Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Program service revenue (Part VIII, column (A), lines 13, 4, and 79; 10 for service revenue (Part VIII, column (A), lines 13) 10 for line revenue (Part VI	<u>A F</u>	or the	2022 calendar year, or tax year beginning $JUL 1$,	2022 and	ending J	UN 30, 2023				
Deling business as 9.0 - 0.832124			C Name of organization			D Employer identi	fication number			
Deling business as 9.0 - 0.832124		Addres	United Way of the Columbia-Willamette							
Number and street (iv P.D. lox II mail is not delivered to street address) Roomsuite E Telephone number (1503) 226-221	F	¬Name				93-0582124				
Separate		Initial		to street address)	Room/suite	E Telephone numb	er			
City or town, state or province, country, and ZIP or foreign postal code Agrovation Agrovati		Final	619 SW 11th Avenue Ste. 300	,						
Fig.		termin- ated	City or town, state or province, country, and ZIP or	G Gross receipts \$	14,838,811.					
Name as C above He Date Date He Date Date He Date		Ireturn	FOICIAIIQ, OR 3/203-2040	H(a) Is this a group	return					
Name as C above He Date Date He Date Date He Date		Application	F Name and address of principal officer: Kelly O'L	ague		for subordinate	es? Yes X No			
Jectobies www.unitedway-pdx.org		pendin	ń I			H(b) Are all subordinates	included? Yes No			
Form of organization:	1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) () (ir	nsert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions			
Part Summary						H(c) Group exempt	ion number			
Briefly describe the organization's mission or most significant activities: Helping people, changing lives, making every contribution count. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of violing members of the governing body (Part VI, line 1a) 3 3 3 3 3 3 3 3 3				on Other	L Year	of formation: 1952	M State of legal domicile; OR			
Making every contribution count. Check this box	Pa	_								
Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	ø)			cant activities: Helping	g people,	changing lives	ı			
Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	Š	1 1	making every contribution count.							
Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	š	l	<u>—</u>			1	1			
Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	Š									
B Net unrelated business taxable income from Form 990-T, Part I, line 11										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	es									
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ΞĖ									
S Contributions and grants (Part VIII, line 1h) 12,868,440 14,080,966 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,276,517 703,297 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,276,517 703,297 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,187 4,924 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,216,654 14,838,811 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 6,746,736 7,704,416 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 0 0 0 0 0 0 0 0	Act	1								
8 Contributions and grants (Part VIII, line 1h) 12,868,440. 14,080,960 19 Program service revenue (Part VIII, line 2g) 65,510. 49,630 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,276,517. 703,297 11 Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c, 10c, and 11e) 6,187. 4,924 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,216,654. 14,838,811 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,746,736. 7,704,416 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 6,746,736. 7,704,416 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,971,581. 4,745,836 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0		b	Net unrelated business taxable income from Form 990-1,	Part I, line 11			-			
9 Program service revenue (Part VIII, line 2g)	ne		Ocartaile, sticano candi augusto (Dout VIIII, lino de)				+			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						· · · · · ·	 			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ven	1				· · · · · · · · · · · · · · · · · · ·	 			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14, 216, 654. 14, 839, 811 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,746,736. 7,704,416 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,971,581. 4,745,836 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1,728,885. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,063,891. 15,727,353 19 Revenue less expenses. Subtract line 18 from line 12 8eginning of Current Year End of Year 20 Total lassets (Part X, line 16) 37,900,645. 38,688,784 21 Total liabilities (Part X, line 26) 34,079,657. 34,777,813 Part II Signature Block Signature Block Signature of officer Relative to Firm's address Preparer's signature Preparer's signature Primt/Type preparer's name Preparer's signature Firm's address 3 CenterPointe Drive, Suite 300 Phone no.503-220-5900 Lake Oswego, OR 97035-8663 Phone no.503-220-5900 Phone no.503-220-5900 14 A,41,41,41 A,41,41 A,41,	Be						 			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,746,736. 7,704,416 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,971,581. 4,745,836 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16 Professional fundraising expenses (Part IX, column (D), line 25) 1,728,885. 17 Other expenses (Part IX, column (A), line 25) 1,728,885. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,063,891. 15,727,353 19 Revenue less expenses. Subtract line 18 from line 12 -847,237. -888,542 20 Total assets (Part X, line 16) 37,900,645. 38,688,784 21 Total liabilities (Part X, line 26) 3,820,988. 3,910,973 22 Net assets or fund balances. Subtract line 21 from line 20 34,079,657. 34,777,813 Part II Signature Block Signature Block Signature Block Signature of officer Date		l					· · · · · · · · · · · · · · · · · · ·			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0							7,704,416.			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 34,079,657. 34,777,813 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Primt/Type preparer's name Nathan Stamets Preparer Use Only 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 1,728,885. 1,728,885. 1,728,885. 4,345,574. 3,277,101 3,277,101 3,277,101 3,277,101 3,277,101 15,063,891. 15,		1					 			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0		45				3,971,581	4,745,836.			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 34,079,657. 34,777,813 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Primt/Type preparer's name Preparer's signature Primt/Type preparer's name Preparer's signature Nathan Stamets Preparer Firm's name Hoffman, Stewart & Schmidt, PC Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900	ses	16a				 				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 34,079,657. 34,777,813 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Primt/Type preparer's name Preparer's signature Primt/Type preparer's name Preparer's signature Nathan Stamets Preparer Firm's name Hoffman, Stewart & Schmidt, PC Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900	beu	b								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,063,891. 15,727,353 19 Revenue less expenses. Subtract line 18 from line 12 -847,237. -888,542 -887,237. -888,542 -888,744 -888	Ě	17		4e)		4,345,574	. 3,277,101.			
19 Revenue less expenses. Subtract line 18 from line 12 -847, 237. -888, 542						15,063,891	. 15,727,353.			
Beginning of Current Year End of Year		19				-847,237	-888,542.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	Or Sec				Ве	ginning of Current Year	End of Year			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	sets	20	Total assets (Part X, line 16)			37,900,645	. 38,688,784.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	t As	21	Total liabilities (Part X, line 26)							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Kelly O'Lague, President/CEO Type or print name and title Print/Type preparer's name Preparer's signature Nathan Stamets Nathan Stamets Preparer Firm's name Hoffman, Stewart & Schmidt, PC Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900	25	22)		34,079,657	. 34,777,813.			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Kelly O'Lague, President/CEO Type or print name and title Print/Type preparer's name Preparer's signature Nathan Stamets Prim's name Hoffman, Stewart & Schmidt, PC Firm's name Hoffman, Stewart & Schmidt, PC Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900										
Sign Signature of officer Here Kelly O'Lague, President/CEO Type or print name and title Print/Type preparer's name Nathan Stamets Preparer Wathan Stamets Prim's name Prim's name Prim's name Prim's name Prim's address Prim's add							ny knowledge and belief, it is			
Here Kelly O'Lague, President/CEO Type or print name and title Print/Type preparer's name Nathan Stamets Preparer Wathan Stamets Prim's name Hoffman, Stewart & Schmidt, PC Firm's address Schmidt, PC Firm's address Firm's address Schmidt, PC Firm's EIN 93-0743240 Phone no.503-220-5900	true	, correc	t, and complete. Declaration of preparer (other than officer) is ba	ased on all information of wh	iich preparer	has any knowledge.				
Here Kelly O'Lague, President/CEO Type or print name and title Print/Type preparer's name Nathan Stamets Preparer Wathan Stamets Prim's name Hoffman, Stewart & Schmidt, PC Firm's address Schmidt, PC Firm's address Firm's address Schmidt, PC Firm's EIN 93-0743240 Phone no.503-220-5900			Signature of officer			Data				
Type or print name and title Print/Type preparer's name Paid Nathan Stamets Nathan Stamets Preparer Firm's name Hoffman, Stewart & Schmidt, PC Firm's address Schmidt, PC Firm's address Tenter point Stamets Schmidt, PC Firm's EIN Schmidt, PC Firm's EIN Schmidt, PC Firm's EIN Schmidt, PC Firm's Address						Date				
Print/Type preparer's name Nathan Stamets Preparer Firm's name Hoffman, Stewart & Schmidt, PC Firm's address Schmidt, PC Firm's address Text of the control	Her	е	· · · · · · · · · · · · · · · · · · ·							
Paid Nathan Stamets Nathan Stamets Pirm's name Hoffman, Stewart & Schmidt, PC Firm's EIN 93-0743240 Use Only Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900			31 I	ror'o oignoturo	Τſ	Date Check	PTIN			
Preparer Use Only Firm's name Firm's name Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900	Doid			-	['	if				
Use Only Firm's address 3 CenterPointe Drive, Suite 300 Lake Oswego, OR 97035-8663 Phone no.503-220-5900										
Lake Oswego, OR 97035-8663 Phone no.503-220-5900	-		Time trains			FIIIII S EIN	23 0,13410			
	036	Jiiiy		-		Phone no 50	3-220-5900			
May the IRS discuss this return with the preparer shown above? See instructions	May	the IF	·	ee instructions		I Holle Ho. 5 c	X Yes No			

Form	990 (2022) United Way of the Columbia-Willamette	93-0582124	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	Improve lives, strengthen communities and advance equity by mobilizing		
	the caring power of people across our metro area. See Schedule O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	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 m	easured 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, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8,066,323. including grants of \$ 5,011,193.) (Revenue	\$)
	Convening/Backbone Support		
	Early Learning Hubs - Every child should arrive at kindergarten ready		
	for school success. That's why UWCW is proud to co-manage two new		
	regional hubs focused on early learning: Early Learning Multnomah (ELM)		
	and Early Learning Washington County (ELWC). In Oregon, there are 16		
	hubs, or regional-based groups, appointed by the State of Oregon's		
	Early Learning Council that are designed with the intent to improve		
	educational outcomes for Oregon's youngest children, age 0-6. (see		
	Schedule O for more information)		
4b	(Code:) (Expenses \$ 3,875,913. including grants of \$ 2,693,223.) (Revenue	\$	
	Community Investment		_
	Housing Stability: In 2021, United Way of the Columbia-Willamette		
	granted Oregon Law Center \$200,000 to expand their capacity to provide		
	legal help to families facing eviction. The grant allowed Oregon Law		
	Center to recruit lawyers who reflect the communities they serve while		
	also providing families of color access to multilingual eviction		
	prevent support. (See Schedule O for more information)		
4c	(Code:) (Expenses \$346,112. including grants of \$) (Revenue	.\$ 5	4,554.)
	Hands on Greater Portland - Hands on Greater Portland activities focus		
	on results-based, meaningful volunteer service and the belief that		
	volunteers enrich their lives and the lives of others when they address		
	community needs. The program strives to connect volunteers with		
	opportunities to meet important community needs, including senior		
	services, education, services for the homeless, and restoration of the		
	environment.		
	· · · · · · · · · · · · · · · · · · ·		
	Other program services (Describe on Schedule O.)		
Tu	Other program services (Describe on Schiedale O.)		

12,288,348.

) (Revenue \$

including grants of \$

(Expenses \$

4e Total program service expenses

93-0582124

Form 990 (2022) United Way of the Columbia-Willamette Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	···		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ A
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		,,
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2022)

United Way of the Columbia-Willamette

Part IV Checklist of Required Schedules (continued)

	- (sortanasa)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	energy and a contained a respective of from the dry line in time that v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

022) United Way of the Columbia-Willamette

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		х
٨		7с		21
d e		7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the experience on any payments for indeed temping services during the top year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "Ne " provide an explanation on School of Control of	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ıJ		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	• •			

Form 990 (2022) United Way of the Columbia-Willamette 93-0582124 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

							X
Sec	tion A. Governing Body and Management						
		1 1				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with an	y other				
	officer, director, trustee, or key employee?			2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	upervision				
	of officers, directors, trustees, or key employees to a management company or other person?			. 3	3		Х
4	$\label{eq:decomposition} \mbox{Did the organization make any significant changes to its governing documents since the prior Form}$				1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	5		
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 a	ppoint on	e or				
	more members of the governing body?			7	а		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhold	ers, or				
	persons other than the governing body?			7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the f	ollowing:				
а	The governing body?			8	а	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8	b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real						
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9	•		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	ode.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?			10)a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, a	iffiliates,				
				•			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before	filing the form?	11	la	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13					Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			. 12	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,					
	on Schedule O how this was done					X	
13	Did the organization have a written whistleblower policy?				_	X	
14	Did the organization have a written document retention and destruction policy?			. 1	4	Х	
15	Did the process for determining compensation of the following persons include a review and approv		pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official			۔۔ ا		X	
b	Other officers or key employees of the organization			15	do	Х	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		_				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40			Х
	taxable entity during the year?			16	oa		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the organization and the organization of evaluation is in the organization of the organizat	-	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			40	\.		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16	מפ		
17	List the states with which a copy of this Form 990 is required to be filed WA, OR						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000 T	(saction 501(c)	3/5 02	h/) a	vailak	
10	for public inspection. Indicate how you made these available. Check all that apply.	330-1	(35561011 30 1(6)	اال درد	.y) d	vanal	<i>,</i> 10
	X Own website Another's website X Upon request Other (explain	n on C=1	adula (C)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			nd fin	anci	ial	
19	statements available to the public during the tax year.	ormot Of I	riciost policy, a		ai iU	u	
20	State the name, address, and telephone number of the person who possesses the organization's bo	nks and r	ecords				
_0	Kori Gregg - (503) 226-9321	ono and i	000140				
	619 SW 11th Avenue Ste 300 Portland OP 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.

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

- 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.

(A)	(B)	I	mza		C)	рсп	out	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	Institutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	dividu	stitutic	Officer	Key employee	the st	Former			organizations
(1) Cindy Adams	line) 50.00	<u> </u>	<u> </u>	#0	- Ā	当当	요			
Former President / CEO	30.00			x				215,817.	0.	12,310.
(2) David Rogers	50.00							213,017.		12,310.
Chief Development Officer						x		165,450.	0.	16,866.
(3) Kori Dye-Gregg	50.00									
COO				х				133,193.	0.	18,671.
(4) Dahnesh Medora	50.00							· ·		·
Chief Impact Officer				х				136,218.	0.	13,199.
(5) Adrian McCarthy	50.00									
VP - Marketing & Communication						Х		123,424.	0.	14,926.
(6) Aaron McKay	50.00									
Director - IT						Х		110,502.	0.	19,235.
(7) Margaret Day	50.00									
Early Learning Director						Х		111,950.	0.	13,390.
(8) Richard Doughty	50.00									
Sr. FP&A						Х		105,117.	0.	9,255.
(9) Begona Rodrigues-Liern	50.00									
Early Learning Director						Х		107,475.	0.	4,898.
(10) Kelly O'Lague	50.00	-							_	
President / CEO				Х				63,480.	0.	1,564.
(11) Isaac Cardona	1.00									
Director	1 00	Х						0.	0.	0.
(12) Sean Edwards Chair	1.00	Х		x				0.	0.	0
(13) John Ewert	1.00	Λ		^				0.	٠.	0.
Secretary	1.00	х		x				0.	0.	0.
(14) Greg Geshel	1.00	Λ						· · ·	<u> </u>	
Director	1.00	х						0.	0.	0.
(15) Mihir Patel	1.00							•	•	
Director		Х						0.	0.	0.
(16) Patrick Purvis	1.00									
Director		х						0.	0.	0.
(17) Kim Spaulding	1.00									
Director		х	L					0.	0.	0.

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trus	toos Kov Emr	lov.	200	and	L His	ahes	+ ()	omnensated Employee	(Continued)	
Occion A. Onicers, Directors, 1143	(B)	l	- 			J1162			'	(F)
(A) Name and title	Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Pradeep Tempalli	1.00									
Director		Х						0.	0.	0.
(19) Keith Wymbs Vice-Chair	1.00	x		х				0.	0.	0.
(20) Charlene Zidell	1.00							· ·	•	•••
Director	1.00	Х						0.	0.	0.
(21) Deborah Dang	1.00									
Treasurer		х		Х				0.	0.	0.
(22) Ashlee Irwin	1.00									•
Director	1 00	Х						0.	0.	0.
(23) Tichelle Sorensen Director	1.00	х						0.	0.	0.
(24) Layla Zare	1.00									
Director		х						0.	0.	0.
1b Subtotal								1,272,626.	0.	124,314.
	c Total from continuation sheets to Part VII, Section A								0.	0.
d Total (add lines 1b and 1c)				<u></u>				1,272,626.	0.	124,314.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
UPIC Solutions, 334 Beechwood Rd, Ste 500,		
Ft. Mitchell, KY 41017	IT Services	142,640.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

Form 990 (2022) United Way
Part VIII Statement of Revenue

		Check if Schedule O c	ontains a	a response	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1b					
ي ق		Fundraising events		1c					
ffs, Ar		Related organizations		1d					
ija Bij					9,459,918.				
ons,		Government grants (contri		1e	3,433,310.				
utic er	т	All other contributions, gifts, g		I I	4 621 042				
를 된		similar amounts not included		1f	4,621,042.				
out	_	Noncash contributions included in li		1g \$		14 000 060			
<u>0</u> 8	n	Total. Add lines 1a-1f			Business Code	14,080,960.			
						40.630	40.630		
<u>ic</u>	2 a				900099	49,630.	49,630.		
erv	b								
ı S.	С								
ran 3ev	d								
Program Service Revenue	е								
<u>م</u>	f	All other program service r	evenue						
	g	Total. Add lines 2a-2f				49,630.			
	3	Investment income (includ	ing divid	ends, intere	st, and				
		other similar amounts)				703,297.			703,297.
	4	Income from investment of	f tax-exe	mpt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) :	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
Revenue	С		7c						
ev.		Net gain or (loss)							
her F		Gross income from fundraisin							
Ð.	0	including \$	•	of					
Ŭ		contributions reported on		_					
		Part IV, line 18	•	I					
	h	Less: direct expenses							
		Net income or (loss) from f			1				
		Gross income from gaming		_					
	Ja	Part IV, line 19		I .					
	h	Less: direct expenses		I .					
		Net income or (loss) from g							
		Gross sales of inventory, le							
	и а			I					
		and allowances		I					
		Less: cost of goods sold)				
$\overline{}$	С	Net income or (loss) from s	sales of It	iventory	Rueinosa Cada				
S		Other			900099	4 924	4 924		
eo Ne		Other			300033	4,924.	4,924.		
Miscellaneous Revenue	b								
Se.	c								
ΞĔ		All other revenue				4 001			
		Total. Add lines 11a-11d				4,924.	54.55		T00 00-
	12	Total revenue. See instructio	ns			14,838,811.	54,554.	0.	703,297.

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).

00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		-	•	Х
Do I	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	5,295,666.	5,295,666.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,408,750.	2,408,750.		
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	688,278.	256,152.	336,248.	95,878.
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	3,255,926.	1,717,436.	598,269.	940,221.
8	Pension plan accruals and contributions (include	12.25			
	section 401(k) and 403(b) employer contributions)	12,857.	8,585.	258.	4,014.
9	Other employee benefits	555,259.	280,655.	105,958.	168,646.
10	Payroll taxes	233,516.	117,879.	48,749.	66,888.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
_	Professional fundraising services. See Part IV, line 17	06.449		06 449	
f	Investment management fees	96,448.		96,448.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 710 505	1 252 017	220 767	127 001
40	column (A), amount, list line 11g expenses on Sch 0.)	1,719,585.	1,353,817. 42,328.	228,767. 9,362.	137,001. 72,870.
12	Advertising and promotion	376,133.	336,884.	15,967.	23,282.
13	Office expenses	370,133.	330,004.	15,507.	25,202.
14	Information technology				-
15 16	Royalties	129,449.	72,535.	24,820.	32,094.
17	Occupancy	173,879.	113,430.	53,964.	6,485.
18	Payments of travel or entertainment expenses				-,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	110,265.	90,159.	12,348.	7,758.
22	Depreciation, depletion, and amortization	182,498.	101,704.	35,757.	45,037.
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 0.)				
а	·				
b					
С					
d					
е	All other expenses	364,284.	92,368.	143,205.	128,711.
25	Total functional expenses. Add lines 1 through 24e	15,727,353.	12,288,348.	1,710,120.	1,728,885.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 990 (2222)

93-0582124

Form 990 (2022) Part X Balance Sheet

I G	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	tine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,765,828.	1	718,596.
	2	Savings and temporary cash investments			, ,	2	·
	3	Pledges and grants receivable, net			4,055,438.	3	4,910,495.
	4	Accounts receivable, net	, ,	4	, ,		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	•	,		6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Duran side as an area and defermed also assess			225,734.	9	209,782.
		Land, buildings, and equipment: cost or other			,		, -
	100	basis. Complete Part VI of Schedule D		5,905,558.			
	b		1 1	3,713,858.	2,270,618.	10c	2,191,700.
	11	Investments - publicly traded securities	26,578,395.	11	28,625,235.		
	12	Investments - other securities. See Part IV, lii	1,155,525.	12	1,171,573.		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	849,107.	15	861,403.		
	16	Total assets. Add lines 1 through 15 (must e	37,900,645.	16	38,688,784.		
	17	Accounts payable and accrued expenses			2,929,436.	17	2,567,077.
	18	Grants payable	891,552.	18	707,549.		
	19	Deferred revenue		,	19	636,345.	
	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·	
	21	Escrow or custodial account liability. Comple			21		
	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un	•			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			3,820,988.	26	3,910,971.
		Organizations that follow FASB ASC 958,	check here	X	· ·		· · ·
es		and complete lines 27, 28, 32, and 33.					
auc	27				29,540,168.	27	30,323,141.
Bala	28	Net assets with donor restrictions	4,539,489.	28	4,454,672.		
P		Organizations that do not follow FASB AS			· · ·		
Ξ		and complete lines 29 through 33.	,	_			
ģ	29	Capital stock or trust principal, or current fur			29		
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			34,079,657.	32	34,777,813.
Z	33	Total liabilities and net assets/fund balances			37,900,645.	33	38,688,784.

Form **990** (2022)

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,838,	811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,727,	353.
3	Revenue less expenses. Subtract line 2 from line 1	3		-888,	542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	,079,	657.
5	Net unrealized gains (losses) on investments	5	1	,574,	402.
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		12,	296.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	34	,777,	813.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	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?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization $\mbox{United Way of the Columbia-Willamette}$

Employer identification number

									93-0582124		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz						(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Pari	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 5	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.			
а			anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	/ing		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	oorted		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
С			grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi:	zation(s)		
		that is not functionally int	-		•		-	an attentiv	veness		
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga					Type I, Type I	II, Type III			
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.					
		er the number of supported o	•								
<u>g</u>		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other		
	'	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)		
				above (see instructions))	Yes	No	, ,		,		
Tota	al										

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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	22,542,207.	26,932,181.	37,531,473.	12,868,440.	14,080,960.	113,955,261.				
2	Tax revenues levied for the organ-										
	ization'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	22,542,207.	26,932,181.	37,531,473.	12,868,440.	14,080,960.	113,955,261.				
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)						17,681,717.				
6	Public support. Subtract line 5 from line 4.						96,273,544.				
Sec	Section B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	22,542,207.	26,932,181.	37,531,473.	12,868,440.	14,080,960.	113,955,261.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	229,940.	187,395.	244,955.	532,106.	703,297.	1,897,693.				
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.)	27,421.	4,675.	18,002.	6,187.	4,924.	61,209.				
11	Total support. Add lines 7 through 10						115,914,163.				
	Gross receipts from related activities,	etc. (see instructio	ns)			12	315,919.				
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax y	ear as a section 50	D1(c)(3)					
	organization, check this box and stop	here									
Sec	tion C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2022 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	83.06 %				
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	84.31 %				
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box					
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2021. If the o										
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			Ш				
17a	10% -facts-and-circumstances test	_									
	and if the organization meets the facts			=	·	VI how the organiz	ation				
	meets the facts-and-circumstances te	· ·	•		•						
b	10% -facts-and-circumstances test	_					10% or				
	more, and if the organization meets the				-						
	organization meets the facts-and-circu										
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>ı, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions	<u> </u>				

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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

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

	Var	NI.
	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
G		
8		
9a		
9b		
0-		
9c		
10a		
. 54		
10b		
 Δ (Forn	n 000)	2022

Pa	rt IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	etruction	(c)	
2	Activities Test. Answer lines 2a and 2b below.	straction	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations						
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								
Sect	on 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							
Sect	on 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							
	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
	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							
Sect	on 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	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see					
	instructions).								

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		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	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	·	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Page 8

Schedule A (Form 990) 2022

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.)

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE C

Internal Revenue Service

(Form 990)

Department of the Treasury

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.

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

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

Nan	ne of organization				Emplo	yer identification number
	United Way		93-0582124			
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 52	27 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section a Was a correction made? of If "Yes," describe in Part IV.	incurred by organization manag n 4955 tax, did it file Form 4720	gers under section 4955) for this year?		\$ _.	Yes No
	-	anization is exempt und				
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	ization's funds contributed to o	ther organizations for se	ection 527		
	line 17b				\$	
4	Did the filing organization file Form					
5	Enter the names, addresses and en made payments. For each organizar contributions received that were propolitical action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 po id from the filing organia a separate political org	olitical organizations to zation's funds. Also en anization, such as a se	which ter the	the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid of filing organization funds. If none, ento	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Part II-A Complete if the organ section 501(h)).	nization is exer	npt under sectio	n 501(c)(3) and filed	d Form 5768 (ele	ection under
	n helongs to an affi	liated group (and list in	n Part IV each affiliated g	ıroun memher's nam	e address FIN
expenses, and share			TT art IV cacit animated g	group member 3 nam	ic, address, Eliv,
	, ,	nd "limited control" pro	ovisions apply.		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influen	nce a legislative boo	dy (direct lobbying) .			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (
f Lobbying nontaxable amount. Enter	the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ente	, ,,		·····		
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero o			_		
j If there is an amount other than zero					
reporting section 4911 tax for this ye			Coation FO1/h)		Yes No
(Some organizations tha	t made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all of	the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
7 7 7		•			

Schedule C (Form 990) 2022

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)).

For each "Yes	" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(1	b)
of the lobbyin		Yes	No	Am	ount
local leç	he year, did the filing organization attempt to influence foreign, national, state, or gislation, including any attempt to influence public opinion on a legislative matter				
	endum, through the use of:		х		
	ers?		X		
	If or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	dvertisements?		X		
	s to members, legislators, or the public? cions, or published or broadcast statements?		X		
	, 1		X		
	to other organizations for lobbying purposes?		X		
	ontact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other a		Х	A		60,000.
j Total. A	dd lines 1c through 1i				60,000.
2a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes,"	enter the amount of any tax incurred under section 4912				
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912				
d If the fill	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A	Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or se	ction	
				Yes	No
1 Were su	obstantially all (90% or more) dues received nondeductible by members?		1		
	organization make only in-house lobbying expenditures of \$2,000 or less?				
	organization agree to carry over lobbying and political campaign activity expenditures from th				
	Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, line	3, is
1 Dues, a	ssessments and similar amounts from members		1		
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	es for which the section 527(f) tax was paid).				
•	year		2a		
	er from last year				
			۔ ا		
00 0	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	e organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	tures next year?		4		
5 Taxable	amount of lobbying and political expenditures. See instructions		5		
Part IV	Supplemental Information				
Provide the de	escriptions 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.				
Part II-B,	Line 1, Lobbying Activities:				
Worked wit	n a consultant to influence legislation in Oregon to provide				
possible f	unding for United Way programs.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

United Way of the Columbia-Willamette

Employer identification number

 $93\!-\!0582124$

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors 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?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that goodhood the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Eeginning balance	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Otl	ner S	imilar A	ssets	(conti	nued)		
a Public exhibition d Loan or exchange program b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization'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 Excrow 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. line 21. 1b Fres, explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 Amount 1c Amount	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that mak	e signi	ificant use	of its	-	-		
b Scholarly research e Other Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 sollection? Yes No Part IV, line 9, or reported an amount on Form 900, Part XI, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7? Line 11 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7? Line 12 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7? Line 14 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Line 15 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Line 16 is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Line 21 is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Line 22 is the form year and year of the companization answered "Yes" on Form 990, Part IV, line 10. Line 16 is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Line 21 is the organization include an amount on Form 990, Part X, line 10. Line 16 is the organization include an amount on Form 990, Part X, line 10. Line 17 is the part X is t		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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? a Form 990, Part X	а	Public exhibition	d	Loan or exc	hange program							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Puring they 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 sollection? Per try Pe	b	Scholarly research	е	Other								
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 (sollection? Yes No reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is a list the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is a list the organization and agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is a list the organization include an anount on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four y	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of 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? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	xempt	purpose ir	n Part	XIII.			
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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or Form 990, Part IV, line 10. Part V	5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar as	sets					
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prov year (c) Two years back (d) Time years back (e) Four years back (e) Four years back (f) Gontributions 3, 585, 054, 4, 471, 607, 3, 663, 067, 3, 692, 638, 3, 635, 351 b Contributions 1a Roman And Septical S											No	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organization	n answered "Yes"	on Fo	rm 990, Pa	art IV, I	ine 9, or			
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c		reported an amount on Form 990, Pai	t X, line 21.									
b f"Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	1a			•				_	_	_	_	
C Beginning balance 1c								L	Yes		No	
C Beginning balance Id Id Id Id Id Id Id I	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
d Additions during the year E Distributions during the year F Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 10, for Form 990, Part IV, line 10. 2d Did the organization for Form 990, Part IV, line 10. 2d Did the organization scholarships (e) Four year (e) Two years back (d) Three years back (e) Four years had years back (e) Four years back (e) Four years had years back (e) Four years ye									Amoun	ıt		
Ending balance												
## Finding balance ### Tending balance ### Tending balance ### T												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 3,585,054, 4,471,607, 3,663,067, 3,592,638, 3,635,351 b Contributions 16,000 thin with the passes of the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 3,585,054, 4,471,607, 3,663,067, 3,592,638, 3,635,351 b Contributions 16,000 thin with the passes of the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 246,226, -674,454, 813,004, 59,645, 159,874 d Grants or scholarships 118,363, 212,999, 4,464, 105,256, 102,587 d Grants or scholarships 118,363, 212,999, 4,464, 105,256, 102,587 e Other expenditures for facilities and programs 1 Administrative expenses 3,712,917, 3,585,054, 4,471,607, 3,663,067, 3,692,638 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 b Permanent endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 50 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 (other) basis (other) depreciation (d) Book value depreciation basis (investment) basis (other) basis (other) depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value deprecia	_											
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form '990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form '990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form '990, Part IV, line 10. Part V Land, Buildings, and Equipment. Part XIII Check here if the explanation has been provided on Part XIII Part XIII the intended uses of the organization is endowment basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (b) Buildings (c) Pour year back (d) Three years back (d) For years (a) Three years back (d) Three years b									7.,		٦	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-				-	'	└─	」 Yes		_ No □	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three												
1a Beginning of year balance 3,585,054. 4,471,607. 3,663,067. 3,692,638. 3,635,351 b Contributions 16,040. c Net investment earnings, gains, and losses 246,226. -674,454. 813,004. 59,645. 159,874 d Grants or scholarships 118,363. 212,099. 4,464. 105,256. 102,587 e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,712,917. 3,585,054. 4,471,607. 3,663,067. 3,692,638 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 year balance year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 year balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or guasi-endowment year end balance (line 1g, column (a)) held as: a		Zilderment ander Complete					Three years	s hack	(e) Fou	r vears	hack	
b Contributions	10	Reginning of year balance	` ,	•	1 1	- ' '						
c Net investment earnings, gains, and losses 246,226674,454. 813,004. 59,645. 159,874 d Grants or scholarships 118,363. 212,099. 4,464. 105,256. 102,587 e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,712,917. 3,585,054. 4,471,607. 3,663,067. 3,692,638 e Derivide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			3,303,031.	1,171,007.	3,003,00	+				, 000,		
d Grants or scholarships 118,363. 212,099. 4,464. 105,256. 102,587 e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,712,917. 3,585,054. 4,471,607. 3,663,067. 3,692,638 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			246 226	-674 454	813 004	.	-			159	874	
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 3,712,917. 3,585,054. 4,471,607. 3,663,067. 3,692,638 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		<u> </u>	,		<u> </u>	-						
and programs f Administrative expenses g End of year balance 3,712,917, 3,585,054, 4,471,607, 3,663,067, 3,692,638 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			220,000.		1,10	+						
f Administrative expenses g End of year balance 3,712,917. 3,585,054. 4,471,607. 3,663,067. 3,692,638 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	-	·										
g End of year balance 3,712,917. 3,585,054. 4,471,607. 3,663,067. 3,692,638 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	. •				+						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment			3 712 917.	3 585 054.	4 471 60	,	3 663	067.	3	692	638.	
Board designated or quasi-endowment		-								, ,		
b Permanent endowment					,,, 1101d do.							
Term endowment												
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 295,333 295,333 b Buildings 4,455,197. 3,066,292. 1,388,905												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiiii) Related organizations (iiiiiiii) Related organizations (iiiiiii) Related organizations (iiiiiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii												
reganization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In the intervet of the organizations listed as required on Schedule R? (iv) In the intervet of the organizations listed as required on Schedule R? (v) In the intervet of the organization and the organization is endowment funds. V	За		•	tion that are held a	nd administered fo	r the						
(ii) Unrelated organizations (iii) Related organizations 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) 1a Land 295,333. 295,333 b Buildings 4,455,197. 3a(ii) X X (b) Cost or Other basis (other) 295,333. 295,333			3							Yes	No	
(ii) Related organizations 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 (other) (b) Cost or other depreciation 1a Land 295,333. 295,333 b Buildings 4,455,197. 3,066,292. 1,388,905									3a(i)	Х		
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 295,333. 295,333 b Buildings 4,455,197. 3,066,292. 1,388,905									3a(ii)		Х	
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 1a Land 295,333. 295,333 b Buildings 4,455,197. 3,066,292. 1,388,905	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b			
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) 1a Land Description of property (a) Cost or other basis (other) 295,333. 295,333 4,455,197. 3,066,292. 1,388,905	4			wment funds.					,			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 295,333. 295,333 b Buildings 4,455,197. (c) Accumulated depreciation 295,333. 295,333	Par	t VI Land, Buildings, and Equipm	ent.									
basis (investment) basis (other) depreciation 1a Land 295,333. 295,333 b Buildings 4,455,197. 3,066,292. 1,388,905		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line	e 10.					
1a Land 295,333. 295,333 b Buildings 4,455,197. 3,066,292. 1,388,905		Description of property			or other (c) Accı	umulated		(d) Boo	k valu	ie	
b Buildings 4,455,197. 3,066,292. 1,388,905			basis (investn	nent) basis	(other)	depre	ciation	\perp				
	1a	1a Land										
c Leasehold improvements	b											
	С	c Leasehold improvements										
d Equipment 1,155,028. 647,566. 507,462	d	Equipment		1	,155,028.		647,566	-		507,	462.	
e Other								\bot				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,191,700	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)							

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
\=/			
(7)			+
(7) (8)			
(8)			
	225)		

Complete if the organization answered "Yes" on Form 990,		ievende per ne	turri.	
1 Total revenue, gains, and other support per audited financial staten			1	14,596,969.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	1,574,402.		
b Donated services and use of facilities		132,205.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		12,296.		
e Add lines 2a through 2d			2e	1,718,903.
3 Subtract line 2e from line 1			3	12,878,066.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	96,448.		
b Other (Describe in Part XIII.)	4b	1,864,297.		
c Add lines 4a and 4b			4c	1,960,745.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part	I. line 12.)	<u> </u>	5	14,838,811.
Part XII Reconciliation of Expenses per Audited Finan		Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 990,				
Total expenses and losses per audited financial statements			1	13,898,813.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	132,205.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	132,205.
3 Subtract line 2e from line 1			3	13,766,608.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		96,448.		
b Other (Describe in Part XIII.)		1,864,297.		1 060 545
c Add lines 4a and 4b			4c	1,960,745.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	rt I, line 18.)		5	15,727,353.
	4 14 5 1 1 1 1 1	101 5 11/1: 4		0.5.124
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			; Part X, II	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional inform	ation.		
Part V, line 4:				
1410 1, 1110 1.				
To provide a predictable stream of income for program	operations.			
To provide a producednic seroum of income for program	opozaozona,			
Part X, Line 2:				
Management believes UWCW does not have any uncertain t	ax positions.			
	_			
Part XI, Line 2d - Other Adjustments:				
·				
Change in value perpetual trust	12,296.			
	·			
Part XI, Line 4b - Other Adjustments:				
Pledges designated by donors	1,864,297.			

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 93-0582124 United Way of the Columbia-Willamette Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 37080 American Red Cross - Oregon Pacific Chapter - Federated Payment Processing PO Box 73857 -13-1962771 501(c)3 Donor Choice Chicago, IL 60673 5,306. 0 A Jesus Church Family, Inc 10500 SW Nimbus Ave Bldg T Portland, OR 97223 20-0368851 501(c)3 0. 12,420 Donor Choice Ainsworth United Church of Christ 2941 NE Ainsworth St Portland, OR 97211 13-1957221 501(c)3 5,880 0 Donor Choice American Red Cross of Northwest Oregon Chapter - PO Box 4125 -13-1962771 501(c)3 Portland OR 97208 9 714 0. Donor Choice Beyond Toxics PO Box 1106 Community Investment 93-1294227 501(c)3 0. Eugene OR 97440 20 000 Grants Black United Fund of Oregon 2828 NE Alberta St Portland, OR 97211 20-1242136 501(c)3 14 954 0 Donor Choice 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
Blanchet House of Hospitality							
310 NW Glisan St							
Portland, OR 97209	93-6031009	501(c)3	10,855.	0.			Donor Choice
Boys & Girls Clubs of Portland							
Metropolitan Area - PO Box 820209							
- Portland, OR 97282	93-0474800	501(c)3	5,050.	0.			Donor Choice
Torotana, on 37202	33 0474000	301(0/3	3,030.	· ·			DONOT CHOICE
Bridgetown Church							
2120 NE Tillamook St.							
Portland, OR 97212	81-1992757	501(c)3	16,002.	0.			Donor Choice
Bridging Cultures							
PO Box 244							Community Investment
Canby, OR 97013	27-0741796	501(c)3	20,000.	0.			Grants
Camp Fire Columbia							
1411 SW Morrison St Suite 300							
Portland, OR 97205	93-0386901	501(c)3	7,591.	0.			Donor Choice
Catholic Charities of Oregon							
2740 SE Powell Blvd							
Portland, OR 97202	93-0386801	E01/a\2	8,018.	0.			Donor Choice
Fortiand, OR 97202	93-0300001	501(0/5	0,010.	0.			Donor Chorce
Centro de Servicios Para							
Campesinos - 300 Young St							Community Investment
Woodburn, OR 97071	93-1326961	501(c)3	40,000.	0.			Grants
Church of Jesus Christ of Latter							
Day Sts - 50 E North Temple, Room							
1521 - Salt Lake City, UT 84150	87-0234341	501(c)3	6,339.	0.			Donor Choice
Coalicion Fortaleza							
1515 S Oakdale Ave							Community Investment
Medford, OR 97501	86-1300961	501(c)3	15,500.	0.			Grants

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	
David Douglas School District	00 4067504							
Portland, OR 97220	93-1067591	Otner	7,500.	0.			Donor Choice	
De La Salle North Catholic High School - 7528 N. Fenwick Ave Portland, OR 97217	93-1287554	501(c)3	5,625.	0.			Donor Choice	
Deschutes River Alliance 5520 S Macadam Ste 200	46-3538750	E01/a)2	25 060	0.			Donor Choigo	
Portland, OR 97239	46-3536/50	501(6/3	25,060.	0.			Donor Choice	
Doernbecher Children's Hospital Foundation - 1121 SW Salmon St, Ste #201 - Portland, OR 97205	93-0579589	501(c)3	6,937.	0.			Donor Choice - Out of Area	
Douglas Education Service District 1409 NE Diamond Lake Blvd								
Roseburg, OR 97470	93-6014226	501(c)3	15,000.	0.			Early Learning Exp	
EarthShare Oregon PO Box 426056 Washington, DC 20042	94-6069890	501(c)3	13,296.	0.			Donor Choice	
Equitable Giving Circle 323 NW 17th Ave								
Portland, OR 97209	85-0874463	501(c)3	9,725.	0.			Donor Choice	
Familias en Accion 2710 NE 14th Avenue Portland, OR 97212	93-1284335	501(c)3	20,000.	0.			Community Investment Grants	
Free Clinic of Southwest Washington - 4100 Plomondon St - Vancouver, WA 98661	91-1707542	501 (c) 3	19,135.	0.			Donor Choice	

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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	10,531.	0.			Donor Choice
Global Leadership Foundation USA							
c/o Jim Keppler 18 Duke St.							
Alexandria, VA 22314	20-2209263	501(c)3	20,000.	0.			Donor Choice
GMU Foundation							
4400 University Drive, MS 1A3							
Fairfax, VA 22030	54-1603842	501(c)3	10,000.	0.			Donor Choice
Habitat for Humanity of Oregon							
PO Box 11452							
Portland, OR 97211	93-1180321	501(c)3	7,838.	0.			Donor Choice
Immigrant & Refugee Community							
Organization - 10301 NE Glisan St							
- Portland, OR 97220	93-0806295	501(c)3	12,728.	0.			Donor Choice
Toronama, on 37220	33 0000233	301(3/3	12,720.	•			501101 0110100
JOIN: Connecting the Street to a							
Home - PO Box 16490 - Portland, OR							
97292	93-1090005	501(c)3	8,750.	0.			Donor Choice
Jubitz Family Foundation							
221 NW 2nd Ave Suite 204							
Portland, OR 97209	93-1324016	501(c)3	200,000.	0.			Donor Choice
J.,,,,,,,							
Lawyers Campaign for Equal Justice							
620 SW 5th Avenue Suite 1225	02 1102702	E01/a)2	0 000	0			Donor Chaics
Portland, OR 97204	93-1193792	501(6)3	9,922.	0.			Donor Choice
Living Islands Non- Profit							
PO Box 366							Community Investment
Lake Oswego, OR 97034	46-2626255	501(c)3	20,000.	0.			Grants

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		93-0302124 Pag
(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
Local Independent Charities of							
America - 100 Smith Ranch Road, Ste 122 - San Rafael, CA 94903	94-3042430	501(c)3	7,788.	0.			Donor Choice
LULAC Oregon							
2957 SE Brookwood Ave.							Community Investment
Hillsboro, OR 97123	86-2345057	501(c)3	20,000.	0.			Grants
Meals on Wheels People							
PO Box 19477							
Portland, OR 97280	93-0584318	501(c)3	16,500.	0.			Donor Choice
Multnomah County (DCHS)							
421 SW Oak St., Ste. 240							
Portland, OR 97204	93-6002309	115(1)	1,623,755.	0.			Early Learning Exp
Native American Rehabilitation							
Assoc of the Northwest Inc - 1776							
SW Madison Street - Portland, OR							Community Investment
97205	23-7098400	501(c)3	20,000.	0.			Grants
New Narrative							
8915 SW Center St.							
Tigard, OR 97223	93-0685734	501(c)3	24,167.	0.			Donor Choice
Nikka S Tahan							
1627 Portola St.							Community Investment
Davis, CA 95616	60-5729292	501(c)3	20,000.	0.			Grants
Nonthwest Outward Pared School							
Northwest Outward Bound School 1411 SW Morrison St Suite 250							
Portland, OR 97205	45-3463744	501(c)3	10,000.	0.			Donor Choice
			25,550.	· ·			
NOWIA Unete							
PO Box 143							Community Investment
Medford, OR 97501	76-0039071	501(c)3	18,000.	0.			Grants

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
W Natural							
Attn: Treasury PO Box 6017							
Portland, OR 97228	94-6076144	Other	297,000.	0.			GAP
Oregon Community Health Workers							
Association - 401 NE 19th Ave,							
#200 - Portland, OR 97232	46-4952693	501(c)3	264,402.	0.			 Early Learning Exp
Oregon FFA Foundation			<u> </u>				
College of Ag- Ag Ed Dept. 108							
Strand Ag Hall - Corvallis, OR							
97331	20-2430301	501(c)3	10,200.	0.			Donor Choice
Oregon Food Bank							
7900 NE 33rd Dr.							
Portland, OR 97211	93-1229766	501(c)3	22,775.	0.			Donor Choice
Orogon Hoolth & Gaionge Haireansite							
Oregon Health & Science University Foundation (OHSF) - 1121 SW Salmon							
St Ste 200 - Portland, OR 97205	93-0615601	501 (c) 3	5,343.	0.			Donor Choice
be see 200 Torerand, on 57205	JJ 0013001	501(0/5	3,343.	٠.			Donor Chorce
Oregon Humane Society							
1067 NE Columbia Blvd							
Portland, OR 97211	93-0386880	501(c)3	19,853.	0.			Donor Choice
·			<u> </u>				
Planned Parenthood of the Columbia							
Willamette - 3727 NE Martin Luther							
King Jr Blvd - Portland, OR 97212	93-6031270	501(c)3	13,477.	0.			Donor Choice
Portland Rotary Charitable Trust							
1155 SW Morrison St Suite 200							
Portland, OR 97205	93-6031284	501(c)3	25,000.	0.			Donor Choice
Duimanus Children's Warrital C. 1							
Primary Children's Hospital - Salt Lake - 100 Mario Capecchi Dr -							Donor Choice - Out of
Salt Lake City, UT 84113	75-2792911	501/a)3	8,806.	0.			
Dail Dake City, OF 04113	13-2132311	POT (C)2	0,000.	U.			Area

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PSU Foundation							
PO Box 243							
Portland, OR 97207	93-0401248	501(c)3	41,667.	0.			Donor Choice
Raices de Bienestar							
2459 SE TV Highway PMB #104							Community Investment
Hillsboro, OR 97123	87-3645309	501(c)3	20,000.	0.			Grants
Raices de Bienestar							
2459 SE TV Highway PMB #104							Fiscal Sponsorship -
Hillsboro, OR 97123	87-3645309	501(c)3	91,000.	0.			Grants Out
Regional Arts & Culture Council							
411 NW Park Ave Ste 101							
Portland, OR 97209	93-1059037	501(c)3	7,024.	0.			Donor Choice
Rogue Climate							
PO Box 1980							Community Investment
Phoenix, OR 97535	46-4714467	501(c)3	14,000.	0.			Grants
Rotarian Action Group for Peace							
221 NW 2nd Ave Suite 204							
Portland, OR 97209	46-5281678	501(c)3	163,942.	0.			Donor Choice
Royal Ridges Retreat							
PO Box 3010							
Battle Ground, WA 98604	94-3088285	501(c)3	5,299.	0.			Donor Choice
Street Roots							
211 NW Davis St							
Portland, OR 97209	93-1271399	501(c)3	5,538.	0.			Donor Choice
Sunshine Division, Inc.							
687 N Thompson							
Portland, OR 97227	27-1423723	501(c)3	21,639.	0.			Donor Choice

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 Stronghold: A Culturally								
Responsive Peer Support Program -							Community Investment	
PO Box 431 - Chiloquin, OR 97624	85-1536106	501(c)3	20,000.	0.			Grants	
Transitional Youth								
1500 NW 167th Pl								
Beaverton, OR 97006	93-1088674	501(c)3	5,875.	0.			Donor Choice	
UNICEF Portland								
125 Maiden Ln								
New York, NY 10038	13-1760110	501(c)3	6,906.	0.			Donor Choice	
Walan Garal Mission								
Union Gospel Mission 3rd NW Third Ave								
Portland, OR 97209	93-0401258	501/a)3	12,471.	0.			Donor Choice	
Forciand, OK 97209	93-0401230	501(0/5	12,4/1.	0.			Donor Chorce	
United Way of Columbia County								
PO Box 538								
Rainier, OR 97048	93-0433686	501(c)3	5,745.	0.			Donor Choice	
United Way of Eastern Utah								
67 East Main Street								
Price, UT 84501	87-0374334	501(c)3	7,135.	0.			Donor Choice	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-•				
United Way of King County								
720 2nd Ave							Donor Choice - Out of	
Seattle, WA 98104	95-2274801	501(c)3	40,320.	0.			Area	
United Way of Salt Lake							Danam Ghaire Out S	
257 East 200 South Suite 300	87-0227091	501/a)3	38,009.	0.			Donor Choice - Out of	
Salt Lake City, UT 84111	67-0227091	DOT (C) 3	30,009.	U.			Area	
United Way of Southwest Wyoming								
510 South Main St							Donor Choice - Out of	
Rock Springs, WY 82901	83-0233314	501(c)3	54,088.	0.			Area	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) EIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
niversity of Utah							
Attn: Development Office 332 S.							
1400 E. Suite 150 - Salt Lake	0.5.6000505	F04 () 2	6 405				Donor Choice - Out of
City, UT 84112	87-6000525	501(c)3	6,427.	0.			Area
Valley of the Sun United Way							
3200 E Camelback Rd Suite 375							 Donor Choice - Out of
Phoenix, AZ 85018	86-0104419	501(c)3	30,375.	0.			Area
Washington County HHS							
Suite 270 MS 25 155 N First Ave	02 6000216	115/1)	1 204 002	0			
Hillsboro, OR 97124	93-6002316	115(1)	1,394,883.	0.			Early Learning Exp
Yale University							
Provost's Office PO Box 208333							
New Haven, CT 06520	06-6078326	501(c)3	100,000.	0.			Donor Choice
<u> </u>			·				

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	<u> </u>
(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	467	2,338,401.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part I, Line 2:					
Program Grants: As a condition for receiving grant	funds, grant	ees are			
required to submit: 1) a funding agreement signed	by the organi	zation's			
board president and the chief executive officer; 2) organizatio	on's			
anti-discrimination policy; 3) certification statis	ng that Unite	ed Way funds			
will be used in compliance with all applicable ant.	i-terrorism f	inancing and			
asset control laws, statutes and executive orders;					
with annual budgets over \$500,000, an annual audit					
budgets under \$500,000, an annual financial review	. In addition	grantees			

Schedule I (Form 990) United Way of the Columbia-Willamette Part IV Supplemental Information	93-0582124	Page 2
Supplemental information		
submit an annual work plan that reflects: 1) goals and objectives of the		
funded project with specific deliverables and milestones; 2) an evaluation		
plan to measure accomplishment of the goals and objectives; and 3) budget		
of expenses for staffing, equipment, training and other program needs		
related to project goals and objectives. Progress reports are required		
every 6 months to determine that grantees are implementing the program		
according to this work plan, achieving the goals of the program and		
spending United Way funds according to the project budget. Monitoring		
includes semi-annual progress report reviews, annual site visits, and		
formal program review. Technical assistance is provided to bring programs		
into compliance regarding the terms of the funding agreement, the program		
budget, management, implementation and/or achievement of project goals.		
United Way reserves the right to conduct additional reviews of a funded		
project at any time during the funding year. Organizations are required to		
return to United Way any funds paid to the organization which may no longer		
be used for their intended purposes as outlined in the work plan. United		
Way may authorize deferment of payment whenever required reports are not		
submitted, requested additional information is not submitted and/or for		
repeated non-compliance with terms of the funding agreement. Upon		
presentation of information regarding alleged fiscal mismanagement, serious		
financial concerns that impact the project's performance, significant		
deficiencies in service delivery, and/or non-compliance with the terms of		
the funding agreement, the Community Impact Cabinet may recommend		
cancellation of the funding agreement. Cancellation of the funding		
agreement is the responsibility of the United Way Board of Directors.		
Amounts Designated by Donors: United Way of the Columbia-Willamette honors		
donor intent, including requests to fund specific nonprofit organizations		

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of the Columbia-Willamette

Employer identification number 93-0582124

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		v
		5a		X
D	Any related organization?	5b		$\stackrel{\wedge}{\vdash}$
_	If "Yes" on line 5a or 5b, describe in Part III.			l
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:	6-		х
	The organization?	6a		X
a	Any related organization?	6b		
7	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	7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
		J		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Cindy Adams	(i)	170,817.	45,000.	0.	6,403.	5,907.	228,127.	0.
Former President / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) David Rogers	(i)	165,450.	0.	0.	1,807.	15,059.	182,316.	0.
Chief Development Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Kori Dye-Gregg	(i)	133,193.	0.	0.	4,074.	14,597.	151,864.	0.
C00	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE 0 (Form 990)

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 the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

United Way of the Columbia-Willamette

Employer identification number 93-0582124

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 nearly 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 kids of our region.
Schools for kids: We are working to ensure that kids, 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 for kids: We are helping families meet basic needs and have a
stable foundation so kids can focus in school.
Communities for kids: We are activating the village. We mobilize over
4,000 volunteers a year by connecting them to projects that directly
support kids in our region.

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
Together, we can make our region a better place for everyone. Together,	
we are united for impact.	
Learn more about our mission and what we do at:	
https://www.unitedway-pdx.org	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
Under the early learning hub model, all sectors that touch early	
childhood education (early childhood educators; K-12 school districts;	
health, social, and human service organizations; nonprofits;	
municipalities; and the private sector) are tasked with working	
together to align their services in order ensure that children arrive	
at school prepared to learn, with an equal opportunity to succeed.	
Albina Rockwood Promise Neighborhood Initiative (ARPNI) - ARPNI is a	
U.S. Department of Education multi-million-dollar federal grant to	
support neighborhoods of opportunity by providing a continuum of school	
readiness and academic services, as well as family and community	
supports, to children from early childhood through college-and beyond.	
The five-year program is led by Self Enhancement, Inc., in partnership	
with Albina Head Start, Immigrant and Refugee Community Organization,	
Latino Network, Metropolitan Family Service, Native American Youth and	
Family Center, UWCW, Portland Public Schools, and Reynolds School	
District. UWCW is spearheading the research component of the	
initiative, surveying community members in the Albina and Rockwood	
neighborhoods and surveying students in our partner middle and high	
schools. The survey results will help identify community priorities	

Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
like neighborhood safety, affordable housing as well as school	
activities, with the goal of understanding what students need from	
cradle to career, both at home and at school.	
Disaster & Crisis Resiliency: After the devastating wildfires in 2020,	
there was a need to help communities foster strong resilience and	
support. Thus, the Disaster Resiliency Learning Collaborative was	
launched with the help of the Oregon Health Authority and Trauma	
Informed Oregon. This seven-week, multi-language pilot program	
convened 15 community-based organizations and 28 community leaders of	
color to focus on healing from the 2020 wildfires and the ongoing	
threat of climate related disasters in our region. After the	
educational program had finished, organizations who participated in the	
program were eligible to apply for a grant, and United Way of the	
Columbia-Willamette was able to provide funds to 12 community-based	
organizations totaling \$179,000 for projects to build resilience for	
communities of color most prone to climate-related disasters such as	
wildfires, heatwaves and floods. The program proved to be so	
successful that the Oregon Health Authority awarded United Way of the	
Columbia-Willamette and Trauma Informed Oregon \$415,000 to continue the	
work of this important program.	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
The support paved the way for Oregon Law Center, Portland Housing	
Bureau's Rental Services Office, and Portland Community College's CLEAR	
Clinic to launch the Eviction Legal Defense Program with \$3 million	
provided by the Portland Housing Bureau. United Way of the	
Columbia-Willamette serves as an administrative hub and pays the costs	
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
to remedy evictions which may also include rent arrears for	
participants in the program. This collaboration serves those in our	
community receiving 30% to 60% of area median income, and many of the	
clients we have referred to the program are facing arrears of more than	
\$6,000, the average eviction rate for Multnomah County. To date, we	
have helped prevent 165 households from becoming houseless through	
lawyer assistance and rent arrears. After years of pandemic	
disruption, the need for this support will only grow, and we look	
forward to expanding this important eviction prevention program	
alongside our partners.	
Donor Choice - United Way offers donor the opportunity to designate	
their gift directly to 501 (3) organizations of their choice.	
Donations given through United Way provide support to a wide variety of	
nonprofits and help keep fundraising cost low for these organizations	
as well as increasing philanthropy within the community.	
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 Comittee, the 990 is electronically sent to all board members for	
review. The 990 is then submitted to the IRS and posted to the UWCW	
website.	
Form 990, Part VI, Section B, Line 12c:	
The United Way of the Columbia-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.	

Schedule O (Form 990) 2022	Page 2
Name of the organization United Way of the Columbia-Willamette	Employer identification number 93-0582124
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 IX, Line 11g, Other Fees:	
Professional services:	
Program service expenses 1,353,817.	
Management and general expenses 228,767.	
Fundraising expenses 137,001.	
Total expenses 1,719,585.	
Total Other Fees on Form 990, Part IX, line 11g, Col A 1,719,585.	

Page 2

Schedule O (Form 990) 2022