Amended for Repeal of Section 512(a)(7) Extended to May 15, 2019 Form **990-T** Exempt Organization Business Income Tax Return OMB No 1545-0687 (and proxy tax under section 6033(e)) 2017 and anding JUN 30, 2018 For calendar year 2017 or other tax year beginning JUL 1, 2017► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection to 50 (c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DEmployer identification num Check box if Name of organization (Check box if name changed and see instructions.) address changed instructions) B Exempt under section **Print** United Way of the Columbia-Willamette 93-0582124 **x** 501(c)(3) Unrelated business activity codes Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 619 SW 11th Avenue, No. 300 408A ____530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) 900099 Portland, OR 97205-2646 C Book value of all assets at end of year F Group exemption number (See instructions.) 21,945,954, G Check organization type ► x 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ Kori Gregg Telephone number > (503) 228-9131 Part [6] Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net THE TRUE 1 a Gross receipts or sales b Less returns and allowances c Balance 10 PARTITION AND THE REPORT OF THE PARTITION OF THE PARTITIO 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c **发现的人们已经是它中部分** 3 4 a Capital gain net income (attach Schedule D) 4a 心思。他的是这种,是 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479 4b **学会发展型形式的 联系统 医原始性** c Capital loss deduction for trusts 4c 方を含むなのでは、大学の income (loss) from partnerships and \$ corporations (attach statement) 5 Rent income (Schedule C) 6 RECEIVED 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 R 1 3 2020 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 2 10 Exploited exempt activity income (Schedule I) 2021 2021 2021 Advertising income (Schedule J) 11 OGDEN UT Other income (See instructions; attach schedule) 12 53 13 Total. Combine lines 3 through 12 13 Part:III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) دَى 21 195 Depreciation (attach Form 4562) 22a 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) Other deductions (attach schedule) 28 28 0. 29 29 Total deductions. Add lines 14 through 28 0. 30 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 31 Net operating loss deduction (limited to the amount on line 30) 0. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. 33 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 34 Unrelated business taxable income. Subtract line 33 from line 32, If line 33 is greater than line 32, enter the smaller of zero or 34

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2017)

FUIII 39U-	(2011) United way of the Columbia-Willamette	93-0582	124	rage
Part	III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.		Fig.	
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		المنافظ	
	(1) [\$ (2) \$ (3) \$	1	35 E	
Ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		40.35	
	(2) Additional 3% tax (not more than \$100,000)	 		
С	Income tax on the amount on line 34		35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line	e 34 from:	247	
	Tax rate schedule or Schedule D (Form 1041)	• • • • • • • • • • • • • • • • • • •	36	
37	Proxy tax. See instructions		37	
38	Alternative minimum tax	•	38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0
	V. Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		BALLEY.	
	Other credits (see instructions) 41b			
	General business credit. Attach Form 3800 41c	 		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 416			
e	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0,
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)		
44	Total tax. Add lines 42 and 43	Other (attach schaddle)	44	0.
	Payments: A 2016 overpayment credited to 2017	1		<u>~</u>
	2017 estimated tax payments 45b			
	Tax deposited with Form 8868 45c			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e			
			- [원]	
		 		
9	Other credits and payments: Form 2439 Form 4136 X Other 7,636. Total 459	7,636		
AE			46	7,636.
46	- Company to the time of time of the time of time of the time of t	•	47	7,030.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		48	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	7,636.
49 E0	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	50	7,636.
.Part.\			_ 30	7,030.
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or oth			Yes No
51	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may h	•		A 1944 (A) 341
	FinCEN Form 114. Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign			
		Country		And the X
50	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	or to a foreign trust?		$-\frac{x}{x}$
52		or to, a toreign trustr		To Table
53	If YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
- 33	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my kr	nowledge and belief, i	it is true.
Sign	correct, and correptete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a	any knowledge		
Here	President/CEO		May the IRS discuss	
	Signature of officer Date Title		the preparer shown b	Yes No
		Check	if PTIN	100
	Print/Type preparer's name Preparer's signature Date	self- employer	i	
Paid	Robert M. Prill Robert M. Prill		P002366	13
Prepa	rer	Firm's EIN		
Use C	a CenterPointe Drive, Suite 300	Finit S EIN	33 07437	
	Firm's address Lake Oswego, OR 97035-8663	Phone no	503-220-5900	
	Time saddeds P Bake Obrego, Ok 97033-0003	i none no.		

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year 1			6 Inventory at end of ye		6		
2 Purchases	2		7 Cost of goods sold. S	ine 6	हें देखें स्टिक्ट		
3 Cost of labor	3		from line 5. Enter here	Part I,	222		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)	
1. Description of property							
(1)							
(2)							
(3)	·						
(4)					,		
		ed or accrued			3(a)Deductions directly	v connected with the	e income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income)		columns 2(a) ar	nd 2(b) (attach sche	dule)
(1)							
(2)_		_					
(3)	_						
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columi		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated De	bt-Financec	Income (see	instructions)				
			2. Gross Income from		Deductions directly con to debt-finance	nected with or alloc ced property	able
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x 1	le deductions total of columns and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, lart I, line 7, column (A)	Enter here ar Part I, line 7	
Totals			•	L	0).l	0.
Total dividends-received deductions in	icluded in column	18			<u> </u>		0.

Form 990-1 (2017) United Wi Schedule F - Interest,					Erom C	neroll	od Organia	-otio	93-0582		Page
Spriedule i - litterest,	Aimune	s, noya			Controlled O			Zatio	(see ins	structions	s)
Name of controlled organize		2 . Em	 	<u> </u>	elated Income		tal of specified	5 00	rt of column 4	45-41-	6. Deductions directly
1. Name of Controlled Organiza	Than of condened diganization		rication (loss) (se		instructions)		ments made	includ	ded in the cont zation's gross	trolling	connected with income in column 5
(1)								-			
(2)								T			
(3)								 			
(4)								 			
Nonexempt Controlled Organ	ızatıons				-		*				
7. Taxable Income		related incon	ne (loss) 9	. Total	of specified payr	nents	10. Part of colu	mn 9 tha	at is included	11 Dec	fuctions directly connected
	(Se	e instructions	s)		made		in the controll gross	ing orga s income	nization's e		income in column 10
(1)											
(2)	i										-
(3)	<u> </u>										
(4)											
	•						Add colun Enter here and line 8, c		e 1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals						•			٥.		0
Schedule G - Investme (see inst	ent Incon	ne of a	Section 50	1(c)(7), (9), or	(17) Oı	rganization	1			
1. Desc	cription of incon	ne			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											<u> </u>
(3)								-			
(4)											
		_			Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
Totals Schedule I - Exploited	-	Activity	Income, C	<u>►</u> Other	Than Ad	0. vertis	ing Income	308510		TEL HAT	<u> </u>
(see instru	uctions)	т									Τ
1. Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	3. Expense: directly connec with production of unrelated business inco-	cted on	4. Net Incom from unrelated business (co minus columr gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross Inco from activity t is not unrelat business Inco	hat ed	6. Exp attributs colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals >	Enter here page 1, line 10, c	Part I,	Enter here and page 1, Part line 10, col (E	I on I, B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	na Incon		nstructions)	<u> </u>	IN SECTIONS OF	(35. Marsarda)	THAT IN TAKE IN	- A.13-16.2	tar a dise tu di	Andrew Control	·I
Part I Income From				Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	3. Dire		4. Adverti or (loss) (co col 3) If a ga cols 5 the	l 2 minus in, comput	5. Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			+		STOP MATER	Mary 10th	ξ -				The Table of
(2)			+		41	131 V					W. W. W. W.
(3)					一点是微		×			——- I	产工程以及
(4)			+			111	8			 [
. ,			 				1				
otals (carry to Part II, line (5))	•		0.	0			<u> </u>				o Form 990-T (2017
											rom 330-1 (201

Form 990°T (2017) United Way of the Columbia-Willamette 93-0582124 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. _{Na}	me of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	·	7		 				
(2)								
(3)								
(4)								
Totals from Part	l	▶	0.	0.	,	Taken 1 4	• • • • • • • • • • • • • • • • • • • •	0.
		\sqcap	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			•	Enter here and on page 1, Part II, line 27
Totals, Part II (lin	ies 1-5)	>	٥.	0.		* * * * * * * * * * * * * * * * * * * *		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%.	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

Form 990-T	Other Credits and Payments	Statement	1
Description		Amount	
Unrelated business i	ncome tax on parking fringe	7,	636.
Total included on Fo	rm 990-T, Page 2, Part IV, line 45g	7,	636.

United Way of the Columbia-Willamette EIN 93-0582124
June 30, 2018

Form 990-T for the year ended June 30, 2018 is being amended due to the repeal of Section 512(a)(7). The following items have been changed from the previously filed 990-T:

	As Previously Filed	As Amended	Increase (Decrease)
Line 12	46,482	-	(46,482)
Line 19	3,002	•	(3,002)
Line 30	43,480	-	(43,480)
Line 32	43,480	-	(43,480)
Line 34	42,480	-	(42,480)
Line 40	7,636	•	(7,636)
Line 45g	-	7,636	7,636

The taxpayer is requesting a refund of tax paid related to Section 512 (a)(7) in the amount of \$7,636.