

			** PUBLIC DISCLOSURE COPY		- -	ОМ	B No. 1545-0047
Form 990			Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code)11
			Do not enter social security numbers on this form as it m	nay be	made public.	On	en to Public
Depa Interr	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	atest in	formation.		nspection
A F	or th	e 2021 calenda	ar year, or tax year beginning $ m JUL1$, 2021 and ending	g JU	N 30, 2022		
B c	heck if pplicab	le: C Name of	organization	1	D Employer identifi	cation nun	nber
	Addre	ge DO G	OOD MULTNOMAH				
	Name chang Initial	ge Doing bu	usiness as		47-39341	02	
	_returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s NE EVERETT ST.	'suite I	E Telephone numbe 503-893-		
L	⊥returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		872,694.
	Amer		LAND, OR 97213		H(a) Is this a group re		
	Appli tion		nd address of principal officer: DANIEL HOVANAS		for subordinates		Yes X No
	pend		AS C ABOVE	I	H(b) Are all subordinates ir	icluded?	Yes 🗌 No
11	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	If "No," attach a		
			ODMULTNOMAH.ORG	1	H(c) Group exemptio	n number	
		f organization: 🗌	X Corporation Trust Association Other ► L	Year of	formation: 2015	A State of le	gal domicile: OR
Pa	art I	Summary					
Ð	1		e the organization's mission or most significant activities: THE PRIM				
Governance			AH SHALL BE TO PROVIDE COMMUNITY AND S				S AND
ernő	2		if the organization discontinued its operations or disposed of r	more th	nan 25% of its net ass	sets.	•
No.	3		ing members of the governing body (Part VI, line 1a)				8
	4		ependent voting members of the governing body (Part VI, line 1b)				8
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)				282
tivit	6		of volunteers (estimate if necessary)		_		<u>40</u> 0.
Act			business revenue from Part VIII, column (C), line 12				0.
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0	
		Contributions	and grants (Dart)/III line 1b)		Prior Year 9,595,490.		rent Year 798,526.
ne	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		387,459.	,	0.
Revenue	10	0	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,483.		23,175.
	12		and lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,987,432.	14.	821,701.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.		0.
	14		o or for members (Part IX, column (A), line 4)		0.		0.
6	40		compensation, employee benefits (Part IX, column (A), lines 5-10)		6,071,061.	9,0	698,310.
Ise	16a		Indraising fees (Part IX, column (A), line 11e)		0.		0.
Expenses	Ь		ng expenses (Part IX, column (D), line 25)				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,350,966.	4,	341,664.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,422,027.	14,0	039,974.
	19	Revenue less e	expenses. Subtract line 18 from line 12		1,565,405.	-	781,727.
OC				Begi	nning of Current Year		d of Year
sets	20	Total assets (F	Part X, line 16)		6,858,210.		436,024.
Net Assets or Fund Balances	21		(Part X, line 26)		4,556,670.		698,451.
			und balances. Subtract line 21 from line 20		2,301,540.	2,	737,573.
	art II	Signature					
			declare that I have examined this return, including accompanying schedules and sta			v knowledge	and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	parer ha	as any knowledge.		

Sign	Signature of officer			Date				
Here	DANIEL HOVANAS, CHIEF	EXECUTIVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JESSICA YODER			self-employed P01244346				
Preparer	Firm's name MCDONALD JACOBS ,	P.C.		Firm's EIN 🕨 93-0900579				
Use Only	Firm's address 🖕 520 SW YAMHILL S	ST., STE 500						
	PORTLAND, OR 972		Phone no. (503) 227-0581					
May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-09	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) DO GOOD MULTNOMAH	47-3934102 Page 2
Pa	t III 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: THE PRIMARY PURPOSE OF DO GOOD MULTNOMAH SHALL BE	TO PROVIDE COMMUNITY
	AND SUPPORT FOR VETERANS AND OTHER MARGINALIZED A	
	PEOPLE IMPACTED BY HOUSELESSNESS BY PROVIDING SHE	
	HOUSING, AND PERMANENT SUPPORTIVE SERVICES.	,
2	Did the organization undertake any significant program services during the year which were not lis	ted 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 progra	am 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	n services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$11,798,339. including grants of \$) (Revenue \$)
	MAINTAINED SEVEN SHELTER SPACES FOR DISPLACED VET	
	VULNERABLE HOUSELESS INDIVIDUALS IN CONGREGATE AN	
	PROVIDED MEALS, SLEEPING SPACES, AND TRANSPORTATI	
	SUPPLIES TO MAINTAIN SHELTER, ASSISTED IN ADDRESS HOUSING WITH DIRECT CLIENT ASSISTANCE AND IDENTIF	
	AND LOW-INCOME SUBSIDIZED APARTMENTS TO PLACE PAR	
	PERMANENT BASIS. BETWEEN THESE PROGRAMS WE SAW 15	
	PLACEMENTS OUT OF SHELTER AND INTO HOUSING OR THE	
	PARTICIPANT.	
4b	(Code:) (Expenses \$ 511,230. including grants of \$) (Revenue \$)
	EXPANDED SUPPORTIVE SERVICES AT CLACKAMAS COUNTY	VETERANS VILLAGE- A
	POD BASED TRANSITIONAL VETERAN COMMUNITY SERVING	
	TIME AND MAINTAINED 19 PODS AT THE ST. JOHNS VILL	· · · · · · · · · · · · · · · · · · ·
	BOTH VETERANS AND NON-VETERANS. BETWEEN THESE TWO	
	SUCCESSFUL PLACEMENTS OUT OF SHELTER AND INTO HOU	SING OR THE NEXT BEST
	FIT FOR THE PARTICIPANT.	
4c	(Code:) (Expenses \$ 529, 401. including grants of \$) (Revenue \$
	MAINTAINED PERMANENT SUPPORTIVE HOUSING SERVICES	TO 20 UNITS OF VETERAN
	HOUSING AT CLAYTON MOHR COMMONS, BEGAN PROVIDING	
	VETERANS OF THE 28 UNIT BREITUNG BUILDING, AND IN	
	DEVELOPMENT OF 146TH DGM PARTNERSHIP TO BRING ADD	ITIONAL PSH UNITS
	ONLINE IN 2022.	
4d	Other program services (Describe on Schedule O.)	
ти	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 12,838,970.	1
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 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	<u> </u>
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			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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	5		- 23
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
.,	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			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
<u></u>	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	00		х
24 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u></u>
24a	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
h	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	210		
•	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		
	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 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	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
~~	"Yes," complete Schedule L, Part IV	28c	Х	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>	31		<u></u>
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	00021
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Form	990 (2021) DO GOOD MULTNOMAH 47-3934 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	102	Р	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
	filed for the calendar year ending with or within the year covered by this return 2a 282			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 on Schedule O	3b		<u> </u>
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)?	<u>4a</u>		X
b	b If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
0a	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 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	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8				
9	sponsoring organization have excess business holdings at any time during the year? N/A Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а	-	<u>13a</u>		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
5	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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		<u> </u>
	If "Yes," complete Form 6069.	_	000	
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	1a		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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		<u> </u>
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		. 5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			<u>8a</u>		_
b	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue (Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \ldots$. 10 ł		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	a X	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	12	x X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," de	escribe			
	on Schedule O how this was done			120		
3	Did the organization have a written whistleblower policy?			13		<u> </u>
4	Did the organization have a written document retention and destruction policy?			14	X	\perp
5	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official					<u> </u>
b	Other officers or key employees of the organization			15	5 X	\vdash
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a			
	taxable entity during the year?			16:	a X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization'	s			
	exempt status with respect to such arrangements?			16	X	
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	f interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	PARTNERS 38 LLC - (360) 910-2826					
	2721 NW 117TH CIRCLE, VANCOUVER, WA 98685					
2006	12-09-21			Foi	m 990) (202
	6					
05	15 781409 2059 2021.05080 DO GOOD N	NULT	NOMAH		20	059

Form 990 (2021) 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 endi	ng 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 compens	ation.			

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer an		recic	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	n stit utio nal tru stee		nploy	st cor	ar	1000 1120/		organizations
	line)	Individual trustee or director	In stit u	Officer	Key employee	Highest compensated employee	Former			g
(1) CHRISTOPHER T AIOSA	40.00									
EXECUTIVE DIRECTOR		Х		х				102,821.	0.	449.
(2) ANDREW GOEBEL	2.50									
SECRETARY/CHAIR/EMPLOYEE		Х		Х				50,437.	0.	0.
(3) RICH FLAMM	40.00									
BOARD MEMBER/EMPLOYEE 7/1/21-9/10/21		Х						20,599.	0.	1,572.
(4) CHRISTIAN FAZIO	20.00									
BOARD MEMBER/EMPLOYEE 7/1/21-9/21/21		Х						17,689.	0.	0.
(5) ERIK DEGREGORIO	5.00									
CHAIR 7/1/21-10/31/21		Х		х				0.	0.	0.
(6) SCOTT LEAHY	5.00									
TREASURER		Х		X				0.	0.	0.
(7) JOSHUA DEAN	1.00									
BOARD MEMBER 7/1/21-10/31/21		х						0.	0.	0.
(8) KATIE SWAIM	2.50								•	
BOARD MEMBER 7/1/21-10/31/21	0.00	X				-		0.	0.	0.
(9) ANKUR DHOLAKIA	2.00							0	0	
BOARD MEMBER 10/21/21-6/30/22	0.00	X						0.	0.	0.
(10) RICHARD MOUNTS	2.00							0	0	
BOARD MEMBER 10/21/21-6/30/22	1 0 0	X						0.	0.	0.
(11) JOSH HOVANAS	1.00							0	0	
BOARD MEMBER 10/21/21-6/30/22	1 0 0	Х						0.	0.	0.
(12) DAMIAN MECHAM	1.00	x						0.	0	
BOARD MEMBER 10/21/21-6/30/22 (13) SPENCER MILLER	1.00	A				<u> </u>		0.	0.	0.
	1.00	х						0.	0.	0.
BOARD MEMBER 10/21/21-6/30/22 (14) SHEILA MASON	2.00	<u> </u>				-		0.	0.	0.
BOARD MEMBER 1/15/22-6/30/22	2.00	x						0.	0.	0.
(15) ANNE TAYLOR	1.00	^						0.	0.	0.
BOARD MEMBER 10/21/21-6/30/22	1.00	x						0.	0.	0.
(16) DAWNA HAVNAR	2.00	~						0.	0.	0.
TREASURER 12/8/21-6/30/22	2.00	x		x				0.	0.	0.
				- 23					0.	<u> </u>
		1								
	I	I	1		I	1		1		000

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Form 990 (2021)

	90 (2021) DO GOOD M									47-39	3410	2 г	Page 8
Part	Section A. Onicers, Directors, Trus		ploy	ees,			ghes	t C		s (continued)			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than d is both	an	(D) Reportable compensation from	(E) Reportable compensatior from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	C/ 0	mpensa from th rganiza and rela ganizat	ne tion ted
1b S	Subtotal								191,546.		0.	2.0	21.
сТ	otal from continuation sheets to Part VI	I, Section A							0. 191,546.		0.	2,0	0.
	otal (add lines 1b and 1c) otal number of individuals (including but n							o re			0.1	2,0	<u>21.</u>
C	ompensation from the organization											Yes	No No
	bid the organization list any former officer,	-			•	-		Ŭ		•			
	ne 1a? If "Yes," complete Schedule J for s or any individual listed on line 1a, is the su										3		X
	nd related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•							4		X
	endered to the organization? <i>If "Yes." com</i> on B. Independent Contractors	plete Schedule	e J fo	or su	ch r	bers	on .	<u></u>	-		5		X
1 (Complete this table for your five highest co	-									ensation	from	
t	ne organization. Report compensation for (A)		ear e	nain	g wi		or wi		(B)			(C)	
BEAU	Name and business	address						-	Description of s	ervices	Comp	pensatio	on
	<u>30X 2768, OREGON CITY,</u> IN PATEL	OR 970	45					_	CONTRACTOR		3,8	19,1	67.
<u>3310</u>	SE 82ND AVE, PORTLAN							_	MOTEL OPERAT	OR	3	87,9	74.
206	RONMENT CONTROL, GREA	TEK VAN	0		SK	_		_	JANITORAL SE	RVICES	2	88,5	65.
) THE MASS IW DAVIS ST., PORTLAND), OR 97	<u>20</u>	9					MEAL SERVICE PROVIDER		2	75,7	37.
	STREETS PDX N ALTA AVE., PORTLAN	D, OR 9	72	03					MEAL SERVICE PROVIDER		2	08,7	24.
2 T	otal number of independent contractors (in 100,000 of compensation from the organia	ncluding but no			to t	thos 6	-	ted	above) who received mo	ore than			
											For	m 990	(2021)

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		(2021) DO GOOD MULTNOM	Í AH			47-3934	102 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, γ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	 k	Membership dues 1b					
ng B	Ċ	Fundraising events					
ifts ar A	c	Related organizations 1d					
s, G mila	e	Government grants (contributions)	3,722,789.				
rsi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	1,075,737.				
d O	ç	Noncash contributions included in lines 1a-1f	565,416.				
ပိုရ	ł	Total. Add lines 1a-1f		14,798,526.			
		B	usiness Code				
ice	2 8						
er v	k						
n S Veni	C						
Program Service Revenue	C						
Pro	6	All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,					
	-	other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
			(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	C	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
enu		and sales expenses 7b					
evenue		Gain or (loss) 7c					
		I Net gain or (loss)	····· ►				
Other R	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See	74,078.				
		Part IV, line 18	50,993.				
		Less: direct expenses	<u> </u>	23,085.			23,085.
		Gross income from gaming activities. See		20,000.			20,000
	5.0	Part IV, line 19 9a					
	ł	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	F				
		and allowances 10a					
	k	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	►				
ω		В	usiness Code				
e gü	11 a	OTHER 9	900099	90.			90.
Miscellaneous Revenue	k	,					
cell seve	C						
Mis	C	All other revenue					
_	e	Total. Add lines 11a-11d		90.			
	12	Total revenue. See instructions	🕨	14,821,701.	0.	0.	23,175.
13200	9 12-0	9-21					Form 990 (2021

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	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				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	151,001.	139,524.	8,003.	3,474
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,303,039.	7,671,184.	443,547.	188,308
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	386,079.	356,738.	20,462.	8,879
0	Payroll taxes	858,191.	792,969.	45,484.	19,738
1	Fees for services (nonemployees):	-	-	-	•
а	Management				
	Legal	60,628.	3,062.	56,341.	1,225
	Accounting	45,837.	2,315.	42,596.	926
	Lobbying	•	ŕ		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	56,386.	3,098.	51,466.	1,822
2	Advertising and promotion	6,995.	6,995.		_,•
3	Office expenses	583,307.	464,867.	115,659.	2,781
4	Information technology		101/00/1		
	F F				
5	Royalties	259,222.	217,670.	39,885.	1,667
6		16,406.	15,329.	955.	122
7		10,400.	13,329.	955.	142
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,801.		4,801.	
0		4,001.		±,001•	
1	Payments to affiliates	28,518.	28,518.		
2	Depreciation, depletion, and amortization	45,763.	40,JLÕ.	45,763.	
3		45,/03.		45,/03.	
4	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.) SHELTER OPERATIONS	1,340,224.	1,340,224.		
a ⊾	CLIENT ASSISTANCE	886,823.	886,823.		
b	PROPERTY AND PROJECT MA	497,044.	480,546.	16,498.	
C	INDIENTI AND PRODECT MA	47/,044.	400,040.	10,490.	
d		500 710	429,108.	00 100	E00
	All other expenses	509,710.	<u>429,108</u> . 12,838,970.	80,102.	500
5	Total functional expenses. Add lines 1 through 24e	14,039,974.	14,030,970.	971,562.	229,442
6	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 fifted following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)
Part X Balance Sheet DO GOOD MULTNOMAH

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		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			360,670.	1	132,489.
	2	Savings and temporary cash investments				2	0.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			901,939.	4	1,631,949.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			327,658.	7	412,658.
Assets	8	Inventories for sale or use				8	
Š	9				107,820.	9	312,860.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>976,243.</u> 30,175.			
	b	Less: accumulated depreciation		30,175.	5,160,123.	10c	946,068.
	11	Investments - publicly traded securities				11	
	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			15		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	6,858,210.	16	3,436,024.
	17	Accounts payable and accrued expenses	968,944.	17	598,451.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV o	of Schedule D		21	
ş	22	Loans and other payables to any current or for	mer offic	er, director,			
liti		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ons		22		
	23	Secured mortgages and notes payable to unre	lated thir	d parties	3,587,726.	23	100,000.
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	ayables t	o related third			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D				25	<u> </u>
	26	Total liabilities. Add lines 17 through 25			4,556,670.	26	698,451.
<i>(</i> ^		Organizations that follow FASB ASC 958, ch	eck here				
čě		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions	2,301,540.	27	2,737,573.		
Ba	28	Net assets with donor restrictions			28		
pun		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sei	30	Paid-in or capital surplus, or land, building, or e				30	
tAŝ	31	Retained earnings, endowment, accumulated i			0 001 545	31	
Ne	32	Total net assets or fund balances			2,301,540.	32	2,737,573.
	33	Total liabilities and net assets/fund balances			6,858,210.	33	3,436,024.

Form 990 (2021)

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Form	DO GOOD MULTNOMAH	47-3	934102	Pa	_{qe} 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	14,821	L,7	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,039	9,9	74.
3	Revenue less expenses. Subtract line 2 from line 1	3	781	L,7:	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,301	L,5	40.
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 on Schedule O)	9	-345	5,6	94.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,735	7,5	73.
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	e 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	e basis,			
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			1
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				X
			-		(0004)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

ĺ	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nar	ne	of t	he organization							identification number	
_	_	-		OOD MULTNOI						7-3934102	
Pa	art	L	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	ore	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1			A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2			A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4			A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
			city, and state:								
5			An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Σ	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in	
			section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8			A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9			An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
			university:								
10			An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
			income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.	
			See section 509(a)(2). (Con	mplete Part III.)							
11			An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12			An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
			more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3). (Check the box on	
			lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
á	a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
			the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting	
			organization. You must o	complete Part IV, Se	ections A and B.						
k	C		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ring	
			control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
			organization(s). You mus	t complete Part IV,	Sections A and C.						
Ċ	•		Type III functionally inte	• • • •					ly integrate	d with,	
			its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
C	k		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness	
			requirement (see instructi								
e	•		Check this box if the orga					Туре I, Туре	II, Type III		
			functionally integrated, or		nally integrated supporti	ng organiz	ation.				
1			r the number of supported o	•							
	g ⊢		vide the following information Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other	
		(,	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)	
			-		above (see instructions))	165					
Tot	al										
	-										

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	377,879.	1606402.	4067263.	9595490.	14798526.	30445560.
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	377,879.	1606402.	4067263.	9595490.	14798526.	30445560.
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)						
	Public support. Subtract line 5 from line 4.						30445560.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	377,879.	1606402.	4067263.	9595490.	14798526.	30445560.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots					100.	100.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,511.	45,401.	<u>46,912.</u> 30492572.
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	978,828.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>99.85 %</u>
						15	99.99 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•				▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
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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		1		1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		(-,	(-,	(-,	(-,	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here	<u></u>					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	Investment income percentage for 20		•	ine 13 column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
134	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						······································
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-04-22		· · · , · •	. ,			e A (Form 990) 2021
			1 5			2 3.10 000	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Yes No

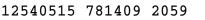
Part IV Supporting Organizations

(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.)

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Part IV Supporting Organiza	-	
Schedule A (Form 990) 2021	-	 MULTNOMAH

1

2

1

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
	supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	-
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(c) that operated supervised or controlled the supporting organization? If IVas II are taken in	i i

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,

rait vi now providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. T	ype II Supporting Organizations	

1 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)*

Section D	. All Type	e III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a ... 2a ... 2b ... 3a ... 3a ...

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Sche	dule A (Form 990) 2021 DO GOOD MULTNOMAH			47-3934102 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain ii</i>	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):			
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		
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 org	ganization (see

instructions).

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Schedule A (Form 990) 2021

Section D - Distributions

3

7	Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				I

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1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

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

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

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1

2

3 4

5 6

Current Year

(iii) Distributable

Amount for 2021

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Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. Provide the e 2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, Se	explanations require , 9a, 9b, 9c, 11a, 1 ection E, lines 1c, 2	1b, and 11c; Part IV, Section	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	(See instructions.)				
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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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

Employer identification number

47-3934102

DO	GOOD	MULTNOMAH

Organization type (check or	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization						
	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 $\dots \longrightarrow$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

47-3934102

DO GOOD MULTNOMAH

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$ <u>12,930,305.</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				
2		\$ <u>500,000.</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				
3		\$ <u>379,590.</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				
4		\$ <u>350,862.</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				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
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Schedule B (Form 990) (2021)

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(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-21	\$	 Schedule B (Form 990) (2021)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

Schedule B (Form 990) (2021)

DO GOOD MULTNOMAH

Employer identification number

47-3934102

Name of o	rganization		Employer identification number				
	OD MULTNOMAH		47-3934102				
Part III	Exclusively religious, charitable, etc., contribu		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	y. For organizations ss for the year. (Enter this info. once.) >\$				
(-) N	Use duplicate copies of Part III if additiona	I space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			— ———				
-							
		(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No			1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
			— ———				
		(e) Transfer of gift	!				
	-		-				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from			/				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			— ————				
-							
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
ŀ		(e) Transfer of gift					
		() · · · · · · · · · · · · · · · · · ·					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
123454 11-11	1-21	24	Schedule B (Form 990) (2021)				

(Form	990)	
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Department of the Treasury

Internal Revenue Service Name of the organization

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 L **Open to Public** Inspection

Employer	identification	number
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	DO GOOD MULTNOMAH			47-3934102
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Sin	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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		in donor advised fund	ds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organizati		, ,	
-	Preservation of land for public use (for example, recrea		Preservation of a histo	prically important land area
	Protection of natural habitat	·	Preservation of a certi	• •
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			zation during the tax
	year ►		, ,	č
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements in		· •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	rcing conservation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes 📃 No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fir	nancial statements that	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reven	ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, o	r research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that descri	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue s	tatement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or re	esearch in furtherance	e 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 tre	asures, or other similar ass	ets for financial gain, p	provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	05		
		25		

Sche		MULTNOMAH					4	<u>17-39</u>	34102	2 ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	t make s	ignificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🛄 I	Loan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					•		
									Amoun	t	
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Or	Ending balance										1
	Did the organization include an amount on Fe							······ L	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>			
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears hack	(e) Four	vears	hack
10	Paginning of year balance	(a) Ourient year		nor year		13 DUCK				yours	buok
1a 5	Beginning of year balance										
0	Contributions										
с А	Grants or scholarships										
e	Other expenditures for facilities										
U											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	column (a)) held as:						
- a	Board designated or quasi-endowment		%	, oolanni (aj							
b	Permanent endowment		_/*								
c		<u></u> /-									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held ar	nd administer	red for th	ne organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• • •	ccumulate	d	(d) Boo	k value	e
1a	Land								-		
b	Buildings			85	5,525.		28,51	.8.	82	7,00	07.
с	Leasehold improvements										
d	Equipment				2,630.		1,65	57.		0,9'	
	Other				8,088.					8,08	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colum</u>	n (B), line 1	0c.)				94	6,00	58.

Schedule D (Form 990) 2021

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Schedule E) (Form 990) 2021	DO	GOOD	MULTNOMAH

	IN OF SECURITY OF CATEGORY (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-vear market value
		(b) BOOK value	(c) Method of Valdation. Cost of e	and of year market value
 Financial (Cleasely be 				
	eld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
<u>(H)</u>				
tal. (Col. (b)	must equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related.			
(Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.) 🕨			
tal. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.) >			
tal. (Col. (b) Part IX	must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
tal. (Col. (b) Part IX	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) Part IX	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) Part IX (Col. (b) Colored (Colored (Colore	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) Part IX (((1) (2)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (3) (3) (1) (3)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (4) (4) (5) (6) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (3) (4) (5) (4) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (3) (4) (4) (4) (5) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (4) (5) (6) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) art IX ((2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) [Description		(b) Book value
tal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columni	Other Assets. Complete if the organization answered "Yes" o	Description		(b) Book value
tal. (Col. (b) art IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line	Description		
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tal. (Col. (b) art IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X ((2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.
tal. (Col. (b) art IX ((1) ((2) ((3) ((4) ((5) ((6) ((7) ((8) ((9) tal. (Column tal. (Column ((1) Feder	Other Assets. Complete if the organization answered "Yes" o (a) E (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o	Description		25.
tal. (Col. (b) art IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X ((1) Feder (2)	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.
tal. (Col. (b) art IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (9) tal. (Column (1) Feder (2) (3)	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.
tal. (Col. (b) art IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column) (9) tal. (Column) (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.
tal. (Col. (b) 'art IX (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column) 'art X (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.
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tal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) Part X ((1) Feder (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (8) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.
tal. (Col. (b) Part IX ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X ((1) Feder (2) (3) (4) (5) (6) (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		25.

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

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche	dule D (Form 990) 2021 DO GOOD MULTNOMAH		47-3934102 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.</u>)	5
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

132054 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					vities 0	OMB No. 1545-0047		
(Form 990)	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.							2021
Department of the Treasury		Attach to Form 990	-		-			Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
Name of the organization		MULTNOMAH					Employer ide 47-3934	ntification number
	complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o red in Form 990, P) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	<u></u>							
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
								0 (F 000) 000 i
LHA For Paperwork R	eauction Act Not	ice, see the Instructions for Form 9	990 or	990-E	. Z .		Schedule	e G (Form 990) 2021

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1 BENEFIT EVENT	(b) Event #2 BENEFIT EVENT 2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	45,213.	17,729.	11,135.	74,077.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	45,213.	17,729.	11,135.	74,077.
	4	Cash prizes				
s	5	Noncash prizes	821.	1,305.		2,126.
kpense	6	Rent/facility costs	8,347.			8,347.
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment	<u>3,650.</u> 3,303.			3,650.
	9	Other direct expenses	3,303.	5,456.	28,111.	36,870.
	10	Direct expense summary. Add lines 4 through				50,993.
_	11	Net income summary. Subtract line 10 from li				23,084.
Ра	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				

	7	Direct expense summary. Add lines 2 through 5 in column (d)		
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	En	ter the state(s) in which the organization conducts gaming activities:		
		the organization licensed to conduct gaming activities in each of these states?	 Yes	No

%

Yes

No

% |l

Yes

No

Yes

No

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6

Schedule G (Form 990) 2021

%

Volunteer labor

No

Sch	nedule G (Form 990) 2021 DO GOOD	MULTNOMAH 47	-3934102 Page 3
		th nonmembers?	
	Is the organization a grantor, beneficiary or truster	of a trust, or a member of a partnership or other entity formed	
			Yes No
	Indicate the percentage of gaming activity conduc		1 1
			13b %
14	Enter the name and address of the person who pr	pares the organization's gaming/special events books and records:	
	Nama N		
	Name		
	Address		
15 a	a Does the organization have a contract with a third	party from whom the organization receives gaming revenue?	Yes 📃 No
k		ved by the organization > \$ and the amount	
	of gaming revenue retained by the third party $igstarrow$		
c	c If "Yes," enter name and address of the third part		
	Name		
	Addross		
	Address		
16	Gaming manager information:		
10	Gaming manager mormation.		
	Name 🕨		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee	Independent contractor	
17	Mandatory distributions:		
	-	e charitable distributions from the gaming proceeds to	
			Yes No
k		ate law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the ta		
Pa	art IV Supplemental Information. Provi	e the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also	provide any additional information. See instructions.	
1202	202 10 21 21	Cal	edule G (Form 990) 2021
1320	083 10-21-21	31	1202 (CUTH 330) 202 I

Part IV	V Supplemental Information (continued)	
132084 11-18-	-18-21	Schedule G (Form 990)

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990

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

ZUZI Open to Public Inspection

Employer identification number

47-3934102

Name of the organization	
--------------------------	--

DO GOOD MULTNOMAH

Pa	rt I Types of Property				
		(a)	(b) Number of	(c) Noncash contribution	(d)
		Check if applicable	contributions or	amounts reported on	Method of determining noncash contribution amounts
			items contributed	Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		39,825.	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	581	377,466.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (<u>MEDICAL & PPE</u>)	X	22	80,119.	
26	Other ► (FURNITURE)	X	66	30,697.	
27	Other ► (SPECIAL EVENT)	X	8	3,650.	FMV
28	Other 🕨 ()				
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions	
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29	<u>_</u>
					Yes No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for
	exempt purposes for the entire holding period?	?			30a X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

	contributions?
b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II

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

Schedule M (Form 990) 2021

31

32a

132141 11-17-21

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

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Internal Revenue Service Name of the organization 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. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

47-3934102

DO GOOD MULTNOMAH

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER MARGINALIZED AND UNDERREPRESENTED PEOPLE IMPACTED BY

HOUSELESSNESS BY PROVIDING SHELTER, TRANSITIONAL HOUSING, AND PERMANENT

SUPPORTIVE SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF THE 990 ARE PRESENTED TO THE BOARD FOR APPROVAL BEFORE RETURN IS

FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS BASED ON REASONABLE STANDARDS FOR THE INDUSTRY. THEY ALSO

EVALUATE SALARIES BASED ON BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 EZ AND 990 FILED ARE AVAILABLE BY CONTACTING DO GOOD MULTNOMAH.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DECONSOLIDATION OF FINDLEY COMMONS, LLC

-345,694.

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 3B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2 Name of the organization	า	OD MULT	NOMAH					Page Employer identification number 47-3934102
				DIIM	112.0	мол		
THE ORGANIZA		IN THE	PROCESS,	BUT	пар	NOT	COMPLETED	THE SINGLE
AUDIT AT THIS	S TIME.							
								Schedule O (Form 990) 20
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SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection Employer identification number 47-3934102

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

DO GOOD MULTNOMAH

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FINDLEY COMMONS LLC - 84-1760528					
7809 NE EVERETT ST					
PORTLAND, OR 97213	HOUSING	OREGON	45,411.	6,157,866.	
DGM 146TH LLC - 86-3226785					
7809 NE EVERETT ST					
PORTLAND, OR 97213	HOUSING	OREGON	0.	227,658.	

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

organizatione daning the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021

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

		,				1			1		1
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box 20 of Schedule	managin partner	Percentage ownership
		country)		sections 512-514)			Yes	No		Yes No	
146TH APARTMENTS EAST-WEST LP											
866 N. COLUMBIA BOULEVARD,											
SUITE A-25, PORTLAND, OR	1										
97217	HOUSING	OR	DGM 146TH LLC				x	:	N/A	x	.00%
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	4										
New York State Sta	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		No

Schedule R (Form 990) 2021 DO GOOD MULTNOMAH

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	-		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
< Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		+
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)			

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

Schedule R (Form 990) 2021 DO GOOD MULTNOMAH

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

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

(a)	(b)	(c)	(d)	6	~)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-LIBI	Genera	l or Percentag
of entity	T Timary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				res	NO			res	INO	(1011111000)	res	10
											$ \square$	
											$\left \right $	
				1								

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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