EXTENDED TO FEBRUARY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2021 calendar year, or tax year beginning A	PR 1, 2021 and	ending M	AR 31, 2022			
	Check if pplicable	C Name of organization			D Employer identifi	cation number		
	Addres		COUNTY					
	Name change	- · · ·	,001(11		91-06093	06		
	Initial return	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Telephone numbe	r		
	Final return/	2224 TALLEY WAY	,		360-423-	5320		
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		<b>G</b> Gross receipts \$	345,787.		
	Ameno return	KELSO, WA 30030			H(a) Is this a group re			
	Application	F Name and address of principal officer: DADI	RINA KOCHPRAPHA		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No		
			<b>◀</b> (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		e: WWW.COWLITZUNITEDWAY.OR			H(c) Group exemption			
		organization,	sociation Other	<b>L</b> Year	of formation: 1959	M State of legal domicile: WA		
Pa	_	Summary						
Ģ	1	Briefly describe the organization's mission or most				FOR HUMAN		
Governance		SERVICES PROGRAMS IN COWLI						
ern	2	Check this box  if the organization discon			1 -			
્ટ્રે	3	Number of voting members of the governing body (			3	12 12		
	1 -	Number of independent voting members of the gov				2		
Activities &		Total number of individuals employed in calendar ye				0		
ţ		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, col				0.		
Ac		Net unrelated business taxable income from Form 9				0.		
		Net differated business taxable income from Forms	990-1,1 art 1, line 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			440,178.	345,025.		
Jue	1				1,006.	717.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4,		7,465.	45.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			50,303.	-37,969.		
	1	Total revenue - add lines 8 through 11 (must equal F			498,952.	307,818		
		Grants and similar amounts paid (Part IX, column (A			257,332.	156,552.		
	1	Benefits paid to or for members (Part IX, column (A)			0.	0.		
s	45	Salaries, other compensation, employee benefits (P			128,419.	119,225.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line	e 25) <b>\rightarrow 49,7</b>	62.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		175,530.	144,076.		
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		561,281.	419,853.		
	19	Revenue less expenses. Subtract line 18 from line 1	12		-62,329.	-112,035.		
Net Assets or				Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			543,392.	430,669.		
at Ag	21	Total liabilities (Part X, line 26)			26,543.	20,134.		
	22 art II	Net assets or fund balances. Subtract line 21 from l Signature Block	line 20		516,849.	410,535.		
			including accompanying achadular	a and atatama	unto and to the best of m	throughday and halisf it is		
		Ities of perjury, I declare that I have examined this return, i t, and complete. Declaration of preparer (other than office				/ Kilowieuge allu bellel, it is		
uu,	, correc	i, and complete. Declaration of preparer (other than officer	1) is based on an information of wi	iicii pi epai ei	ilas ally kilowieuge.			
Sigi	n	Signature of officer			I Date			
Her		SABRINA KOCHPRAPHA, EXE	CUTTVE DIRECTOR	}				
1101	C	Type or print name and title		-				
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN		
Paid	ı	JASON W. CLAPP			if self-employ	P01945113		
	arer	Firm's name JOHNSON STONE & E	PAGANO, P.S.	I		91-1623649		
	Only	Firm's address 1501 REGENTS BLVI						
_		FIRCREST, WA 9846			Phone no. ( 2	53) 566-7070		
May	the IF	RS discuss this return with the preparer shown above				X Yes No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE RESOURCES FOR HUMAN SERVICES PROGRAMS IN COWLITZ COUNTY, WASHINGTON.
	WASHINGTON:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$156,552. including grants of \$156,552. ) (Revenue \$717. )  PROVIDE GRANTS TO 501 (C) (3) ORGANIZATIONS IN COWLITZ AND WAHKIAKUM
	PROVIDE GRANTS TO 501 (C) (3) ORGANIZATIONS IN COWLITZ AND WAHKIAKUM COUNTIES IN WASHINGTON STATE. GRANT AWARDS ARE BASED ON APPLICATIONS
	FROM 501 (C) (3) DESCRIBING HOW THEY WILL USE THE GRANT FUNDS.
	INOM SOL (C) (S) DESCRIBING NOW THEIR WILL ODE THE GRANT LONDS.
	E2 444
4b	(Code:) (Expenses \$73,444. including grants of \$) (Revenue \$)
	COMMUNITY AFFILIATE OF DOLLY PARTON'S IMAGINATION LIABRARY PROGRAM, WHICH ENHANCES EARLY LEARNER LITERACY, UPLIFTS THE TWO-COUNTY
	KINDERGARTEN ASSESSMENT SCORES AND INCREASES FAMILY ENGAGEMENT TIME.
	KINDERGARIEN ADDEDDMENT DEORED AND INCREADED PARTIEL ENGAGEMENT TIME:
4c	(Code:) (Expenses \$
	USED FOR TRAINING, EDUCATION, AND OPERATIONS DIRECTLY RELATED WITH
	ALLOCATIONS TO CHARITIES AND ORGANIZATIONS MENTIONED IN THE 1ST ACHIEVEMENT.
	ACTIEVEMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program continu expenses \ 303 638.

# Form 990 (2021) UNITED WAY OF COWLITZ COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<sub></sub> -
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	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,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	

UNITED WAY OF COWLITZ COUNTY 91-0609306 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 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 ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2021) UNITED WAY OF COWLITZ COUNTY

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

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	·		-		37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at			4.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount	)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	oount				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	any contributions that were not tax deductible as charitable contributions?	_		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices pr	ovided to the payor?	7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s requi	red			
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the				
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b 10				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					_ v
	excess parachute payment(s) during the year?			15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	inc	•0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncom	e/	16		X
17	If "Yes," complete Form 4720, Schedule O.	ימטי				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in a activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•		17		
	If "Yes," complete Form 6069.			17		
	n 155, Complete i Onn 6000.					

Form 990 (2021) UNITED WAY OF COWLITZ COUNTY 91-0609306 Page

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

	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				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
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?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►WA							
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)	availab	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	SABRINA KOCHPRAPHA - 360-423-5320							
	2224 TALLEY WAY, KELSO, WA 98656							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Name and title	(B) Average hours per	(do		Pos	C) ition	1				
	hours per	(ao						Reportable	Reportable	Estimated
			(do not check more than one box, unless person is both an				n an	compensation	compensation	amount of
	week	_	cer an	d a d	a director/trustee)			from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ao			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a a	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal		ploye	e com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BROOKE FISHER CLARK	40.00	드	드	9	포	포능	윤			
EXECUTIVE DIRECTOR	40.00	1		х				69,157.	0.	4,200.
(2) DAVID BARTHOLOMEW	1.00			Λ				09,137.	0.	4,200.
DIRECTOR	1.00	Х						0.	0.	0.
(3) TODD BRODERIUS	1.00							0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(4) ALICE DIETZ	1.00								•	•
DIRECTOR		х						0.	0.	0.
(5) BRENT FREEMAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) MARLENE JOHANSON	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) VASHTI LANGFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTINE MCDANIEL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JULIE MCIVOR	1.00	]								
SECRETARY		Х		Х				0.	0.	0.
(10) JASON MEUNIER	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(11) HEIDI SOUVENIR	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) BIANCA DEL VECCHIO	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) ADDY CLARK	1.00	٠,,							0	0
DIRECTOR (14) PART FINNE	1 00	Х						0.	0.	0.
(14) BART FINNEL	1.00	₹.		v				_	0	0
TREASURER (15) BRANDY KAYS	1.00	Х		Х	$\vdash$	$\vdash$		0.	0.	0.
OIRECTOR	1.00	х						0.	0.	0.
(16) SABRINA KOCHPRAPHA	40.00	┢			-	$\vdash$			0.	0.
EXECUTIVE DIRECTOR	=0.00	1		х				0.	0.	0.
				22	$\vdash$		$\vdash$	1	0.	<b>0.</b>
	1	1								

Form 990 (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(440		Pos				Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation		amount	of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related		other	•
	(list any	ector						the	organizations		ompens	ation
	hours for	or dir	as as			rted		organization	(W-2/1099-MISC	- 1	from th	
	related	stee	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	al tru	onal t		loyee	lo e		1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			'	organizat	ions
		드	드	JO.	- X	를 들	요			+		
		-										
										+		
		1										
										$\top$		
		1										
										+		
		1										
						$\vdash$				+		
		1										
										$\top$		
										$\perp$		
		1										
			-			┢				+		
		1										
1b Subtotal		<u> </u>			<u> </u>		<b></b>	69,157.	C		4.2	00.
c Total from continuation sheets to Part VI							-	0.		1.		0.
d Total (add lines 1b and 1c)							<b>•</b>	69,157.	C	١.	4,2	00.
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable		-	
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			l
line 1a? If "Yes," complete Schedule J for s										. 📑	3	X
4 For any individual listed on line 1a, is the su												- V
and related organizations greater than \$150	J,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual	dual for comission		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con											5	Х
Section B. Independent Contractors	<u>ipietė Scrieduii</u>	e J 1	or st	ICH Ļ	bers	OH				<u> </u>	<u> </u>	1 22
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt cc	ontra	acto	rs th	nat received more than \$	3100,000 of comper	sation	n from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.			
(A)	a al alua a a			_				(B)		0	(C)	
Name and business	address	N	ONE	<u> </u>				Description of s	services	Con	pensatio	on
							$\dashv$					
2 Total number of independent contractors (i		ot lir	nited	to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation >					)				_	000	(0001)

		Check if Schedule O	ontains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
40									00000010 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		1a					
ir ou		Membership dues		1b	25 262				
s, (	С	Fundraising events		1c	35,869.				
ij k	d	Related organizations		1d					
s, Eli	е	Government grants (contri	butions)	1e	3,098.				
e is	f	All other contributions, gifts,	grants, and						
e E		similar amounts not included			306,058.				
₽₽	~	Noncash contributions included in I		1g \$	17,470.				
o d	_				27,72700	345,025.			
OB		Total. Add lines 1a-1f			Business Code	343,023			
		EEGD ADMINITOR	D 3 M T 0	N.T		E 4 2	E 4 2		
e S		EFSP ADMINIST		IN	900099	543.	543.		
Program Service Revenue	b	SERVICE FEE I	NCOME		900099	174.	174.		
S Z	С								
e a	d	L							
ρğα	е								
P	f	All other program service	revenue						
	q	<b>-</b>			<b></b>	717.			
	3	Investment income (includ							
	3	other similar amounts)				45.			45.
	_					40.			40.
	4	Income from investment o							
	5	Royalties							
			(i	) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	ecurities	(ii) Other				
		assets other than inventory	7a						
	h	Less: cost or other basis							
a l	b		7.						
Revenue		and sales expenses	7b						
Š		Gain or (loss)							
		Net gain or (loss)							
her	8 a	Gross income from fundraisir							
₽		including \$35	,869.	of					
		contributions reported on	line 1c). S	ee					
		Part IV, line 18		8a	0.				
	b	Less: direct expenses			37,969.				
		Net income or (loss) from			<u> </u>	-37,969.			-37,969.
		Gross income from gamin				2 : , 2 3 3 4			- , , , , , , ,
	o a	•	•	I .					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from			<b></b>				
	10 a	Gross sales of inventory, le		I					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
_		Net income or (loss) from							
					Business Code				
Snc	11 a								
Jeo Tue	a								
Miscellaneous Revenue	b								
Sce Be	С.								
Ξ̈́	d	All other revenue							
	е	Total. Add lines 11a-11d				205 010	-1-	_	25 224
	12	Total revenue. See instruction	ns	<u></u>	<u></u> ▶	307,818.	717.	0.	-37,924.

91-0609306

## 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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do :	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	схропосо
•	and demandia necessaria Can David IV lina Od	156,552.	156,552.		
2	Grants and other assistance to domestic	230,0021	230,3321		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,	50,807.	27,944.	10,161.	12,702.
•	trustees, and key employees	30,007.	21,344.	10,101.	12,702.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F7 (F0	21 710	11 522	1 / / 1 /
7	Other salaries and wages	57,659.	31,712.	11,532.	14,415.
8	Pension plan accruals and contributions (include	1 000	1 005	366	455
	section 401(k) and 403(b) employer contributions)	1,828.	1,005.	366.	457.
9	Other employee benefits	0 004	4 010	1 506	0 000
10	Payroll taxes	8,931.	4,912.	1,786.	2,233.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	25,923.		25,923.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,215.	786.	634.	795. 2,493.
14	Information technology	8,310.	3,324.	2,493.	2,493.
15	Royalties				
16	Occupancy	10,114.	5,057.	2,023.	3,034.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	70.		70.	
20	Interest				
21	Payments to affiliates	8,355.	2,423.	2,924.	3,008.
22	Depreciation, depletion, and amortization				
23	Insurance	2,247.	225.	1,797.	225.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	57,307.	57,307.		
b	IN KIND DONATIONS	17,471.	9,609.		7,862.
c	TELEPHONE	3,270.	1,308.	654.	1,308.
d	EQUIPMENT MAINTENANCE	2,066.	620.	620.	826.
	All other expenses	6,728.	854.	5,470.	404.
25	Total functional expenses. Add lines 1 through 24e	419,853.	303,638.	66,453.	49,762.
26	Joint costs. Complete this line only if the organization	,	.,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-			l l		Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Par	<u> t X</u>	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		137,866.	1	100,798.
	2	Savings and temporary cash investments		105,087.	2	39,029.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		97,542.	4	93,704.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
Ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		4,805.	9	3,413.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities		195,432.	11	193,725.
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,660.	15	0.
	16	Total assets. Add lines 1 through 15 (must eq		543,392.	16	430,669.
	17	Accounts payable and accrued expenses		15,370.	17	12,076.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub				
iab.		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	·			
		parties, and other liabilities not included on line	· ' '	11 172		0 050
	00	<b>-</b>		11,173. 26,543.		8,058. 20,134.
	26		<b>V</b>	20,343.	26	20,134.
S		Organizations that follow FASB ASC 958, ch	neck nere ▶ △			
nce	07	and complete lines 27, 28, 32, and 33.		281,781.	27	217,882.
ala	27	Net assets with denor restrictions		235,068.	28	192,653.
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC		255,000	20	172,033
Fun		and complete lines 29 through 33.	936, Check here			
ō	20	•			29	
ets	29 30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or each capital surplus and capital s			30	
\ss(	30	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	31			516,849.	32	410,535.
ž	32	Total liabilities and net assets/fund balances		543,392.	33	430,669.
	33	Total liabilities and net assets/fund balances		343,394.	აა	Garage 990 (0001)

Pa	rt 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				<u> 18.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>41</u>	9,8	53.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 11:</u>	2,0	<u>35.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>51</u>	5,8	49.
5	Net unrealized gains (losses) on investments	5			5,7	25.
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 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						-4.
9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
		10		41	0,5	35.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	·····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization UNITED WAY OF COWLITZ COUNTY 91-0609306 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	446,816.	499,172.	378,240.	440,178.	345,021.	2109427.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	446,816.	499,172.	378,240.	440,178.	345,021.	2109427.
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)						0100407
	Public support. Subtract line 5 from line 4.						2109427.
		(-) 0047	(1-) 0040	(-) 0040	(-1) 0000	(-) 000d	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017 446,816.	(b) 2018 499,172.	(c) 2019 378, 240.	(d) 2020 440,178.	(e) 2021 345,021.	(f) Total 2109427.
	Amounts from line 4	440,010.	433,174.	370,240.	440,170.	343,021.	2103427.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	343.	3,337.	8,895.	7,371.	5,770.	25,716.
۵	Net income from unrelated business	343.	3,337.	0,055.	7,371.	3,770.	23,710.
3	activities, whether or not the						
	business is regularly carried on	7,994.	28,555.	32,437.	49,303.	717.	119,006.
10	Other income. Do not include gain	.,,,,,,		01/10/0		,_,,	
	or loss from the sale of capital						
	assets (Explain in Part VI.)		4,797.				4,797.
11	Total support. Add lines 7 through 10		, -				4,797. 2258946.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	•	,			D1(c)(3)	
	organization, check this box and stop			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), di	ivided by line 11, o	column (f))		14	93.38 %
15	Public support percentage from 2020	Schedule A, Part I	II, line 14			15	66.54 %
	33 1/3% support test - 2021. If the o					ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization quali	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	check a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- <b>2020.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

# 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

- 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	<i>a</i>		
	9b		
	<u> </u>		
	9с		
	46		
	10a		
	401-		
_	10b	~ 000\	2004

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (See Instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	unization (see

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	1			
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity	2			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive			
		de details in <b>Part VI</b> ). See instructions.			8	
9	7	outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		1	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	## From 2019					
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2021 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2021 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2022. Add lines 3				
	and 4	-				
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

UNITED WAY OF COWLITZ COUNTY

**Employer identification number** 

91-0609306

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# UNITED WAY OF COWLITZ COUNTY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIBRE FEDERAL CREDIT UNION  822 COMMERCE AVE  LONGVIEW, WA 98632	_ \$6,964. _	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GEORGIA PACIFIC CORP  92326 TAYLORVILLE RD.  CLATSKANIE, OR 97016	_ \$9,275. _	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JH KELLY, LLC  821 3RD AVE.  LONGVIEW, WA 98632	_ \$ <u>26,162.</u> _	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No4_	Name, address, and ZIP + 4  KOCH COMPANIES COMMUNITY FUNDS  4111 EAST 37TH ST NORTH  WICHITA, KS 67220	- \$ 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MORGAN, DENNIS  2347 CASCADE WAY  LONGVIEW, WA 98632	_ \$15,545. _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NIPPON DYNAWAVE PACKAGING CO  3401 INDUSTRIAL WAY  LONGVIEW, WA 98632	\$8,448.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# UNITED WAY OF COWLITZ COUNTY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NORPAC  3401 INDUSTRIAL WAY  LONGVIEW, WA 98632	\$ 27,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	OFSTUN, MILFORD AND MARGE DR.  1438 24TH AVE  LONGVIEW, WA 98632	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PROGRESS CENTER  1600 3RD ST  LONGVIEW, WA 98632	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  SOLVAY CHEMICALS, INC.  300 C ST  ROCK SPRINGS, WY 82901	* 11,148.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	WEYERHAEUSER GIVING FUND  220 OCCIDENTAL PARK AVE SOUTH  SEATTLE, WA 98104	\$ <u>12,850.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	WOLLENBERG FOUNDATION  800 EL CAMINO REAL, SUITE 175  MENLO PARK, CA 94025	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# UNITED WAY OF COWLITZ COUNTY

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Name of organization

Employer identification number

	D WAY OF COWLITZ COUNTY			91-0609306	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. o	once.) <b>&gt;</b> \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ransferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
			_		
		(e) Transfer of gif			
		(e) Transier of gir	. e. <b>g</b>		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ransferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
			_		
		(e) Transfer of giff			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ransferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
			_		
		(e) Transfer of gif			
	Transferee's name, address, ar			ransferor to transferee	

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

UNITED WAY OF COWLITZ COUNTY

**Employer identification number** 91-0609306

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	or Accounts. Complete if the	
		(a) Donor advised	d funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	ld in donor advise	ed 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 ad	dvisors in writing that gra	nt funds can be u	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion 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 qualifi	ied conservation contribu	ition in the form o		
	day of the tax year.			Held at the End of the Tax	Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	,			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	ion, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year	
	<b>—</b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservat	ion easements during the year	
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above				,
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the	
Da	organization's accounting for conservation easements.	Aut Historiaal Tus		han Oineilan Aasada	
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.	
10			unua atatamant ar	ad halanaa ahaat warka	
ıa	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for pub			•	
<b>L</b>	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance of public service,	
	provide the following amounts relating to these items:			<b>•</b> •	
	(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 trea	,		gain, provide	
_	the following amounts required to be reported under FASB AS			Δ.	
a	Revenue included on Form 990, Part VIII, line 1				
h					

Par	rt III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Similar	Assets	(contin	nued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant us	se of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	mpt purpos	e in Part >	CIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets not	included		_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	<u>c</u>
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance						1	
	Did the organization include an amount on Fo	·	·			L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.  rt V Endowment Funds. Complete in							
Pai	rt V Endowment Funds. Complete in					oro book	(-) Four	
		(a) Current year	-	(c) Two years back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	195,432.	152,746.					
b	Contributions	1 707	42.606					
C	Net investment earnings, gains, and losses	-1,707.	42,686.					
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	193,725.	195,432.					
g	End of year balance			\				
2	Provide the estimated percentage of the curr	•		) neid as:				
a	Board designated or quasi-endowment	%	%					
b	Permanent endowment  Term endowment	<sup>70</sup>						
С	The percentages on lines 2a, 2b, and 2c shou	· <del>-</del>						
20	Are there endowment funds not in the posses	•	tion that are hold an	d administered for t	ho organizat	ion		
Sa		ssion of the organiza	ition that are neid ar	iu auriiriistereu ior t	ne organizat	.1011	ſ	Yes No
	by: (i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R2				3b	
4	Describe in Part XIII the intended uses of the						_ GD _	
	rt VI Land, Buildings, and Equipm		WITHORIE TURIGO.					
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther <b>(b)</b> Cost	or other (c)	Accumulated epreciation	d	(d) Bool	κ value
10	Land	<del></del>	.5,	(5751)				
ia b	Land							
	Buildings Leasehold improvements					_		
d								
	Equipment Other							
	I. Add lines 1a through 1e. (Column (d) must ea		X column (R) line 1	7c )				0.
		augi i Oilli 330. Falla	commin tol. III to I t	/V./ ······		_		

	(Form 990) 2021		OF COWLITZ C	OUNTY	91-0609306 Page <b>3</b>
Part VII		Other Securities.			
			on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12	
(a) Descrip	tion of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financia	al derivatives				
(2) Closely	held equity interests				
( <b>3)</b> Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (I	b) must equal Form 990,	, Part X, col. (B) line 12.)			
Part VIII	Investments - F	Program Related.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13	3.
	(a) Description of i	investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990.	, Part X, col. (B) line 13.)			
Part IX	Other Assets.	,			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lin	ie 11d. See Form 990, Part X, line 15	5.
	· · · · · · · · · · · · · · · · · · ·		Description		(b) Book value
(1)			<u> </u>		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (h) must equal Fo	rm 990 Part Y col /R) line	15)		•
Part X	Other Liabilities	S.	<del>. 10.)</del>		🖊
			on Form 990. Part IV. lir	e 11e or 11f. See Form 990, Part X,	line 25.
1.	<u>·</u>	escription of liability	,	,	(b) Book value
	leral income taxes	, , , , , , , , , , , , , , , , , , , ,			
	SIGNATIONS	PAYABLE			8,058.
(3)	DICITIII I CITE				0,0301
(4)					
(5)					
(6)					
(7)					
(8)					
(9) T-4-1 (2 )	4.		2-1		▶ 8,058.
		rm 990, Part X, col. (B) line			
Liability	ior uncertain tax pos	ilions. In Part XIII, provide	the text of the footnote	to the organization's financial statem	nems that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

UNITED WAY OF COWLITZ COUNTY 91-0609306 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total

or licensing.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro		LZ, illies i alid ob. List e	vents with gross receipt	s greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			POWER OF THE	DINE IN WITH		(add col. (a) through				
			PURSE INCOME	UNITED WAY	6	col. (c)				
4			(event type)	(event type)	(total number)	COI. (C))				
Revenue										
eve	1	Gross receipts	16,642.	2,940.	16,287.	35,869.				
ď										
	2	Less: Contributions	16,642.	2,940.	16,287.	35,869.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
es										
ens	6	Rent/facility costs								
Direct Expenses										
S.	7	Food and beverages	1,423.	1,717.		3,140.				
Öire										
_	8	Entertainment		9,439.		9,439.				
	9	Other direct expenses	7,542.		17,848.	25,390.				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>&gt;</b>	37,969.				
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>)</b>	-37,969.				
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than					
		\$15,000 on Form 990-EZ, line 6a.								
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			(=, =95	bingo/progressive bingo	(5) 5 11.01 9 11.11.19	col. (a) through col. (c))				
Seve										
ш	1	Gross revenue								
S	2	Cash prizes								
SUS										
Direct Expenses	3	Noncash prizes								
벊										
<u>j</u>	4	Rent/facility costs								
_										
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	L No	No	No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>					
	7									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
	<b>8</b>	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>					
а	8 En	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming ac	from line 1, column (d)  cts gaming activities:ctivities in each of these s	states?	<b>&gt;</b>	Yes No				
а	8 En	Net gaming income summary. Subtract line 7	from line 1, column (d)  cts gaming activities:ctivities in each of these s	states?	<b>&gt;</b>	Yes No				
а	8 En	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming ac	from line 1, column (d)  cts gaming activities:ctivities in each of these s	states?	<b>&gt;</b>	Yes No				
b	En Is 1	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming action," explain:	from line 1, column (d)  octs gaming activities:ctivities in each of these s	states?	<b>&gt;</b>					
a b 10a	En Is to If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action," explain:	from line 1, column (d)  acts gaming activities:ctivities in each of these sevoked, suspended, or te	states? rminated during the tax y	<b>&gt;</b>					
a b 10a	En Is to If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming action," explain:	from line 1, column (d)  acts gaming activities:ctivities in each of these sevoked, suspended, or te	states? rminated during the tax y	<b>&gt;</b>					

Sch	nedule G (Form 990) 2021 UNITED WAY OF COWLITZ COUNTY 91	-0609306	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	L Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	Carriing manager compensation •		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
C	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	)	
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, are iii, iii 100 0,	00, 100,
	, , , , , , , , , , , , , , , , , , , ,		

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	UNITED WAY	OF	COWLITZ	COUNTY	91-0609306	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

**Employer identification number** Name of the organization 91-0609306 UNITED WAY OF COWLITZ COUNTY Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ST. JAMES FAMILY CENTER 1134 COLUMBIA STREET CATHLAMET, WA 98612 91-1161548 0 UNRESTRICTED 16,150. HEAD START 1720 20TH AVE 91-0823636 LONGVIEW , WA 98632 10,000 0. UNRESTRICTED CHILDRENS JUSTICE AND ADVOCACY CENTER - 784 14TH AVE - LONGVIEW WA 98632 45-4946456 12,500 0 UNRESTRICTED FISH OF COWLITT COUNTY 1526 COMMERCE AVE 23-7452250 LONGVIEW WA 98632 7 500 0. COVID 91-1224762 UNRESTRICTED LIFE WORKS 6 250 0. COWLITZ CHILD ADVOCATES 1024 BROADWAY ST LONGVIEW , WA 98632 91-1644688 7 500 0 UNRESTRICTED 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information.	tion required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TINITED WAY OF COWLITE COTINEY

Employer identification number 91-0609306

ONTIED WAT OF COMBITE COONTI   91 0009300
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER OR THE TREASURER BEFORE
SUBMISSION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ORGANIZATION REMINDS MEMBERS SEVERAL TIMES A YEAR AT BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PERFORMS AN ANNUAL SALARY
REVEIW FOR THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE UNITED WAY OFFICE.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.