Form **990**

Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public

Δ.	For the	2017 colone		v voor bogin	nina	0	7 01	2017 and a	ndina		06	-30 ,2018
			lar year, or tax				7-01	, 2017, and e	maing			
		applicable:			OOD MULTNOM	УН						Employer identification no.
=	Address o											47-3934102
Ц	Name cha											Telephone number
Ц	nitial retu	ırn	+	(267)441-6271								
Ц	Final retu	rn/terminated	9	Gross receipts								
Ш.	Amended	return	PORTLAN	ND, OR 97	213							\$ 377,879
Ш.	Applicatio	n pending	F Name and add	dress of principal	officer:				H(a) Is this a group	return for	subordinates? Yes No
									H(b) Are all subor	dinates	included? Yes No
	Tax-exem	npt status: 🛚 🗓	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527			If "No," a	ttach a	list. (see instructions)
J	Website:	► N/A							H(c) Group exer	nption r	number >
ĸ	Form of o	rganization: X	Corporation	Trust Asso	ociation Other ►		L Ye	ear of formation:	2015	M State	of legal	domicile: OR
Pa	rt I	Summar	v									
	1	Briefly descr	ibe the organiz	zation's missi	on or most signific	ant activities: T	O ASS	SIST AND P	ROVI	DE SHELT	CER	TO VETERANS ON
			ARY AND P		_	_						
၁င												
nai												
Ver	2	Check this h	ox ▶ ☐ if the	organization	discontinued its o	perations or dispos	sed of m	nore than 25%	of its r	net assets		
Governance	3			-	ning body (Part V					ı	3	8
∞ ∞	4		ŭ	Ū	• • •	body (Part VI, line					4	7
Activities &	5		•	•		17 (Part V, line 2a)				l	5	9
Ξ̈́					•					ŀ	6	9
Ā	6		r of volunteers	•	• •							
					•	C), line 12				i	7a	0
	D	Net unrelate	o business tax	Rable income	from Form 990-T,	iine 34 • • • •	• • • •		• • • •		7b	0
		0	/F	Danit VIII 15-a-r	41-1			-		Prior Year		Current Year
ø)	8				•	• • • • • • • •		1				377,879
Ž	9	-		•				1				0
Revenue	10		•		•	d)		1				0
Œ	11		•			Oc, and 11e)						0
	12				•	II, column (A), line						377,879
	13	Grants and s	similar amounts	s paid (Part I)	X, column (A), line	s 1-3)		· • • • • •				0
	14	•		,		4)		1				0
s	15	Salaries, oth	er compensati	on, employee	benefits (Part IX,	column (A), lines 5	5-10)	• • • • •				247,559
Expenses	16a	Professional	l fundraising fe	es (Part IX, c	olumn (A), line 11	e)		. 				0
be	b	Total fundra	ising expenses	(Part IX, col	umn (D), line 25)	>		1,712				
ũ	17	Other expen	ses (Part IX, c	olumn (A), lin	es 11a-11d, 11f-24	4e)		. 				108,748
	18	Total expens	ses. Add lines	13-17 (must	equal Part IX, colu	ımn (A), line 25)						356,307
	19	Revenue les	s expenses. S	Subtract line 1	8 from line 12 .							21,572
20									Beginn	ing of Current	Year	End of Year
Net Assets or	20	Total assets	(Part X, line 1	6)						2	,038	23,477
ASS	21	Total liabilitie	es (Part X, line	26)								0
Ş	22	Net assets of	or fund balance	es. Subtract l	ine 21 from line 20					2	,038	23,477
Pa	rt II	Signatu	re Block									
						ring schedules and state mation of which prepare			knowled	ge and belief, it	is	
	COTTECT, E	and complete. De	ciaration of prepare	er (other than onle	ser) is based on an inior	mation of which prepare	i ilas airy	Kilowieuge.				
		CHRI	S AIOSA									
Sig	n	Signatur	re of officer								Date	
Hei	e e	CHRI	S AIOSA,	EXECUTIV	E DIRECTOR							
_		Type or	print name and title	е								
		Print/Type pre	eparer's name		Preparer's signature	·	Da	ate		Check X	if F	PTIN
Pai	d	KATHRYN	L HRYCIW	v			11	-29-2018		self-employe	d	P00697790
Pre	parer	Firm's name	>	DRAGONFL	Y TAX LLC				Firm'	s EIN ►		
	Only				POWELL BLVD				Phon			
					OR 97206					50	3-7	57-1196
Mav	the IRS	S discuss this			own above? (see i	instructions)						Yes X No

303,777

Total program service expenses ►

4e

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
^	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		X
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			- 21
Ū	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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 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 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		X
_	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			37
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
h	Schedule D, Parts XI and XII	12a		X
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

Yes No

202	Did the erganization energies one or more hospital facilities? If "Vec " complete School de H	20a		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Λ_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
J	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
		29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		Λ_
31		24		Х
20	Part I	31		Λ_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		v
00	•	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			.,
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		χ,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

17) DO GOOD MULTNOMAH
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V	• • •	• • •	Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ç-		v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
2-	against amounts due or received from them.)	100		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ıی a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	iJa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year 8 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? **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: Х Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ Section 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 Х **b** 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Х 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? Section C. Disclosure ► Oregon List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

- available for public inspection. Indicate how you made these available. Check all that apply.
 - Y Upon request Own website Another's website U Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Form 990 (2017) **DO GOOD MULTNOMAH** 47-3934102 Page 7

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m	son is	nan one a both an (trustee) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ERIK DEGREGORIO, TREASURER TREASURER	5.00_			Х				O	0	0
(2) DEANNA DALTON, OFFICER PRESIDENT	5.00			Х				0		0
(3) BRITNI CHILDS, OFFICER SECRETARY	5.00_			Х				0		0
(4) CHRISTOPHER T AIOSA, DIRECTOR EXECUTIVE DIRECTOR	40.00					Х		40,800	0	0
(5)								.,	-	
<u>(e)</u>										
(7)										
<u>(8)</u>										
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
<u>(14)</u>										

47-3934102

(A) Name and title		(B) Average hours per week (list any	box,	unless er and	a dire	tion ore that on is be ector/tru	oth an ustee)		(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estimate amount other	of
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	,	ompensa from th organizat and relat organizati	ne tion ted
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u> _													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total			• •	• •		• •	>					
d	Total (add lines 1b and 1c)		 			 	• •		40,800)	0		0
2	Total number of individuals (including but not limited							nore	than \$100,000 of	:	,		
	reportable compensation from the organization										0		
_												Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>		•	•			•		•		3		Х
4	For any individual listed on line 1a, is the sum of rep										3		
	organization and related organizations greater than												
	individual										. 4		X
5	Did any person listed on line 1a receive or accrue or	•		-			-						
Coati	for services rendered to the organization? If "Yes,"	' complete So	chedui	e J f	or si	uch p	ersor	η,			5		X
1	on B. Independent Contractors Complete this table for your five highest compensate	d independer	nt cont	racto	ore th	nat re	ceive	d m	ore than \$100,000	of			
•	compensation from the organization. Report compensation year.												
	(A)								(B)		0-	(C)	
	Name and business address								Description of	SOI VICES	<u> </u>	mpensati	iUII

47-3934102

DO GOOD MULTNOMAH

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Part VIII Statement of Revenue (B) Total revenue Related or Unrelated business Revenue excluded from tax exempt function revenue under sections 512-514 revenue 1a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events 1c 8,703 **d** Related organizations 1d e Government grants (contributions) . . 1e 343,383 f All other contributions, gifts, grants, and similar amounts not included above 1f 25,793 g Noncash contributions included in lines 1a-1f: \$ 377,879 **Business Code** Program Service Revenue 2a d f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds . . . ▶ (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . . 7a Gross amount from sales of (i) Securities assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less **b** Less: cost of goods sold **b** Miscellaneous Revenue 11a b С e Total. Add lines 11a-11d▶ 377,879

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to				· · · · · · · · · · · · · · · · · · ·
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	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 domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
J	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,				
J	trustees, and key employees	47 100	24 120	22 072	
6	Compensation not included above, to disqualified	47,100	24,128	22,972	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	177 261	177 261		
	-	177,361	177,361		
8	Pension plan accruals and contributions (include				
Ω	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Other employee benefits	22.000	21 225	1 763	
10	Payroll taxes	23,098	21,335	1,763	
11	Fees for services (non-employees): Management				
a	Legal				
b		2 450	2 450		-
C C	Accounting	3,450	3,450		
d	Lobbying				
e	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 Schedule O.)			101	
12	Advertising and promotion	194		194	
13	Office expenses	936		936	
14	Information technology	116	116		
15	Royalties				
16	Occupancy	12,500	10,100	2,400	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	402	402		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	923	827	96	
23	Insurance	6,747		6,747	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BUSINESS LICENSE	535		535	
b	DOJ TAXES	200		200	
С	FUNDRAISING EXPENSE	1,712			1,712
d					
е	All other expenses	81,033	66,058	14,975	
25	Total functional expenses. Add lines 1 through 24e .	356,307	303,777	50,818	1,712
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				
	following SOP 98-2 (ASC 958-720) · · · · · · · · ·				
FFΔ					Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	(1,334)	1	21,028
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 4,617			
	b	Less: accumulated depreciation 10b 2,168	3,372	10c	2,449
	11	Investments - publicly traded securities	•	11	,
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,038	16	23,477
	17	Accounts payable and accrued expenses	,	17	,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ý	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
G		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	2,038	27	23,477
alar	28	Temporarily restricted net assets	,	28	-,
Ä	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
P		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	2,038	33	23,477
	34	Total liabilities and net assets/fund balances	2,038	34	23,477
			=,:30		

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Form	1 990 (2017) DO GOOD MULTNOMAH 4	7-393410	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		377,8	379
2	Total expenses (must equal Part IX, column (A), line 25)	2		356,3	307
3	Revenue less expenses. Subtract line 2 from line 1	3		21,	572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,	038
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9		(133)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		23,	477
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis 🗓 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X 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 in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

Employer identification number

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

2017 Inspection

DO GOOD MULTNOMAH 47-3934102 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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 organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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DO GOOD MULTNOMAH Schedule A (Form 990 or 990-EZ) 2017 47-3934102 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2015 Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (d) 2016 (f) Total (a) 2013 (e) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 94,910 288,534 377,879 761,323 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 94,910 288,534 377,879 761,323 The portion of total contributions by 5 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) Public support. Subtract line 5 from line 4 . . 761,323 Section B. Total Support (a) 2013 (c) 2015 Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (d) 2016 (e) 2017 (f) Total 377,879 7 Amounts from line 4 94,910 288,534 761,323 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . 761,323 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 100.00 % 14 100.00 15 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X box and **stop here**. The organization qualifies as a publicly supported organization 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

FFA Schedule A (Form 990 or 990-EZ) 2017

organization

10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose • • • • • •						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 • •						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •))		15	%
16	Public support percentage from 2016 Schedu					16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2017 (line	,	•	.,,			%
18	Investment income percentage from 2016 S	chedule A, Part III	I, line 17		• • • • • • • • • •	18	%
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	n qualifies as a pu	ublicly supported o	rganization	
20	Private foundation. If the organization did r	10t cneck a box or	n line 14, 19a, or 1	yd, check this box	and see instruction	ons	▶ 📋

Schedule A (Form 990 or 990-EZ) 2017 **DO GOOD MULTNOMAH** 47-3934102 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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		
3a		
3b		
JD		
3с		
4a		
A1-		
4b		
4c		
5a		
эa		
5b		
5c		
6		
6		
7		
8		
9a		
9a		
9b		
9с		
46		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
seci	ion B. Type I Supporting Organizations		Vaa	NIa
1	Did the directors, trustees, or membership of one or more supported organizations have the newer to		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ĺ
	organizations and what conditions of rectifications, if any, applied to each period during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
sect	ion D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	1.
а				
b		, · .		<i></i>
C	_	see in		_
	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

47-3934102 Page **6**

Schedule A (Form 990 or 990-EZ) 2017

instructions).

DO GOOD MULTNOMAH

Part V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organiza	ntions	
1 Check here if the organization satisfied the Integral Part Test as a q	ualifying trust or	n Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting	g organizations	must complete Section	ons A through E.
Costion A. Adivated Not Income		(A) Dries Vees	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		
Ocalies D. Minimum Accel America	'	(A) Delan Valor	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater a	mount.		
see instructions).	´ 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
·			
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)			
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-fun	ctionally-integra	ted Type III supportin	g organization (see

EEA Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			

d Excess from 2016e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

2017
Open to Public

Name of the organization
DO GOOD MULTNOMAH
Employer identification number
47-3934102

	GOOD MULTNOMAH	47-3934102
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in the distance of the control of the con	important land area
	Protection of natural habitat Preservation of a certified his	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
•	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
C	` '	20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	□ v ₂₂ □ N ₂
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
_	Annual of the second to the se	and the state of t
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
_	\	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
_	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · Yes · · · No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements in its revenue and expense statements.	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	lescribes the
D-	organization's accounting for conservation easements.	Ob! At-
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · • \$
b	Assets included in Form 990, Part X	▶ \$

47-3934102 Page **2**

Pa	t III Organizations Maintaining Colle	ctions of Art, H	istorical Tr	reasures, c	or Othe	er Similar As	sets (co	ntinue	ed)
3	Using the organization's acquisition, accession, and o	ther records, check a	any of the follow	wing that are a	a significa	int use of its			
	collection items (check all that apply):								
а	Public exhibition	d Loan or e	xchange progr	rams					
b	Scholarly research	e Other							
С	Preservation for future generations								
4	Provide a description of the organization's collections	and explain how the	y further the or	rganization's e	exempt pu	ırpose in Part			
	XIII.								
5	During the year, did the organization solicit or receive	donations of art, histo	orical treasure	s, or other sim	nilar				
	assets to be sold to raise funds rather than to be main	ntained as part of the	organization's	s collection?			<u> 🗆</u>	Yes	No
Pai	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization answe 990, Part X, line 21.	red "Yes" on Fo	rm 990, Par	rt IV, line 9,	or repo	orted an amo	unt on F	orm	
1a	Is the organization an agent, trustee, custodian or other	er intermediary for co	ntributions or o	other assets n	ot				
		• • • • • • • • •						Yes	No
b	If "Yes," explain the arrangement in Part XIII and com								
-	ros, oxplain no alta gementin i alta alta com	piete tile renering to				Aı	mount		
С	Beginning balance				1c	7			
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form 990,							Yes	No
b	If "Yes," explain the arrangement in Part XIII. Check h				_		_		Ŧ ```
	t V Endowment Funds.								
	Complete if the organization answe	red "Yes" on Fo	rm 990. Par	rt IV. line 10	0.				
	•		b) Prior year	(c) Two years		(d) Three years back	(e) For	ur years ba	ack
1a	Beginning of year balance	(,	(4)		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)	,	
b	Contributions								
С	Net investment earnings, gains, and								
•	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
•	programs								
f	Administrative expenses								
g	End of year balance						_		
2	Provide the estimated percentage of the current year	end balance (line 1g	column (a)) h	eld as:					
– a	Board designated or quasi-endowment	%	(4))	0.0.00					
b	Permanent endowment • %								
c	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c should equal								
За	Are there endowment funds not in the possession of		are held and a	dministered fo	or the				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed a	as required on Sched	lule R?				. 3b		
4	Describe in Part XIII the intended uses of the organiz	•							
	t VI Land, Buildings, and Equipment.	<u></u>							
	Complete if the organization answe	red "Yes" on Fo	rm 990. Par	rt IV. line 1	1a. See	Form 990. F	art X. lin	e 10.	
	Description of property	(a) Cost or other basis		or other basis		Accumulated		ok value	
	2000 pilon of property	(investment)	' '	(other)		preciation	(a) Bo	ok value	
1a	Land			•					
b	Buildings								
C	Leasehold improvements								
d	Equipment			4,617		2,168		2,4	149
e	Other			-, UI		2,100			
_	. Add lines 1a through 1e. (Column (d) must equal Fi	orm 990 Part X coli	umn (R) line 1	10c)				2,4	149
· Jua	. Add midd fa thiodgir fo. (Oblanni (a) mast equal f	5 555, r art A, 6016	וווו ט), וווופ ז					2,3	

Schedule D (Form 990) 2017 DO GOOD MULTNOMAH 47-3934102 Page 3

Part VII Investments - Other Securities

	Complete if the organization answers	u 163 on 10111330, 12	art IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	o) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
	p) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 1
		Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(*)			
(5)			
(5)			
(5) (6)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line a	5.)	
(5) (6) (7) (8) (9)	Other Liabilities.		
(5) (6) (7) (8) (9) Total. (Colum	Other Liabilities.		urt IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization answere		art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Colunt) Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,

 Schedule D (Form 990) 2017
 DO GOOD MULTNOMAH
 47-3934102
 Page 4

Par	·	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	_
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	4-
C		4c 5
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part V lino
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art A, iiile
۷, i a	Tr At, lines 2d and 45, and 1 art Att, lines 2d and 45. Also complete this part to provide any additional information.	
_		

EEA Schedule D (Form 990) 2017

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

DO GOOD MULTNOMAH	47-3934102
01. Form 990 governing body review (Part VI, line 11)	
HARD COPIES OF THE 990 ARE PRESENTED TO THE BOARD FOR APPROVAL BEFORE RETU	RN IS FILED
02. Conflict of interest policy compliance (Part VI, line 12c)	
BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY	
03. CEO, executive director, top management comp (Part VI, line 15a)	
COMPENSATION IS BASED ON REASONABLE STANDARDS FOR THE INDUSTRY. THEY ALSO	EVALUATE
SALARIES BASED ON BUDGET REALTITIES.	
04. Other officer or key employee compensation (Part VI, line 15b	
THE BOARD ASSESSES EMPLOYEE COMPENSATION ANNUALLY. THEY EVALUATE SALARIES	BASED ON BUDGET
REALITIES.	
05. Governing documents, etc, available to public (Part VI, line 19)	
FORM 990 EZ AND 990 FILED ARE AVAILABLE BY CONTACTING DO GOOD MULTNOMAH	
06. Explanation of other changes in net assets or fund balances (Part XI,	line 9)
ADJUSTMENT FOR NET ASSEST	
07. List of other expenses (Part IX, line 24e)	
LIST OF OTHER EXPENSES IS STATED ON THE OVERFLOW STATEMENT UNDER PROGRAM E	XPENSES

990 Overflow Statement	2017 Page 1
Name(s) as shown on return	FEIN
DO GOOD MULTNOMAH	47-3934102

Description	P	mount
UNRESTRICTED FUNDS	\$	2,887
Total:	\$	2,887

Description	Amount
DONATIONS	\$ 25,793
Total:	\$ 25,793

PROGRAM EXPENSE

Description	7	Amount			
MEALS	\$	234			
REPAIR MAINTENANCE		287			
SHELTER MEALS		753			
SHELTER SUPPLIES		3,790			
TELEPHONE EXPENSE		1,726			
CITY TRANSPORTATION		1,954			
CLIENT ASSISTANCE		57,314			
Total:	\$	66,058			

Description	Amount			
BANK CHARGES	\$	25		
CONTINUING EDUCATION		200		
NEW BUILDING EXPENSE		13,900		
DONATION		850		
Total:	\$	14,975		

		μ ω μ	.	No.	П	Name	* Iter of du
Land Amount Net Depreciable Cost	Totals	WASHER AND DRYER WASHER AND DRYER		Description	DO GOOD MULTNOMAH	Name(s) as shown on return	* Item was disposed of during current year.
		06272016 06282016	200	Date			
4,139	4,139	2,066 87 1,986		Cost			
			Adjustilion	Basis			
		100.00	100 00	Business			
			3	Section 179			Depre
			depreciation	Bonus			Depreciation Detail Listing Program Services For your records only
	4,139	1,986 1,986	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Depreciable	-		ail Listing ses only
CY 179		U UI U	٦	Life			_
CY 179 and CY Bonus TOTAL CY Depr including 179/bonus		MO WO USE		Method			
us Luding		2 2 2 0	3	Rate			
179/bonus	1,137	19 447	Copiodaion	Prior	47	Social sec	
827	827	117 397	Copiocianon	Current	47-3934102	Social security number/EIN	
ST ADJ:	1,964	84 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Doproci giion	Accumulated		2	2017 PAGE 1
	827	17 397	Callein	AMT			

No. of during current year. * Item was disposed Name(s) as shown on return DO GOOD MULTNOMAH ELECTRONICS Land Amount Net Depreciable Cost Totals Description 06242016 Date Cost 478 478 478 Adjustment Basis percentage Business 100.00 Section 179 **Depreciation Detail Listing** Management & General
For your records only Bonus depreciation Depreciable Basis 478 5 CY 179 and CY Bonus TOTAL CY Depr including 179/bonus Life SI Method MQ 20 Rate Depreciation Prior Social security number/EIN 108 47-3934102 Depreciation Current 96 96 96 Accumulated Depreciation 2017 PAGE 1 ST ADJ: 204 204 Current AMT

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96



	Federal Filing Instructions	2017
Name as shown on return DO GOOD MULTNOMAH		Tax ID Number 47-3934102

Date to file by: 11-15-2018

Form to be filed: Form 990 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990

on page 1.

Address to file: Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other Instructions: If the return is not filed by the due date

(including any extension granted), attach a

statement giving the reason for not filing on time.

DRAGONFLY TAX LLC

5611 SE POWELL BLVD PORTLAND, OR 97206 DRAGONFLYT AX2@GMAIL.COM Phone: (503)757-1196 | Fax: (503)777-2327

November 29, 2018

Do Good Multnomah 5830 NE Alameda St Portland, OR 97213

Subject: Preparation of 2017 Tax Returns

Do Good Multnomah:

Thank you for choosing DRAGONFLY TAX LLC to assist with the 2017 taxes for Do Good Multnomah. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2017 federal and state income tax returns for Do Good Multnomah. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Do Good Multnomah, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2017 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with (503)757-1196.	your tax needs, contact our office at
Sincerely,	
Kathryn L Hryciw DRAGONFLY TAX LLC	
Accepted By:	
Officer	
Date	

DRAGONFLY TAX LLC

5611 SE POWELL BLVD PORTLAND, OR 97206 DRAGONFLYTAX2@GMAIL.COM Phone: (503)757-1196 | Fax: (503)777-2327

November	29, 2018
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Do Good Multnomah 5830 NE Alameda St Portland, OR 97213

Do Good Multnomah:

Enclosed is the 2017 federal return for a tax-exempt organization, prepared for Do Good Multnomah from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (503)757-1196.

Sincerely,

Kathryn L Hryciw DRAGONFLY TAX LLC

DRAGONFLY TAX LLC

5611 SE POWELL BLVD PORTLAND, OR 97206 DRAGONFLYT AX2@GMAIL.COM Phone: (503)757-1196 | Fax: (503)777-2327

November 29, 2018

Do Good Multnomah 5830 NE Alameda St Portland, OR 97213

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (503)757-1196.

Sincerely,

Kathryn L Hryciw DRAGONFLY TAX LLC

990 Tax Exempt Diagnostic Summary Employer Identification # 47-3934102

Demographics

Mailing Address: Phone: (267)441-6271

5830 NE ALAMEDA ST PORTLAND, OR 97213

Resident State: OR

Diagnostics

Preparer: KATHRYN L HRYCIW Invoice: 000520 Date: 11-29-2018

Return Information

Item on Return	2017	2016 Federal
	Federal	(If available)
Total Revenue	377,879	
Total Expenses	356,307	
Net Excess (Deficit)	21,572	
Net Assets or Fund		
Balances	23,477	2,038

State/City Information

State/City	Taxable	Total	Change Fund	<u>UBIT</u>	Total	Refund/
	Revenue	Expenses	Balance		<u>Tax</u>	(Balance Due)