

**MICHELLE A. PECORA CPA P.C.**  
**537 HIGH STREET SE**  
**SALEM, OR 97301**  
**michelle@pecoracpa.com**  
**(503) 779-1902**

November 14, 2022

**UNITED WAY OF THE MID-WILLAMETTE VALLEY**  
**455 BLILER AVE NE**  
**SALEM, OR 97301-5069**

**FORM 990**

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization.

**FORM CT-12**

Enclosed is your 2021 Form CT-12 to be filed with the Charitable Activities Section of the Oregon Department of Justice. The original should be signed at the bottom of page two. Be sure to attach a copy of the organization's federal tax return (Form 990) and all supporting schedules and attachments.

Make check or money order payable to "Oregon Department of Justice" and mail your Form CT-12 return along with a copy of Form 990 on or before **November 15, 2022** to:

**CHARITABLE ACTIVITIES SECTION**  
**OREGON DEPARTMENT OF JUSTICE**  
**100 SW MARKET STREET**  
**PORTLAND, OR 97201-5702**

Please be sure to call me if you have any questions.

Sincerely,



Michelle A. Pecora

## UNITED WAY OF THE MID-WILLAMETTE VALLEY

93-0395586

	2021	2020	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	5,754,195	5,800,836	-46,641
PROGRAM SERVICE REVENUE.....	155,287	81,761	73,526
INVESTMENT INCOME.....	76,755	77,488	-733
TOTAL REVENUE.....	5,986,237	5,960,085	26,152
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	1,066,564	505,094	561,470
SALARIES, OTHER COMPEN., EMP. BENEFITS.....	1,203,305	773,809	429,496
OTHER EXPENSES.....	3,522,746	3,441,735	81,011
TOTAL EXPENSES.....	5,792,615	4,720,638	1,071,977
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	193,622	1,239,447	-1,045,825
TOTAL ASSETS AT END OF YEAR.....	5,554,350	4,723,129	831,221
TOTAL LIABILITIES AT END OF YEAR.....	994,579	416,531	578,048
NET ASSETS/FUND BALANCES AT END OF YEAR.....	4,559,771	4,306,598	253,173

**2021**

**GENERAL INFORMATION**

**PAGE 1**

**UNITED WAY OF THE MID-WILLAMETTE VALLEY**

**93-0395586**

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH D, SCH I, SCH M, SCH O, SCH R, 8868

**CARRYOVERS TO 2022**

NONE

## UNITED WAY OF THE MID-WILLAMETTE VALLEY

93-0395586

FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	5,092,078.	5,092,078.	PART IX, LINE 25, COL. B
GRANTS	1,066,564.	1,066,564.	PART IX, LINES 1-3, COL. B
REVENUE	0.	155,287.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
DISASTER RESTORATIVE SERVICES	3,000.	3,000.		
RETIREMENT ADMINISTRATION	1,620.	648.	583.	389.
TOTAL	\$ 4,620.	\$ 3,648.	\$ 583.	\$ 389.

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
MEMBERSHIP DUES	6,093.	3,023.	1,842.	1,228.
OTHER COSTS	1,921.	1,441.	288.	192.
SPECIAL EVENT EXPENSES	573.		538.	35.
TOTAL	\$ 8,587.	\$ 4,464.	\$ 2,668.	\$ 1,455.

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2021**

Department of the Treasury  
Internal Revenue Service

► Do not send to the IRS. Keep for your records.  
► Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**UNITED WAY OF THE MID-WILLAMETTE VALLEY**

**93-0395586**

Name and title of officer or person subject to tax

**RHONDA WOLF CEO**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>5,986,237</u>
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MICHELLE A. PECORA CPA P.C. to enter my PIN 00270 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ►

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**93054011227**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ►

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **8868**

(Rev. January 2022)

Department of the Treasury  
Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

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

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN)
	UNITED WAY OF THE MID-WILLAMETTE VALLEY	93-0395586
File by the due date for filing your return. See instructions.	Number, street, and room or suite number, if a P.O. box, see instructions.	
	455 BLILER AVE NE City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SALEM, OR 97301-5069	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

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

• The books are in the care of ► RHONDA WOLF -----

Telephone No. ► 503-363-1651 Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... . If it is for part of the group, check this box ...  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2021 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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

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

Form **8868** (Rev. 1-2022)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **2021**

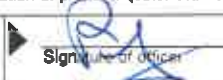
<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	UNITED WAY OF THE MID-WILLAMETTE VALLEY 455 BLILER AVE NE SALEM, OR 97301-5069	93-0395586
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		(503) 363-1651
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$ 6,704,595.
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: MATTHEW CASEBEER SAME AS C ABOVE	<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>J</b> Website: WWW.UNITEDWAYMWV.ORG <b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: X Corporation Trust Association Other ▶	<b>L</b> Year of formation: 1937	<b>M</b> State of legal domicile: OR

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>OUR WORK IS CENTRALIZED AROUND FOUR FOCUS AREAS: DEVELOPING HOUSING FOR ALL, STRENGTHENING CHILDREN AND FAMILIES, BUILDING COMMUNITY CAPACITY, AND MEETING BASIC NEEDS.</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	17	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	16	
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	<b>5</b>	85	
	<b>6</b>	Total number of volunteers (estimate if necessary).....	<b>6</b>	1,885	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11.....	<b>7b</b>	0.		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b>	Program service revenue (Part VIII, line 2g).....	5,800,836.	5,754,195.	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	81,761.	155,287.	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	77,488.	76,755.	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	5,960,085.	5,986,237.	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	505,094.	1,066,564.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4).....		
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	773,809.	1,203,305.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e).....		
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 274,602.		
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	3,441,735.	3,522,746.
		<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,720,638.	5,792,615.
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12.....	1,239,447.	193,622.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16).....	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b>	Total liabilities (Part X, line 26).....	4,723,129.	5,554,350.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	416,531.	994,579.	
			4,306,598.	4,559,771.	

**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.

<b>Sign Here</b>	 Signature of officer	Date	11-14-2022
	RHONDA WOLF type or print name and title	CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	MICHELLE A. PECORA		
	Firm's name ▶ MICHELLE A. PECORA CPA P.C.	Check <input type="checkbox"/> if self-employed	PTIN P00009440
	Firm's address ▶ 537 HIGH STREET SE SALEM, OR 97301	Firm's EIN ▶ 20-1726392	Phone no. (503) 779-1902

May the IRS discuss this return with the preparer shown above? See instructions.....  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,092,078. including grants of \$ 1,066,564.) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,092,078.



**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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.....	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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 or in quasi endowments? If 'Yes,' complete Schedule D, Part V.....	10 X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	11 a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....	11 b	X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....	11 c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11 e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	11 f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.....	12 a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	12 b 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?.....	14 a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	14 b	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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....	15	X
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions.....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	18	X
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	X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....	20 a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20 b	
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 X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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.....		X
<b>23</b> 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.....		X
<b>24a</b> 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.....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....		X
<b>26</b> 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% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.....		X
<b>27</b> 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.....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.....		X
<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.....		X
<b>c</b> 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.....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1 a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

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

		Yes	No
<b>2 a</b>	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>2 a</b> 85		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b> X	X	
<i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3 a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3 b</b>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4 a</b>		X
<b>b</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).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6 a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6 b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7 a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7 d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10 a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10 b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11 a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12 a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12 b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13 a</b>		
<i>Note: See the instructions for additional information the organization must report on Schedule O.</i>			
<b>b</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 . . . . . <b>13 b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13 c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14 a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14 b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>		X
<i>If 'Yes,' see the instructions and file Form 4720, Schedule N.</i>			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
<i>If 'Yes,' complete Form 4720, Schedule O.</i>			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . <b>17</b>		
<i>If 'Yes,' complete Form 6069.</i>			

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

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

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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.		
1 a	17		
b	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
1 b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. . . . .		X

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

	Yes	No
10 a		X
b		
10 b		
11 a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	
12 a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16 a		X
b		
16 b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► OR
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 RHONDA WOLF 455 BLILER AVE NE SALEM OR 97301 503-363-1651

**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**

1 **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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) RHONDA WOLF CEO	40 0			X			103,648.	0.	10,222.
(2) JORDAN TRUITT DIRECTOR	1 0	X					0.	0.	0.
(3) LUIS MOLINA DIRECTOR	1 0	X					0.	0.	0.
(4) KEVIN CAMERON SECRETARY	1 0	X		X			0.	0.	0.
(5) MATTHEW CASEBEER CHAIR	1 0	X		X			0.	0.	0.
(6) GEOFF TIFFANY DIRECTOR	1 0	X					0.	0.	0.
(7) RANDI BURAL DIRECTOR	1 0	X					0.	0.	0.
(8) KATIE COSTIC DIRECTOR	1 0	X					0.	0.	0.
(9) LESA GOFF DIRECTOR	1 0	X					0.	0.	0.
(10) RYAN RASMUSSEN VICE CHAIR	1 0	X		X			0.	0.	0.
(11) MORGAN SUND TREASURER	1 0	X		X			0.	0.	0.
(12) ALEJANDRO VAZQUEZ DIRECTOR	1 0	X					0.	0.	0.
(13) BUD PIERCE PAST PRESIDENT	1 0	X					0.	0.	0.
(14) BAHAA WANLY DIRECTOR	1 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) RAUL MARQUEZ DIRECTOR	1 0	X					0.	0.	0.
(16) RICARDO SOTO GONZALES DIRECTOR	1 0	X					0.	0.	0.
(17) WENDY LAUDETTE DIRECTOR	1 0	X					0.	0.	0.
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1 b Subtotal</b>							103,648.	0.	10,222.
<b>c Total from continuation sheets to Part VII, Section A.</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							103,648.	0.	10,222.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1									

	Yes	No
<b>3</b> 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	3	X
<b>4</b> 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	4	X
<b>5</b> 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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns.....	<b>1 a</b> 1,227,987.				
	<b>b</b> Membership dues.....	<b>1 b</b>				
	<b>c</b> Fundraising events.....	<b>1 c</b>				
	<b>d</b> Related organizations.....	<b>1 d</b>				
	<b>e</b> Government grants (contributions)....	<b>1 e</b> 857,595.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above...	<b>1 f</b> 3,668,613.				
	<b>g</b> Noncash contributions included in lines 1a-1f.....	<b>1 g</b> 3,466,078.				
	<b>h</b> Total. Add lines 1a-1f.....		5,754,195.			
	<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES		900099	155,287.	155,287.
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> -----						
<b>e</b> -----						
<b>f</b> All other program service revenue...						
<b>g</b> Total. Add lines 2a-2f.....			155,287.			
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts).....		43,048.		43,048.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties.....					
	<b>6 a</b> Gross rents.....	<b>6 a</b>	(i) Real	(ii) Personal		
		<b>b</b> Less: rental expenses	<b>6 b</b>			
		<b>c</b> Rental income or (loss)	<b>6 c</b>			
	<b>d</b> Net rental income or (loss).....					
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7 a</b>	(i) Securities	(ii) Other		
		<b>b</b> Less: cost or other basis and sales expenses	<b>7 b</b>			
		<b>c</b> Gain or (loss).....	<b>7 c</b>			
		<b>d</b> Net gain or (loss).....		33,707.		33,707.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	<b>8 a</b>				
		<b>b</b> Less: direct expenses.....	<b>8 b</b>			
		<b>c</b> Net income or (loss) from fundraising events.....				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>9 a</b>					
	<b>b</b> Less: direct expenses.....	<b>9 b</b>				
<b>c</b> Net income or (loss) from gaming activities.....						
<b>10 a</b> Gross sales of inventory, less..... returns and allowances.....	<b>10 a</b>					
	<b>b</b> Less: cost of goods sold....	<b>10 b</b>				
	<b>c</b> Net income or (loss) from sales of inventory.....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> -----		Business Code			
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> All other revenue.....					
	<b>e</b> Total. Add lines 11a-11d.....					
<b>12</b> Total revenue. See instructions.....		5,986,237.	155,287.	0.	76,755.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,065,505.	1,065,505.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,059.	1,059.		
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.	115,070.	17,260.	66,741.	31,069.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages.	902,253.	550,758.	192,566.	158,929.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,576.	4,625.	1,617.	1,334.
9	Other employee benefits.	75,478.	46,074.	16,109.	13,295.
10	Payroll taxes.	102,928.	62,830.	21,968.	18,130.
11	Fees for services (nonemployees):				
a	Management.	105,000.	105,000.		
b	Legal.	3,017.	1,897.	1,120.	
c	Accounting.	36,321.	3,787.	31,441.	1,093.
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,553.		1,553.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,620.	3,648.	583.	389.
12	Advertising and promotion.	6,261.	3,473.	1,169.	1,619.
13	Office expenses.	98,651.	57,137.	23,780.	17,734.
14	Information technology.	7,164.	2,866.	2,582.	1,716.
15	Royalties.				
16	Occupancy.	32,187.	4,968.	16,344.	10,875.
17	Travel.	4,631.	4,117.	296.	218.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,751.	1,556.	112.	83.
20	Interest.	1,770.	273.	899.	598.
21	Payments to affiliates.	16,501.	8,186.	4,989.	3,326.
22	Depreciation, depletion, and amortization.	39,100.	19,854.	13,211.	6,035.
23	Insurance.	27,932.	11,173.	10,055.	6,704.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	DISTRIBUTION OF DONATED GOODS	2,950,738.	2,950,738.		
b	COMMUNITY IMPACT PROGRAM EXP	106,459.	106,324.	135.	
c	CENTURY 21 ALLOCATED COSTS	54,506.	54,506.		
d	CAMPAIGN EXPENSES	15,997.		15,997.	
e	All other expenses.	8,587.	4,464.	2,668.	1,455.
25	Total functional expenses. Add lines 1 through 24e.	5,792,615.	5,092,078.	425,935.	274,602.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash — non-interest-bearing .....	86,349.	1	291,471.	
	2	Savings and temporary cash investments .....	1,451,912.	2	556,836.	
	3	Pledges and grants receivable, net .....	672,890.	3	1,200,183.	
	4	Accounts receivable, net .....		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6		
	7	Notes and loans receivable, net .....	325,000.	7	325,000.	
	8	Inventories for sale or use .....	314,361.	8	533,631.	
	9	Prepaid expenses and deferred charges .....	14,229.	9	14,910.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	1,695,843.		
	b	Less: accumulated depreciation .....	10b	436,840.	10c	1,259,003.
	11	Investments — publicly traded securities .....	1,228,258.	11	1,367,399.	
	12	Investments — other securities. See Part IV, line 11 .....		12		
	13	Investments — program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	5,718.	15	5,917.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,723,129.	16	5,554,350.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	111,870.	17	192,103.	
	18	Grants payable .....		18		
	19	Deferred revenue .....		19	330,113.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23		
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	304,661.	25	472,363.	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	416,531.	26	994,579.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions .....	2,869,946.	27	3,878,225.	
	28	Net assets with donor restrictions .....	1,436,652.	28	681,546.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds .....		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	31	Retained earnings, endowment, accumulated income, or other funds .....		31		
32	<b>Total net assets or fund balances.</b> .....	4,306,598.	32	4,559,771.		
33	<b>Total liabilities and net assets/fund balances.</b> .....	4,723,129.	33	5,554,350.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,986,237.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,792,615.
3	Revenue less expenses. Subtract line 2 from line 1	3	193,622.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,306,598.
5	Net unrealized gains (losses) on investments	5	59,551.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,559,771.

**Part XII Financial Statements and Reporting**

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

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization: **UNITED WAY OF THE MID-WILLAMETTE VALLEY** Employer identification number: **93-0395586**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check 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 organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	1,295,370.	2,116,545.	3,098,957.	5,800,836.	5,754,195.	18,065,903.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	1,295,370.	2,116,545.	3,098,957.	5,800,836.	5,754,195.	18,065,903.
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) . . . . .						0.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						18,065,903.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . . . .	1,295,370.	2,116,545.	3,098,957.	5,800,836.	5,754,195.	18,065,903.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	10,657.	35,952.	38,309.	28,098.	43,048.	156,064.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) . . . . .	4,925.					4,925.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						18,226,892.
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). . . . .	14	99.12 %
15 Public support percentage from 2020 Schedule A, Part II, line 14. . . . .	15	99.03 %
16a <b>33-1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**b** 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>1</b>	
<b>2</b> 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? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b> 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? <i>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.</i>	<b>2a</b>	
<b>b</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? <i>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.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b> 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? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

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

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).



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

<b>Section D – Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016.....		
b	From 2017.....		
c	From 2018.....		
d	From 2019.....		
e	From 2020.....		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.....		
b	Excess from 2018.....		
c	Excess from 2019.....		
d	Excess from 2020.....		
e	Excess from 2021.....		

BAA

**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.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER REVENUE					
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 4,925.
					\$ 4,925.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number

93-0395586

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	4	
2 Aggregate value of contributions to (during year)	104,186	
3 Aggregate value of grants from (during year)	79,520	
4 Aggregate value at end of year	518,378	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	224,874.	178,653.	151,441.	161,642.	151,788.
b Contributions					
c Net investment earnings, gains, and losses	23,545.	46,220.	27,212.	-10,201.	9,854.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	248,419.	224,873.	178,653.	151,441.	161,642.

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

- a Board designated or quasi-endowment  88.45 %
- b Permanent endowment  11.55 %
- c Term endowment  %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		426,000.		426,000.
b Buildings		1,108,294.	350,819.	757,475.
c Leasehold improvements				
d Equipment		161,549.	86,021.	75,528.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,259,003.

BAA

**Part VII Investments – Other Securities.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . ▶	

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	41,661.
(3) DESIGNATIONS PAYABLE	430,702.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	472,363.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....		1	5,754,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a	59,551.	
	b Donated services and use of facilities.....	2b	400.	
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....	2e	59,951.	
3	Subtract line 2e from line 1.....		3	5,694,836.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.) SEE PART XIII.....	4b	291,401.	
	c Add lines 4a and 4b.....	4c	291,401.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	5,986,237.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....		1	5,501,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2a	400.	
	b Prior year adjustments.....	2b		
	c Other losses.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....	2e	400.	
3	Subtract line 2e from line 1.....		3	5,501,214.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a		
	b Other (Describe in Part XIII.) SEE PART XIII.....	4b	291,401.	
	c Add lines 4a and 4b.....	4c	291,401.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	5,792,615.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FASB ASC 740 FOOTNOTE**

UNITED WAY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. EXEMPTIONS FROM THE STATE OF OREGON CORPORATION EXCISE TAX ARE PROVIDED BY OREGON REVISED STATUTES 317.080. IN ANY YEAR IN WHICH UNITED WAY HAS GROSS RECEIPTS FROM UNRELATED BUSINESS ACTIVITIES OF \$1,000 OR MORE, IT MUST FILE FORM 990-T WITH THE INTERNAL REVENUE SERVICE AND PAY TAX ON SUCH INCOME, LESS ANY RELATED DEDUCTIONS. THERE WAS NO SUCH INCOME FOR THE YEARS ENDED DECEMBER 31, 2021 OR 2020.

**Part XIII Supplemental Information** (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

UNITED WAY FOLLOWS US GAAP RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THESE STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS. THESE STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WOULD NOT BE SUSTAINED IF EXAMINED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THAT UNITED WAY HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020, AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

UNITED WAY FILES INFORMATIONAL AND INCOME TAX RETURNS IN THE UNITED STATES, STATE AND LOCAL JURISDICTIONS, AS APPLICABLE.

**SCHEDULE D, PART XI, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

AMOUNTS DESIGNATED BY DONORS.....	\$ 291,401.
TOTAL	<u>\$ 291,401.</u>

**SCHEDULE D, PART XII, LINE 4B  
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

AMOUNTS DESIGNATED BY DONORS.....	\$ 291,401.
TOTAL	<u>\$ 291,401.</u>

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Employer identification number

93-0395586

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOYS & GIRLS CLUB OF SALEM 1395 SUMMER STREET NE SALEM, OR 97301	93-1038306	501 (C) (3)	47,862.	0.			DESIGNATIONS
(2) CATHOLIC COMMUNITY SERVICES 3737 PORTLAND RD NE SALEM, OR 97301	93-0903773		7,116.	0.			DESIGNATIONS
(3) CENTER 50+/CITY OF SALEM 2615 PORTLAND RD NE SALEM, OR 97301	94-3183802		25,000.	0.			CAPACITY BUILDING
(4) LIBERTY HOUSE 2685 4TH STREET NE SALEM, OR 97301	93-1236936		11,951.	0.			DESIGNATIONS / CAPACITY BUILDING
(5) MARION COUNTY CASA 3530 RIVER RD N KEIZER, OR 97303	81-0583065		23,697.	0.			DESIGNATIONS / BASIC NEEDS
(6) MARION-POLK FOOD SHARE 1660 SALEM INDUSTRIAL DR NE SALEM, OR 97301	94-3034161		26,704.	0.			DESIGNATIONS / BASIC NEEDS
(7) BLACK JOY OREGON 5026 BRIARWOOD CIR N KEIZER, OR 97303	85-3259943	501 (C) (3)	50,000.	0.			DESIGNATIONS / CAPACITY BUILDING
(8) SANTIAM HOSPITAL 1401 N 10TH AVE STAYTON, OR 97383	93-0415219	501 (C) (3)	8,745.	0.			CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33**

3 Enter total number of other organizations listed in the line 1 table **2**

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

TEEA9901L 07/12/21

Schedule I (Form 990) 2021



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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

**PART 1, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

**UNITED WAY GRANT PROCESS**

THE GRANT PROCESS IS OPEN YEAR ROUND, WITH THE CAVEAT OF AVAILABLE FUNDING. GRANTS ARE ACCEPTED ONLINE AND PRESENTED TO THE BOARD OF DIRECTORS WITH A SUMMARY OF AVAILABLE FUNDS. UNITED WAY REQUIRES FUNDED ORGANIZATIONS TO SUBMIT TWO REPORTS DURING THE FUNDING PERIOD, ONE AT 6-MONTHS AFTER THE AWARD DATE AND A FINAL REPORT AT THE YEAR ANNIVERSARY. THE REPORTS ASK THE ORGANIZATION TO PROVIDE NARRATIVE AND DETAIL DESCRIBING HOW GRANT MONIES WERE USED, HOW THE FUNDING IMPACTED THE COMMUNITIES SERVED, OUTPUTS CREATED, NUMBER OF PARTNERS INVOLVED IN THE PROJECT(S), WHAT OUTCOMES WERE ACHIEVED, HOW SUSTAINABILITY WAS CREATED TO MAINTAIN THE PROJECT(S) ONGOING AND THE NUMBER AND DEMOGRAPHIC OF CLIENTS SERVED.

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)**

THE RESOURCE DEVELOPMENT DIRECTOR AND COO REVIEW THE REPORTS SUBMITTED BY THE GRANTEES. IF A GRANTEE IS UNDERPERFORMING, A REMEDIATION PLAN IS CREATED. THE DIRECTORS REVIEW AND PROVIDE RECOMMENDATIONS TO THE BOARD WHEN GRANTEES FAIL TO FULFILL GRANT OUTCOMES OR FAIL TO COMPLETE REQUIRED REPORTS. IN ADDITION, FUNDED PARTNERS ARE REQUIRED TO PROVIDE FINANCIAL REPORTS AND DOCUMENTS AS PART OF THEIR YEAR-END REPORT.

**UNITED WAY/WILLAMETTE MBA COMMUNITY GRANT PARTNERSHIP**

IN 2019 UNITED WAY PARTNERED WITH WILLAMETTE UNIVERSITY'S "PHILANTHROPIC INVESTMENT FOR COMMUNITY IMPACT" PROGRAM BY CONTRIBUTING \$100,000 TO BE ALLOCATED THROUGH COMMUNITY GRANTS THAT SUPPORT UNITED WAY'S FUNDING INITIATIVES. THE PROGRAM OPERATES UNDER THE EXTERNALLY FACING NAME OF THE WILLAMETTE MBA COMMUNITY GRANT PROGRAM SINCE THE COURSE WAS LAUNCHED IN THE FALL OF 2016. THIS COURSE IS A CENTRAL COMPONENT OF WILLAMETTE MBA'S NOT-FOR-PROFIT MANAGEMENT CONCENTRATION AND HELPS BUILD FUTURE LEADERS IN THE SECTOR.

EACH ACADEMIC YEAR, A NEW COHORT OF SECOND-YEAR MBA STUDENTS OVERSEES THE WILLAMETTE MBA COMMUNITY GRANT PROGRAM AND DESIGNS A COMPETITIVE GRANT CYCLE. WHILE THERE IS SOME CONTINUITY YEAR OVER YEAR, EACH COHORT IS UNIQUE IN BACKGROUND, PERSONALITY, AND APPROACH. EACH COHORT CHOOSES THEIR MISSION, VISION, VALUES, AND PRINCIPLES WHICH SERVE AS A GUIDE FOR DECISION MAKING. THEY ALSO CHOOSE THEIR OWN FUNDING AREAS AND CRITERIA FOR EVALUATION. TO INFORM THESE DECISIONS, THEY LEARN FROM NOT-FOR-PROFIT LEADERS AND LEARN ABOUT THE ISSUES AFFECTING MARION, POLK, AND YAMHILL COUNTIES.

THE PROGRAM USES A TWO-STEP APPLICATION PROCESS STARTING WITH A LETTER OF INTENT OPEN

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)**

TO ALL ORGANIZATIONS. AFTER AN INITIAL REVIEW, SELECT ORGANIZATIONS ARE INVITED TO COMPLETE A FULL PROPOSAL. STUDENTS REVIEW APPLICANTS ON SEVERAL CRITERIA, INCLUDING AN EVALUATION OF LEADERSHIP, ORGANIZATIONAL CAPACITY, INDICATORS OF PROJECT/PROGRAM SUCCESS, AND FINANCIAL HEALTH. FINALISTS ARE INVITED TO HOST AN ONSITE VISIT. FINAL EVALUATION OF APPLICANTS OCCURS IN MARCH, AND GRANTEES ARE AWARDED IN APRIL. STUDENTS THEN FOLLOW UP WITH GRANTEES 6-MONTHS AND 12-MONTHS AFTER FUNDS HAVE BEEN AWARDED.

# Continuation Sheet for Schedule I (Form 990)

# 2021

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

Continuation Page 1 of 3

Name of the organization

**UNITED WAY OF THE MID-WILLAMETTE VALLEY**

Employer identification number

**93-0395586**

**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 noncash assistance	(h) Purpose of grant or assistance
-- ST FRANCIS SHELTER -- 1820 BERRY ST SE -- SALEM, OR 97302	93-0943539	501 (C) (3)	7,665.				DESIGNATIONS
-- ST PATRICK CHURCH -- 1275 E ST -- INDEPENDENCE, OR 97351	93-0585564	501 (C) (3)	7,000.				CAPACITY BUILDING
-- MVV COMM ACTION AGENCY -- 2475 CENTER ST NE -- SALEM, OR 97301	23-7056987	501 (C) (3)	21,379.				DESIGNATIONS
-- JAPANESE INTL BAPTIST CHURCH -- 8500 SW SPRUCE ST -- PORTLAND, OR 97223	93-1019706	501 (C) (3)	5,850.				DESIGNATIONS
-- BOY SCOUTS CRATER LAKE CNCL -- 3039 HANLEY RD -- CENTRAL POINT, OR 97502	93-0386820	501 (C) (3)	7,500.				DESIGNATIONS
-- CITY VIBE -- PO BOX 5007 -- SALEM, OR 97304	46-3961395	501 (C) (3)	5,200.				DESIGNATIONS
-- CASA OF POLK COUNTY -- 580 MAIN ST STE D -- DALLAS, OR 97338	27-0102203	501 (C) (3)	20,530.				DESIGNATIONS
-- FAMILY BUILDING BLOCKS INC -- 2425 LANCASTER DR NE -- SALEM, OR 97305	93-1233373	501 (C) (3)	8,349.				DESIGNATIONS / CAPACITY BUILDING
-- FAMILY YMCA OF MARION/POLK CO -- PO BOX 110 -- SALEM, OR 97308	93-0386982	501 (C) (3)	16,124.				DESIGNATIONS / CAPACITY BUILDING
-- DETROIT LAKE FOUNDATION -- PO BOX 4779 -- SALEM, OR 97302	51-0141214	501 (C) (3)	250,000.				CAPACITY BUILDING

TEEA4001L 07/12/21

Schedule I Cont (Form 990) 2021

# Continuation Sheet for Schedule I (Form 990)

2021

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

Name of the organization: **UNITED WAY OF THE MID-WILLAMETTE VALLEY**  
 Employer identification number: **93-0395586**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMANUEL BIBLE CHURCH OF SALEM 8512 SUNNYVIEW RD NE SALEM, OR 97305	93-6028951	501 (C) (3)	16,000.				DESIGNATIONS
MONMOUTH CHRISTIAN CHURCH 959 CHURCH ST W MONMOUTH, OR 97361	93-0419360	501 (C) (3)	6,000.				BASIC NEEDS
HOPE PREGNANCY CLINIC 2630 MARKET ST NE SALEM, OR 97301	94-3076587	501 (C) (3)	5,892.				DESIGNATIONS
REACH NORTHWEST 211 N MERIDIAN ST, SUITE 202 NEWBERG, OR 97132	27-3643756	501 (C) (3)	19,500.				DESIGNATIONS / CAPACITY BUILDING
MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA, ID 83653	95-1920983	501 (C) (3)	7,000.				DESIGNATIONS
CENTER FOR HOPE & SAFETY 605 CENTER ST NE SALEM, OR 97301	51-0141214	501 (C) (3)	7,221.				DESIGNATIONS
WILLAMETTE ACADEMY 990 STATE STREET SALEM, OR 97301	93-0386972	501 (C) (3)	9,000.				CHILDHOOD POVERTY
WILLAMETTE HUMANE SOCIETY 4246 TURNER RD SE SALEM, OR 97317	93-0577975	501 (C) (3)	5,827.				DESIGNATIONS
NORTH SANTIAM WATERSHED 284 E WATER ST STAYTON, OR 97383	36-4885684	501 (C) (3)	150,000.				CAPACITY BUILDING
POIK COUNTY SVC INTEGRATION 182 SW ACADEMY ST #220 DALLAS, OR 97338	93-6002310		9,000.				DESIGNATIONS



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**UNITED WAY OF THE MID-WILLAMETTE VALLEY**

**93-0395586**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art . . . . .				
2 Art – Historical treasures . . . . .				
3 Art – Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .			3,466,078.	SALES VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities – Publicly traded . . . . .				
10 Securities – Closely held stock . . . . .				
11 Securities – Partnership, LLC, or trust interests . . . . .				
12 Securities – Miscellaneous . . . . .				
13 Qualified conservation contribution – Historic structures . . . . .				
14 Qualified conservation contribution – Other . . . . .				
15 Real estate – Residential . . . . .				
16 Real estate – Commercial . . . . .				
17 Real estate – Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ ) . . . . .				
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement. . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SEE PART II**

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

**Schedule M (Form 990) 2021**

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES**

UNITED WAY USES AN INVESTMENT BROKER TO ACCEPT AND SELL DONATED PUBLICLY TRADED SECURITIES. FOR DONATED REAL ESTATE, UNITED WAY USES A REAL ESTATE AGENT TO SELL THE DONATED PROPERTY.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

**UNITED WAY OF THE MID-WILLAMETTE VALLEY**

**93-0395586**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

UNITING PEOPLE AND RESOURCES TO BUILD THRIVING AND RESILIENT COMMUNITIES. WE FIND EVERY DOLLAR WE CAN TO ADDRESS THESE CRITICAL ISSUES, BUT WE ARE MORE THAN FUNDRAISERS. OUR WORK IS CENTRALIZED AROUND FOUR FOCUS AREAS; DEVELOPING HOUSING FOR ALL, STRENGTHENING CHILDREN AND FAMILIES, BUILDING COMMUNITY CAPACITY, AND MEETING BASIC NEEDS. GUIDED BY THESE, WE LOOK FOR INNOVATIVE PROJECTS, WE SUPPORT AREA SERVICE PARTNERS WITH GRANT FUNDING AND WORK TO INCREASE RESOURCES FOR OUR TRI-COUNTY AREA.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

**COMMUNITY IMPACT:**

FOR OVER EIGHTY YEARS, UNITED WAY OF THE MID-WILLAMETTE VALLEY HAS BUILT BRIDGES TO THE COMMUNITY THAT FOCUSED ON DEVELOPING RESOURCES FOR NONPROFITS. TODAY, WE REACH FOR HIGHER OUTCOMES, ADDRESS WIDER GAPS, AND CULTIVATE A CULTURE OF COLLABORATION AND PARTNERSHIP TO ASSURE EQUITY, INCLUSION AND DIVERSITY ARE A PART OF EVERY PART OF OUR WORK. EACH GOAL WE SET, EACH PROJECT WE LAUNCH, EACH VICTORY WE WIN, IS MEANT TO BRING MORE OPPORTUNITIES TO THRIVE FOR OUR FAMILIES, FRIENDS, AND NEIGHBORS THROUGHOUT THE WILLAMETTE VALLEY. HERE ARE SOME HIGHLIGHTS OF OUR WORK IN 2021.

SANTIAM CANYON WILDFIRE RELIEF AND RECOVERY: 2021 IMPACT: 1,069 SERVED 510 VOLUNTEERS, 3680 HRS. WHEN WILDFIRES WREAKED HAVOC ACROSS OUR REGION IN 2020, FORCING THOUSANDS OF PEOPLE TO EVACUATE AND SEEK SHELTER, WE IMMEDIATELY JUMPED INTO ACTION. IN 2021, WE CONTINUED SERVING AND SUPPORTING THE WILDFIRE RECOVERY EFFORTS IN A WIDE VARIETY OF WAYS. WE HOSTED MANY INDIVIDUAL/FAMILY SURVIVORS AT VARIOUS EVENTS THROUGH OUR GOOD360 PROGRAM TO GET SUPPLIES AND REPLACEMENTS FOR BOTH TEMPORARY HOUSING AND REBUILT HOUSING NEEDS. WE SUPPORTED SOME LARGE SPECIFIC RECOVERY EFFORTS INCLUDING SUPPORTING THE DETROIT LAKE FOUNDATION AND THEIR REBUILD OF THEIR COMMUNITY BUILDING, THE NORTH SANTIAM WATERSHED TO PROTECT CRITICAL WATER SUPPLY, AND SENT

Name of the organization

UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number

93-0395586

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

CHILDREN FROM FAMILIES IMPACTED BY WILDFIRES TO SUMMER CAMP.

GOOD360 GIFTS IN KIND PROGRAM: 2021 IMPACT: 264 DISTRIBUTION EVENTS 136 VOLUNTEERS, 2280 HRS. AS THE REGIONAL HUB FOR THIS NATIONAL PROGRAM, UNITED WAY OF THE MID-WILLAMETTE VALLEY IS UNIQUELY POSITIONED TO SUPPORT HUNDREDS OF AREA SERVICE PROVIDERS, SCHOOLS, FAITH-BASED GROUPS AND OTHER NONPROFIT PARTNERS. THE GOOD360 GIFTS IN KIND PROGRAM HAS GROWN EXPONENTIALLY IN THE LAST YEAR AND WAS A VITAL RESOURCE FOR THE ESCALATING NEED FOR REGIONAL WILDFIRE DISASTER RECOVERY, AS WELL AS SUPPORT FOR COVID AFFECTED ORGANIZATIONS, SCHOOLS, FAMILIES AND INDIVIDUALS AT RISK. IN 2021 WE DOUBLED THE NUMBER OF EVENTS WE OFFERED, DOUBLED THE VALUE OF PRODUCTS DISTRIBUTED, AND DOUBLED THE NUMBER OF NON-PROFIT PARTNERS WE SERVED.

OREGON STATE CHARITABLE FUND DRIVE: 2021 IMPACT: \$736,000 PLEDGED FOR 447 STATEWIDE CHARITIES. WE SERVED AS THE MANAGING ORGANIZATION OF THE STATE OF OREGON EMPLOYEE CHARITABLE FUND DRIVE THAT OCCURS ANNUALLY EACH FALL. WE PLAN, COORDINATE, AND OPERATE A CAMPAIGN THAT REACHES OVER 70K STATE EMPLOYEES AND WORK WITH 19 FEDERATIONS REPRESENTING 564 CHARITIES. WE ARE RESPONSIBLE FOR RAISING, TRACKING, AND DISTRIBUTING FUNDS.

SAFESLEEP UNITED WOMEN'S SHELTER: 2021 IMPACT: 5,527 SHELTER NIGHTS AND 8,346 MEALS PROVIDED TO OVER 175 UNDUPLICATED WOMEN: THE SHELTER NETWORK WAS A CRITICAL RESOURCE DURING THE PANDEMIC. AS ONE OF THE MOST VULNERABLE POPULATIONS, THE WOMEN WHO WERE UNSHELTERED IN OUR COMMUNITY NEEDED A SAFE, RELIABLE PLACE TO ISOLATE. WORKING WITH OUR PARTNERS, UNITED WAY ESTABLISHED A UNIQUE AND VITAL SHELTER WHERE WOMEN FEEL AT HOME. THROUGH DEDICATED STAFF AND THEIR ABILITY TO ESTABLISH TRUST AND BUILD RELATIONSHIPS, THEY WERE ABLE TO ASSIST THE WOMEN IN MEETING THEIR NEEDS AND PROVIDE

Name of the organization

Employer identification number

UNITED WAY OF THE MID-WILLAMETTE VALLEY

93-0395586

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

OPPORTUNITIES TO REBUILD THEIR LIVES. TWO OF OUR GUESTS NEEDED MORE SUPPORT THAN WE COULD ACCOMMODATE. AFTER COORDINATING ASSESSMENTS WITH SENIORS AND PEOPLE WITH DISABILITIES, BOTH WERE ACCEPTED INTO THE SPRINGS ASSISTED LIVING FACILITY. ONE WOMAN OPTED TO MOVE IN WITH HER DAUGHTER INSTEAD. THE OTHER WOMAN MOVED INTO THE FACILITY. PRIOR TO FINDING SAFESLEEP UNITED, SHE HAD BEEN LIVING IN HER VAN. THE SPRINGS OFFERED HER A CLEAN PLACE TO LIVE, WITH SUPPORTS SHE NEEDED AS HER ALZHEIMER'S PROGRESSED.

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM: 2021 IMPACT: 480 APPLICATIONS SUBMITTED: WE PROVIDED APPLICATION ASSISTANCE TO RENTERS WHO HAD BEEN FINANCIALLY IMPACTED BY THE COVID-19 PANDEMIC, WHO WERE EXPERIENCING HOUSING INSTABILITY, AND WHOSE HOUSEHOLD INCOME WAS AT OR BELOW 80% OF AREA MEDIAN FAMILY INCOME. WE ALSO ASSISTED LANDLORDS WITH THEIR PORTIONS OF THE APPLICATIONS AS WELL. THIS HELPED STREAMLINE THE PROCESS AND INCREASE FUNDING.

COTTAGES UNITED PROGRAM: THIS PROGRAM WILL CREATE A SUSTAINABLE, AFFORDABLE SOLUTION TO THE EVER-GROWING ISSUE OF SENIORS AT RISK OF HOMELESSNESS. HUD CONSIDERS A PERSON HOUSING BURDENED IF THEIR MONTHLY HOUSING COSTS ARE GREATER THAN 30% OF A PERSON'S INCOME. MANY OLDER OREGONIANS ARE ENTITLED TO SOCIAL SECURITY BENEFITS. HOWEVER, THESE BENEFITS (CURRENTLY \$1,529.00 AVERAGE FOR AN INDIVIDUAL) REMAIN WELL BELOW THE POVERTY LINE AND OFTEN FAIL TO COVER THE COST OF HOUSING. OUR PLAN IS TO BUILD 25 COTTAGES ON MARKET STREET RIGHT NEXT TO SWEGLE ELEMENTARY, CREATING A COMMUNITY PARTNERSHIP BETWEEN SENIORS AND THIS SCHOOL. IN 2021, WE ACQUIRED THE LAND AND COMPLETED THE BULK OF THE "BACKGROUND WORK" TO LAY THE FOUNDATION FOR THE NEXT PHASE OF THIS COMPLICATED BUT NECESSARY PROJECT.

EMERGENT NEED GRANTING: 2021 IMPACT: \$214,825 AWARDED, 17 PROVIDERS SERVED, THROUGH OUR VARIOUS PROGRAMS AND PARTNERSHIPS, WE SUPPORTED MANY DIFFERENT CAUSES AND CHARITIES THAT SUPPORTED IMPORTANT COMMUNITY EFFORTS AND NEEDS. THESE ARE JUST A FEW

Name of the organization

UNITED WAY OF THE MID-WILLAMETTE VALLEY

Employer identification number

93-0395586

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

EXAMPLES: SUPPORTING BIPOC WOMEN CAUSES, FOSTER CARE SUPPORT OF BOTH FAMILIES AND CHILDREN, FOOD SECURITY, WOMEN HYGIENE NEEDS, CHILDREN'S DENTAL PROGRAMS, REFUGEE JOB TRAINING, ICE STORM CLEANUP AND A SOCCER FIELD FOR A COMMUNITY IN NEED.

SCHOOL AGE ENRICHMENT: 2021 IMPACT: 3,006 STUDENTS SERVED, 80 VOLUNTEERS, 6080 HOURS.

HELD AT THREE ELEMENTARY, FOUR MIDDLE, AND TWO HIGH SCHOOLS, WE SERVED STUDENTS AND FAMILIES WHOSE LIVES WERE INFLUENCED BY AN ARRAY OF SOCIAL, EMOTIONAL AND ECONOMIC FACTORS THAT HINDER THEIR ACADEMIC SUCCESS. ENRICHMENT ACTIVITIES INCLUDED ART, SCIENCE, MUSIC, SOCCER, WEIGHTLIFTING, COOKING, GARDENING, AND PARENT EDUCATION. COLLEGE AND CAREER READINESS WERE OFFERED THROUGH THE ASPIRE PROGRAM AND THE UNITED WAY RECRUITED, TRAINED, AND MANAGED ALL THE MENTORS WHO PROVIDE 1:1 ASSISTANCE TO HIGH SCHOOL STUDENTS WITH POST-SECONDARY PLANS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FORM 990 IS REVIEWED AND APPROVED BY UNITED WAY'S CEO PRIOR TO ITS FILING. IN ADDITION, THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO ITS FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

AN ANNUAL REVIEW IS PERFORMED OF THE CONFLICT OF INTEREST STATEMENTS FILED BY EACH MEMBER OF THE BOARD.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

THE CEO'S SALARY REVIEW IS PERFORMED BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE FULL BOARD OF DIRECTORS. THE SALARY REVIEW PROCESS INCLUDES A COMPARISON TO THE COMPENSATION LEVELS OF OTHER CEO/EXECUTIVE DIRECTOR'S SALARIES OF SIMILAR SIZED UNITED WAY ORGANIZATIONS.

THE BOARD HAS GIVEN THE AUTHORITY TO THE CEO (OR MANAGEMENT COMPANY) TO SET STAFF SALARIES IN ACCORDANCE WITH ESTABLISHED RANGES AS LONG AS SALARIES ARE WITHIN THE

Name of the organization

Employer identification number

UNITED WAY OF THE MID-WILLAMETTE VALLEY

93-0395586

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (COI)**  
BOARD APPROVED BUDGET.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE  
AVAILABLE UPON REQUEST.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE MID-WILLETTE VALLEY

Employer identification number

93-0395586

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**

Open to Public Inspection

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAFESLEEP UNITED LLC 455 BLILLER AVE NE SALEM, OR 97301 85-3890734	OVERNIGHT WOMEN'S SHELTER	OR	0.	0.	UNITED WAY OF THE MID WILLETTE VALLEY
(2) UMMV PROPERTIES LLC 455 BLILLER AVE NE SALEM, OR 97301 85-3898907	PROPERTY TRANSACTIONS	OR	0.	0.	UNITED WAY OF THE MID WILLETTE VALLEY
(3) -----	-----	-----	-----	-----	-----

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED COMMUNITY FOUNDATION 455 BLILLER AVE NE SALEM, OR 97301 85-3890509	UUMV SUPPORTING ORGANIZATION	OR	501 (C) (3)	12A	UNITED WAY OF THE MID WILLETTE VALLEY		X
(2) CANOPI 455 BLILLER AVE NE SALEM, OR 97301 85-3899577	NON-PROFIT MANAGEMENT	OR	501 (C) (3)	7	UNITED WAY OF MID WILLETTE VALLEY		X
(3) -----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
-----												
-----												
(2) -----												
-----												
-----												
(3) -----												
-----												
-----												

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

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
-----									
-----									
(2) -----									
-----									
-----									
(3) -----									
-----									
-----									

**Part V Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....	1 a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s).....	1 b	X
<b>c</b> Gift, grant, or capital contribution from related organization(s).....	1 c	X
<b>d</b> Loans or loan guarantees to or for related organization(s).....	1 d	X
<b>e</b> Loans or loan guarantees by related organization(s).....	1 e	X
<b>f</b> Dividends from related organization(s).....	1 f	X
<b>g</b> Sale of assets to related organization(s).....	1 g	X
<b>h</b> Purchase of assets from related organization(s).....	1 h	X
<b>i</b> Exchange of assets with related organization(s).....	1 i	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X
<b>o</b> Sharing of paid employees with related organization(s).....	1 o	X
<b>p</b> Reimbursement paid to related organization(s) for expenses.....	1 p	X
<b>q</b> Reimbursement paid by related organization(s) for expenses.....	1 q	X
<b>r</b> Other transfer of cash or property to related organization(s).....	1 r	X
<b>s</b> Other transfer of cash or property from related organization(s).....	1 s	X

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

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



**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
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(2) -----													
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(3) -----													
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(4) -----													
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(7) -----													
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(8) -----													
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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Form **CT-12**

For Oregon Charities  
For Accounting Periods Beginning In:

**2021**

**Charitable Activities Section  
Oregon Department of Justice**

100 SW Market Street  
Portland, OR 97201-5702  
Email: [charitable@doj.state.or.us](mailto:charitable@doj.state.or.us)  
Website: <https://www.doj.state.or.us>  
Line-by-line instructions for completing the annual report form can be found on our website.

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

You can now file reports and pay by credit card using our online form at <https://justice.oregon.gov/paymentportal/Account/Login>

**Section I. General Information**

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

REGISTRATION# 1619 Registration #:

UNITED WAY OF THE MID-WILLAMETTE VALLEY Organization Name:

455 BLILER AVE NE Address:

SALEM, OR 97301-5069 City, State, Zip:

(503) 363-1651 Phone: Fax

01/01/2021 12/31/2021 Period Beginning: Period Ending:

Amended Report?

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

Name	Position	Phone	Mailing Address & Email Address
RHONDA WOLF	CEO	(503) 363-1651	455 BLILER AVE NE, SALEM, OR 97301 <a href="mailto:rwolf@unitedwaymwv.org">rwolf@unitedwaymwv.org</a>

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

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: <u>SEE ATTACHED FORM 990</u> Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		

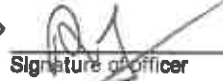
Form Continued on Reverse Side

## Section II. Fee Calculation

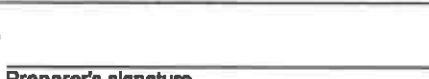
9. Total Revenue . . . . .	9.	5,986,237	
<small>(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; or see the CT-12 Instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)</small>			
10. Revenue Fee . . . . .	10.		400
<small>(See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.)</small>			
<b>Amount on Line 9</b>	<b>Revenue Fee</b>		
\$0 - \$24,999	\$20		
\$25,000 - \$49,999	\$50		
\$50,000 - \$99,999	\$90		
\$100,000 - \$249,999	\$150		
\$250,000 - \$499,999	\$200		
\$500,000 - \$999,999	\$300		
\$1,000,000 or more	\$400		
11. Net Assets or Fund Balances at End of the Reporting Period . . . . .	11.	4,559,771	
<small>(From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see the CT-12 Instructions to calculate. Attach explanation if amount is \$0 or a negative number.)</small>			
12. Net Fixed Assets Used to Conduct Charitable Activities . . . . .	12.	1,259,003	
<small>(Generally, from Part X, Line 10a on Form 990; Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see the CT-12 Instructions to calculate. See the CT-12 Instructions if organization owns income-producing assets.)</small>			
13. Amount Subject to Net Assets or Fund Balances Fee . . . . .	13.	3,300,768	
<small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$80,000, write \$0.)</small>			
14. Net Assets or Fund Balances Fee . . . . .	14.		330
<small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)</small>			
15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No . . . . .	15.		0
<small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small>			
16. Total Amount Due . . . . .	16.		730
<small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small>			
17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.			

**Please Sign Here**

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒  11/15/2021 CEO  
 Signature of officer Date Title  
RHONDA WOLF 455 BLILER AVE NE, SALEM, OR 97301  
 Officer's name (printed) Address  
(503) 363-1651  
 Phone

**Paid Preparer's Use Only**

⇒  11/14/2022 (503) 779-1902  
 Preparer's signature Date Phone  
MICHELLE A PECORA CPA 537 HIGH ST SE  
 Preparer's name (printed) Address  
SALEM, OR 97301

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