brand as an influencer, we focus on where the need is the greatest and identify and scale what works.

Together we are making schools, families and communities stronger for the children of our region.

Schools: We are working to ensure that children, from pre-school through graduation, get the support they need to stay in school and succeed so they can enter college or the workforce ready to thrive and contribute.

Families: We are helping families meet basic needs and have a stable foundation so children can focus in school.

Communities: We are activating the village. We mobilize over 4,000 volunteers a year by connecting them to projects that directly support youth in our region.

Together, we can make our region a better place for everyone. United is the way!

Learn more about our mission and what we do at:

<https://www.unitedway-pdx.org>

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

Grounded in the needs and lived experiences of people in our region, we believe that early and consistent support for families reduces childhood trauma, improves educational outcomes, increases economic mobility, and strengthens communities.

In response to growing datasets that highlight the challenges ALICE households face (Asset Limited, Income Constrained, Employed), our work is increasingly focused on supporting individuals and families who earn above the federal poverty line yet still struggle to afford life's basic necessities.

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

Eviction Legal Defense: Since 2023, this program has helped more than

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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4,000 households (=10,000 individuals), providing critical legal support to renters facing housing instability. In the last year alone, the program provided \$1.8M in financial assistance to low-income renters in Portland facing eviction. Additionally, the Eviction Legal Defense program played a crucial role in crafting Oregon HB2001 and new tenant protections.

Health-Related Social Needs: Through our regional partnership with CareOregon and 23 service providers, more than 2,500 households have received coordinated rent and utility assistance paired with case management and stabilization services.

Resilient Families Fund: UWCW's flexible, low-barrier assistance fund has helped 225 households (representing 535 individuals) stay housed, cover essentials and build long-term stability. Ninety percent of participating households remained stably housed six months after receiving support.

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

Youth Opportunity: Convened organizations and supported programs that connected more than 12,000 children to early learning resources and services, placed 1,180 young children in high-quality Preschool Promise programs, and helped provide more than 13,000 children with monthly books through a strategic partnership with Dolly Parton's Imagination Library.

Community Resiliency: \$302,000 in grants were distributed to 33 disaster resilience organizations statewide through UWCW's Disaster Resilience Learning Network.

Over the past two years, UWCW has also expanded its role beyond a direct service facilitator to a strategic funder through initiatives like our Community Grants and the Joint Office of Homeless Services (JOHS) Organizational Health Grant Program.

Community Grants: \$1.5 million granted to 50+ grassroots organizations prioritizing investment in BIPOC- and immigrant-led organizations.

JOHS Organization Health Grant Program: Since 2024, the program has strengthened workforce stability across the homelessness response system by supporting 61 organizations, 88% of which achieved staff retention rates of 60% or higher.

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

Community Investment: UWCW awarded 32 grants to local organizations supporting Civic Engagement and Advocacy.

Donor Choice - UWCW offers donor the opportunity to designate their gift directly to 501 (3) organizations of their choice. Donations given through United Way provide support to a wide variety of nonprofits and help keep fundraising cost low for these organizations as well as increasing philanthropy within the community.

Expenses \$ 2,985,348. including grants of \$ 1,868,433. Revenue \$ 0.

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

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

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

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

The United Way of the Columbia-Willamette's Code of Ethics certification and a Conflict of Interest disclosure are completed and signed annually by all Board members, committee members, and staff on an annual basis.

Tracking is in place to ensure compliance and these forms are reviewed by the HR Director. A summary of conflicts of interest are provided to the President and Board Chair annually. Board and Committee members do not participate in discussions or vote on matters where they have a conflict.

Form 990, Part VI, Section B, Line 15:

The Human Resources Director at United Way of Columbia-Willamette conducts a salary survey every other year. Salary data from United Way World Wide, direct contact with United Ways of similar size, 990 salary data, local non-profit surveys, and other job specific information from the Portland metro area are analyzed. Staff salaries and salary survey data are reviewed by the UWCW leadership team to ensure that each position falls within the appropriate salary range. The Board of Directors reviews the compensation of organization officers.

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

United Way of Columbia-Willamettes governing documents, code of ethics, conflict of interest policy, and anti-discrimination policy are available upon request. The audited financial statements, IRS Form 990, and the Annual Report are available on the website.

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

Change in value of perpetual trusts	49,339.
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Form 990, Part XII, Line 2b

The organization's independent audit for the fiscal year ended June 30, 2025, was in process and had not been completed as of the date this return was filed. The financial information reported on this Form 990 was prepared from the organization's books and records.

<p>Form CT-12 For Oregon Charities For Accounting Periods Beginning in: <p style="text-align: center; font-size: 1.2em;">2024</p> </p>	<p>Charitable Activities Section Oregon Department of Justice</p> <p>100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.oregon.gov Website: https://www.doj.state.or.us</p> <p>VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882</p> <p>Line-by-line instructions for completing the annual report form can be found on our website.</p>	<p>You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/paymentportal/Account/Login</p>
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Section I. General Information

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

Registration #: 1421
Organization Name: United Way of the Columbia-
Address: 619 Sw 11th Avenue
City, State, Zip: Portland, OR 97205-2646

Phone: 503-226-9321 Fax: Amended
Email: korig@unitedway-pdx.org Report?
Period Beginning: 07/01/24 Period Ending: 06/30/25

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

Name	Position	Phone	Mailing Address & Email Address
	COO	503-226-9321	619 SW 11th Avenue, Portland, OR 97205

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

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: See Statement 1 Address: Phone:		
Name: Address: Phone:		
Name: Address: Phone:		

Form Continued on Page 2

Section II. Fee Calculation

<p>9. Total Revenue <small>(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF. For 990-N filers or others, see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)</small></p>	9.	26,986,979.																		
<p>10. Revenue Fee <small>(See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.) The revenue fee is determined by the amount on line 9.</small></p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.	400.		
Amount on Line 9	Revenue Fee																			
\$0 - \$24,999	\$20																			
\$25,000 - \$49,999	\$50																			
\$50,000 - \$99,999	\$90																			
\$100,000 - \$249,999	\$150																			
\$250,000 - \$499,999	\$200																			
\$500,000 - \$999,999	\$300																			
\$1,000,000 or more	\$400																			
<p>11. Net Assets or Fund Balances at End of the Reporting Period ... <small>(From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number)</small></p>	11.	38,262,015.																		
<p>12. Net Fixed Assets Used to Conduct Charitable Activities <small>(Generally, from Part X, Line 10c on Form 990 (end of year); Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.</small></p>	12.	2,689,264.																		
<p>13. Amount Subject to Net Assets or Fund Balances Fee <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	35,572,751.																		
<p>14. Net Assets or Fund Balances Fee <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)</small></p>	14.	2,000.																		
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.	0.																		
<p>16. Total Amount Due <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	2,400.																		
<p>17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.</p>																				

Please Sign Here	<p>Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-bottom: 1px solid black; text-align: center;">Signature of officer</td> <td style="width:20%; border-bottom: 1px solid black; text-align: center;">Date</td> <td style="width:30%; border-bottom: 1px solid black; text-align: center;">President/CEO Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Kelly O'Lague</td> <td style="border-bottom: 1px solid black; text-align: center;">619 Sw 11th Avenue, Portland, OR 9</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Officer's name (printed)</td> <td style="border-bottom: 1px solid black; text-align: center;">Address (503) 226-9321</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black; text-align: center;">Phone</td> <td></td> </tr> </table>	Signature of officer	Date	President/CEO Title	Kelly O'Lague	619 Sw 11th Avenue, Portland, OR 9		Officer's name (printed)	Address (503) 226-9321			Phone	
Signature of officer	Date	President/CEO Title											
Kelly O'Lague	619 Sw 11th Avenue, Portland, OR 9												
Officer's name (printed)	Address (503) 226-9321												
	Phone												
Paid Preparer's Use Only	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border-bottom: 1px solid black; text-align: center;">Nathan Stamets</td> <td style="width:20%; border-bottom: 1px solid black; text-align: center;">05/15/26</td> <td style="width:30%; border-bottom: 1px solid black; text-align: center;">503-220-5900</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Preparer's signature</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> <td style="border-bottom: 1px solid black; text-align: center;">Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Nathan Stamets</td> <td style="border-bottom: 1px solid black; text-align: center;">3 Centerpointe Dr #300, Lake Osweg</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Preparer's name (printed)</td> <td style="border-bottom: 1px solid black; text-align: center;">Address</td> <td></td> </tr> </table>	Nathan Stamets	05/15/26	503-220-5900	Preparer's signature	Date	Phone	Nathan Stamets	3 Centerpointe Dr #300, Lake Osweg		Preparer's name (printed)	Address	
Nathan Stamets	05/15/26	503-220-5900											
Preparer's signature	Date	Phone											
Nathan Stamets	3 Centerpointe Dr #300, Lake Osweg												
Preparer's name (printed)	Address												

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitableactivities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.oregon.gov.

Oregon	Officers Information	Statement 1
--------	----------------------	-------------

Name Kelly O'Lague		Title President/CEO
Address		
Email		Phone
Average weekly hours	50.	
Compensation	321,297.	
Name Kori Dye-Gregg		Title Chief Operating Officer
Address		
Email		Phone
Average weekly hours	50.	
Compensation	229,399.	
Name Dahnes Medora		Title Chief Impact Officer
Address		
Email		Phone
Average weekly hours	50.	
Compensation	207,024.	
Name Aaron McKay		Title Sr Director IT
Address		
Email		Phone
Average weekly hours	50.	
Compensation	175,907.	
Name Mark Tucker		Title Chief Strategy Officer
Address		
Email		Phone
Average weekly hours	50.	
Compensation	41,670.	
Name Elizabeth Thornton		Title Controller
Address		
Email		Phone
Average weekly hours	50.	
Compensation	145,559.	
Name Begona Rodriguez-Liern		Title Early Learning Director
Address		
Email		Phone
Average weekly hours	50.	
Compensation	138,237.	
Name Michelle House		Title Director Gift Processing
Address		
Email		Phone
Average weekly hours	50.	
Compensation	134,865.	

Name Linda King

Title Sr Director Housing
Stability

Address

Email

Phone

Average weekly hours 50.

Compensation 132,210.

Name Diana Fischetti

Title Regional Executive
Director

Address

Email

Phone

Average weekly hours 50.

Compensation 131,928.

Name Mihir Patel

Title Chair

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Ashlee Irwin

Title Vice-Chair

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Isaac Cardona

Title Secretary

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Deborah Dang

Title Treasurer

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Tichelle Sorensen

Title Director

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Mary Kay Sosa

Title Director

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Jonathan Wells

Title Director

Address

Email

Phone

Average weekly hours 1.

Compensation 0.

Name Yves Labisierre, Ph.D.		Title Director
Address		
Email		Phone
Average weekly hours	1.	
Compensation	0.	

Name Staci B. Martin, Ed.D.		Title Director
Address		
Email		Phone
Average weekly hours	1.	
Compensation	0.	

Name Mari F. McBurney		Title Director
Address		
Email		Phone
Average weekly hours	1.	
Compensation	0.	

Name Jose Luis Nava		Title Director
Address		
Email		Phone
Average weekly hours	1.	
Compensation	0.	

Name Susan Stearns, MBA, MA		Title Director
Address		
Email		Phone
Average weekly hours	1.	
Compensation	0.	