** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	\pm 2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 $$ and 0	ending J	<u>UN 30, 2020</u>					
	heck if	C Name of organization		D Employer identifi	cation number				
X	Addres	DO GOOD MULTNOMAH							
F	Name change			47-3934102					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	☐Final return/	5830 NE ALAMEDA		267-441-					
	termin ated	j , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	4,673,431.				
Ļ	Ameno	PORTLAND, OR 97213		H(a) Is this a group re					
	Applic tion pendir	F Name and address of principal officer: CHKIS ALOSA		for subordinates					
		5830 NE ALAMEDA, PORTLAND, OR 9/213		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)				
		e: DOGOODMULTNOMAH.ORG	<u> </u>	H(c) Group exemptio					
		organization: X Corporation	L Year	of formation: ZUIS	M State of legal domicile: OR				
P	art I	Summary	TOT CM	AND DDOUTDE					
ė		Briefly describe the organization's mission or most significant activities: $\frac{TO}{AS}$		AND PROVIDE	SHELTER TO				
anc	l	VETERANS ON A TEMPORARY AND PERMANENT BAS		# OF0/ -f it					
Governance	l	Check this box if the organization discontinued its operations or dispos		1 _	5 <u>5</u>				
ģ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		<u>3</u> 4	5				
જ		Total number of individuals employed in calendar year 2019 (Part V, line 1a)			75				
Activities &		Total number of violunteers (estimate if necessary)			103				
Ξ̈́		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ā		Net unrelated business taxable income from Form 990-T, line 39			0.				
	Ť	The difficulties business taxable meeting nem edge 1, into 60		Prior Year	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)		1,943,669.	4,067,263.				
nue	l	Program service revenue (Part VIII, line 2g)		0.	591,369.				
Revenue	I .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-19,280.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,943,669.	4,639,352.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		789,535.	2,537,290.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
g	b	Total fundraising expenses (Part IX, column (D), line 25)							
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		712,968.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,502,503.	4,422,572.				
	19	Revenue less expenses. Subtract line 18 from line 12		441,166.	216,780.				
Net Assets or			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		534,573.	1,476,067.				
A As	21	Total liabilities (Part X, line 26)		37,815.	764,979.				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		496,758.	711,088.				
	art II	Signature Block			The soud of the ball of the				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	las any knowledge.					
C:	_	Signature of officer		I Date					
Sign		CHRIS AIOSA, EXECUTIVE DIRECTOR		2410					
Her	е	Type or print name and title							
		Print/Type preparer's name Preparer's signature	T	Date Check C	PTIN				
Paid	I	KARIN S. WANDTKE		if self-employ	— L001E0E1E				
	arer	Firm's name MCDONALD JACOBS, P.C.			93-0900579				
-	Only	Firm's address 520 SW YAMHILL ST., STE 500		Tilli 3 Lili					
		PORTLAND, OR 97204		Phone no. (5	03) 227-0581				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No				

Form	1 990 (2019) DO GOOD MULTNOMAH	47-3934102	Page 2
	rt III Statement of Program Service Accomplishments		. ugo
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	AND DEDMANE	
	TO ASSIST AND PROVIDE SHELTER TO VETERANS ON A TEMPORARY	AND PERMANEI	И.Т.
	BASIS		
2	Did the organization undertake any significant program services during the year which were not listed on the		₩
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 3,051,279 • including grants of \$) (Revenu	es 591,	369.)
		ED MEALS AND	,
		TAIN SHELTER	₹
	AND TO LOCATE LOW INCOME APARTMENTS AND PLACE THE VETERAN		
	APARTMENTS ON A PERMANENT BASIS.	NO IN III	
	AFARIMENTS ON A FERMANENT DASIS.		
4b	(Code:) (Expenses \$)
	PROVIDED SUPPORTIVE SERVICES AT NEWLY OPENED CLAYTON MOHE		ICH
	PROVIDES 24 UNITS OF VETERANS AND THEIR FAMILIES WITH PER		
	SUPPORTIVE SERVICES. OPENED CLACKAMAS COUNTY VETERANS VI		<u> </u>
	BASED TRANSITIONAL VETERAN COMMUNITY SERVING UP TO 20 VET	ERANS AT A	
	TIME.		
4c	(Code:) (Expenses \$ 632,749 . including grants of \$) (Revenu	e \$)
	SHIFTED OVERNIGHT WINTER SHELTER INTO EXPANDED 100-BED CA		
	EMERGENCY COVID-19 RESPONSE SHELTER TO PROVIDE 24 HOUR SO		
	DISTANCED SHELTER SERVICES. OPERATED 3-MONTH HOTEL VOUCHE		ІТН
	CASE MANAGEMENT SUPPORT FOR OVER 100 COVID-19 VULNERABLE		
	FAMILIES.	INDIVIDUILD	
	111111111111111111111111111111111111111		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,922,456.		
		Form 9	90 (2019)

Form 990 (2019) DO GOOD MULTNOMAH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	X	
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?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	L	X

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Form **990** (2019)

Form 990 (2019) DO GOOD MULTNOMAH
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? 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		X
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		_X_
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			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2019) DO GOOD MULTNOMAH

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

	i (continued)									
0-	Fator the number of ampleyoes reported an Form W.C. Transmittel of Ware and Tay Statements			Yes	No					
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 75								
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х						
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20							
За		"	За		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х					
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).									
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices provided to the payor?	7a		X					
b			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		v					
	to file Form 8282?		7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		Х					
e	7 7 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
f	3									
9 h	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
8										
Ŭ	sponsoring organization have excess business holdings at any time during the year?	by the	8							
9	Sponsoring organizations maintaining donor advised funds.									
а			9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	406								
_	organization is licensed to issue qualified health plans	13b								
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a		Х					
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		עדי							
	excess parachute payment(s) during the year?		15		x					
	If "Yes," see 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		х					
	If "Yes," complete Form 4720, Schedule O.									
	• • •	'	Гогра	990	(2010)					

47-3934102 Page 6 Form 990 (2019) 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 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2019)

98685

WA

PARTNERS 38 - (360) 910-2826 2721 NW 117TH CIRCLE, VANCOUVER,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(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)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ERIK DEGREGORIO	5.00								•	•	
CHAIR	F 00	Х		Х				0.	0.	0	
(2) SCOTT LEAHY	5.00	·		7,7					0	_	
PREASURER (3) MOLLY FINNEGAN	5.00	Х		Х				0.	0.	0	
SECRETARY	3.00	х		х				0.	0.	0	
(4) AMY LEAHY	2.50							0.	0.	0	
BOARD MEMBER	2.50	x						0.	0.	0	
(5) KATIE SWAM	2.50	1								•	
BOARD MEMBER		х						0.	0.	0	
(6) ANDREW GOEBEL	2.50							-	-		
BOARD MEMBER		Х						0.	0.	0	
(7) CHRISTOPHER T AIOSA	40.00										
EXECUTIVE DIRECTOR				Х				60,200.	0.	0	
		1									
		4									
			_			_					
		-									
		1									
		1									
		1									
]									
		<u> </u>									
			1	l	l	1					

Form **990** (2019)

15180428 781409 2059

(A) (B) (C) (D) (E)										(F)			
Name and title	Average	(do		Pos	ition) than c	ne	Reportable	Reportable		Estimate		
	hours per	box	, unles	ss per	rson i	s both or/trus	an	compensation	compensation	n	amount of		of
	week (list any		lei aii		liecto	i / ii us	.00)	from the	from related organizations	,		other pensa	tion
	hours for	director				- - - -		organization	(W-2/1099-MIS			om the	
	related	stee or	rustee			ensati		(W-2/1099-MISC)			•	anizati	
	organizations below	ual tru:	ional t		ployee	t comp						d relati	
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	0115
		_	_	Ŭ	×	1							
1b Subtotal								60,200.		0.			0.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	60,200.		0.			0.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				^
compensation from the organization											I	Yes	0 N o
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for st										[3		Х
4 For any individual listed on line 1a, is the su													7.7
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			•			5		Х
Section B. Independent Contractors	piete Scriedule	. J 10	JI SU	ICIT I	Jers	<u> </u>					<u> </u>		
Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
HOME FIRST DEVELOPMENT, 8		LU	MB	ΙA				PROPERTY & P			ompor	Toution	
BLVD, STE A-25, PORTLAND,							- 1	MANAGEMENT			254	4,2	39.
-													

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Charle if Schodula Contains a response	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response of	or note to any iir	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 :	Federated campaigns 1a					
an		Membership dues 1b					
Ω̈́B		Fundraising events 1c					
fts		Related organizations 1d					
ig is		Government grants (contributions) 1e 3,	829,214.	-			
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and	025,211.	-			
atic er			220 040				
년 된			238,049.	-			
ont Od	!	Noncash contributions included in lines 1a-1f 1g \$	27,935.	4 067 060			
<u>ŏ</u> <u>ö</u>		Total. Add lines 1a-1f		4,067,263.			
			Business Code				
ě	2	PROGRAM SERVICE RENT	624200	591,369.	591,369.		
Ϋ́)					
Se		•					
am eve		1					
Be		•					
Program Service Revenue		All other program service revenue					
		Total. Add lines 2a-2f	•	591,369.			
	3	Investment income (including dividends, interes		002,0001			
	3						
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real					
			(ii) Personal				
		Gross rents 6a		-			
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c					
		Net rental income or (loss)	<u></u>				
	7	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ē		and sales expenses					
Revenue		Gain or (loss) 7c					
ev.		Net gain or (loss)					
er F		Gross income from fundraising events (not					
Othe	0	· · · · · · · · · · · · · · · · · · ·					
0							
		contributions reported on line 1c). See	14 700				
		Part IV, line 18	14,799. 34,079.	-			
		Less: direct expenses8b	34,079.	10 000			10 000
		Net income or (loss) from fundraising events	····· •	-19,280.			-19,280.
	9	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
		, ,	Business Code				
Sn	11 :	•					
ed Tue							
lla Ven							
Miscellaneous Revenue							
Ξ̈́		All other revenue					
		Total. Add lines 11a-11d		4 620 2E2	E01 260	^	10 200
	12	Total revenue. See instructions	<u></u>	4,639,352.	591,369.	l 0.	<u>-19,280.</u>

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 79,200. 72,960. 5,429. 811. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,176,523. 2,005,036. 149,198. 22,289. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,462. 79,682. 73,404. 816. Other employee benefits 9 201,885. 185,979. 13,839. 2,067. 10 Payroll taxes Fees for services (nonemployees): Management 3,506. 3,506. Legal 45,457. 45,457. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 45. 8,499. 2,488. 11,032. column (A) amount, list line 11g expenses on Sch O.) $8,\overline{217}$ 8,217. Advertising and promotion 12 33,057. 25,541. 7,295. Office expenses 13 Information technology 14 15 Royalties 727,620. 676,148. 51,472. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 767. 767. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 13,441. 13,441. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 624,142. 624,142. CLIENT ASSISTANCE 271,109. PROPERTY AND PROJECT MA 125,129. 145,980. 127,803. 127,144. 659. SHELTER OPERATIONS С d 19,131. 6.928. 5,725. 6,478. All other expenses 4,422,572. 3,922,456. 464,287. 35,829. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		102,075.	1	421,495	
	2	Savings and temporary cash investments		124,707.	2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		78,816.	4	396,307	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Duran side as an area and defermed also assess			5,000.	9	17,008
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	642,916.			
	b	Less: accumulated depreciation	10b	1,659.	223,958.	10c	641,257
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		17.	15		
	16	Total assets. Add lines 1 through 15 (must e		534,573.	16	1,476,067	
	17	Accounts payable and accrued expenses				17	207,964
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or f	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
jab		controlled entity or family member of any of t	these per	sons		22	222 245
-	23	Secured mortgages and notes payable to un		Г		23	292,015
	24	Unsecured notes and loans payable to unrela				24	265,000
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24). Complete Part X	27 015		0
					37,815.	25	764 070
_	26	Total liabilities. Add lines 17 through 25		.	37,815.	26	764,979
_s		Organizations that follow FASB ASC 958,	check he	re 🕨 🔼			
) Se		and complete lines 27, 28, 32, and 33.			410 204		411 000
<u>alar</u>	27				418,304.	27	411,088
ğ	28				78,454.	28	300,000
<u>Ĕ</u>		Organizations that do not follow FASB AS	C 958, ch	eck here			
ᇹᅵ		and complete lines 29 through 33.				0.0	
<u>ş</u>	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
₩	31	Retained earnings, endowment, accumulated		······	106 750	31	711 000
	32				496,758. 534,573.	32	711,088
L	33	Total liabilities and net assets/fund balances			554,575.	33	1,476,067

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)		4,63				
2	Total expenses (must equal Part IX, column (A), line 25)	2 4	4,42	2,5 6,7			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	_	2,4	50.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	71	1,0	88.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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 in Schedule	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

DO GOOD MULTNOMAH

Employer identification number

		של טע	OOD MOTINO	MAA				4/-3334IUZ				
Pa	ırt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	•		•	-	I)(A)(i).					
2	一	A school described in sect i					<i>X X Y</i>					
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
1	H	A medical research organiza						er the hospital's name				
7		city, and state:	ation operated in con	ijanotion with a noopital	accombca	III SCOUL	11 17 O(D)(1)(A)(III): End	or the hoopital o hame,				
_		An organization operated for	or the benefit of a col	logo or university ewned	or operate	ad by a go	wornmontal unit doscri	had in				
5				lege of university owned	or operati	ed by a go	Werrimental unit descri	bed III				
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(L-\/4\/A\	6.3					
6	37	A federal, state, or local gov	_									
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the genera	I public described in				
		section 170(b)(1)(A)(vi). (C										
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a land-grar	nt college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the colle	ge or				
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membership fees, a	and gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry out th	e purposes of one or				
		more publicly supported or	· ·	· · ·	-		•					
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •				· · · · · · · · · · · · · · · · · · ·	v aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-						
		organization. You must o		• • • •	majority o	T tho direc		Supporting				
b		Type II. A supporting org			ion with its	e cunnorte	ad organization(s) by b	avina				
	, r	control or management o	•					-				
		-			anie perso	iis iiiai co	nition of manage the su	pported				
_		organization(s). You mus			in connoct	ion with	and functionally integra	tod with				
С	· L	☐ Type III functionally inte	= ::					ited with,				
	. —	its supported organization		·				-!4!(-)				
d	'		=					* *				
		that is not functionally int		• ,	•		•	tiveness				
		requirement (see instructi	•	-								
е	•	Check this box if the orga					Type I, Type II, Type II					
		functionally integrated, or		nally integrated supportir	ng organiz	ation.						
f		er the number of supported o										
<u>g</u>		vide the following information			(iv) Is the orga	nization listed	. (.) A	(vi) Amazumt of other				
	'	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions					
		organization		above (see instructions))	Yes	No	Support (See Instructions) Support (See Instructions)				
_												

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	94,910.	288,534.	377,879.	1606402.	4067263.	6434988.	
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	94,910.	288,534.	377,879.	1606402.	4067263.	6434988.	
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)							
6	Public support. Subtract line 5 from line 4.						6434988.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	94,910.	288,534.	377,879.	1606402.	4067263.	6434988.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)							
11	Total support. Add lines 7 through 10						6434988.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	591,369.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)		
	organization, check this box and stop	here	·····				> X	
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2019 (I					14	%	
	Public support percentage from 2018					15	%	
16a	33 1/3% support test - 2019. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟	
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the "fac		•	-	•	•		
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□	
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the		
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported organ	nization	▶∐	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>	
	Schedule A (Form 990 or 990-EZ) 2019							

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	· ·		*	•	. , . ,	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and can inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		L

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
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	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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	3		
Sec	supported organizations played in this regard. Stion 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 year (see instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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-functional	lly integrated	d Type III supporting orga	anization (see
	inches (ations)			

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Device the advantage and the Devil East April 1994 A					
T GIT TI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,					
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
-						

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2019

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

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 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							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, 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; 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, II, and III.							
year, contributions is checked, enter h purpose. Don't co	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						
but it must answer "No" on	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

DO GOOD MULTNOMAH 47-3934102

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$\$.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$5,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
4		\$\$\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) Total contributions	(d) Type of contribution			
No. 6	Name, address, and ZIP + 4	\$\$ 384,064.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

DO GOOD MULTNOMAH

47-3934102

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

Name of organization **Employer identification number** DO GOOD MULTNOMAH 47-3934102 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DO GOOD MULTNOMAH

Employer identification number 47-3934102

Pai	τl	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Ac	counts.	Complete if the	he
		organization answered "Yes" on Form 990, Part IV, line	e 6.				
			(a) Donor advised funds	(b) Funds ar	nd other accou	unts
1	Tota	I number at end of year					
2		regate value of contributions to (during year)					
3	Aggr	regate value of grants from (during year)					
4	Aggr	regate value at end of year					
5	Did t	he organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed fund	ds		
	are t	he organization's property, subject to the organization's e	xclusive legal control?			. Yes	No
6	Did t	he organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used o	nly		
	for c	haritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ing		
_						Yes	No
Pai	t II	Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purp	ose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>				
		Preservation of land for public use (for example, recreating	ion or education) Preservation o	f a histo	orically impo	ortant land area	a
		Protection of natural habitat	Preservation o	f a certi	fied historic	structure	
		Preservation of open space					
2	Com	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a cor			_
	-	of the tax year.			Held	at the End of th	ne Tax Year
а		I number of conservation easements			2a		
b		-			2b		
С		ber of conservation easements on a certified historic structure			2c		
d		ber of conservation easements included in (c) acquired af					
		d in the National Register			2d		
3	Num	ber of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organi	zation durin	g the tax	
	year	·					
4		ber of states where property subject to conservation ease					
5		s the organization have a written policy regarding the period					
_		tions, and enforcement of the conservation easements it l				· L Yes	No
6	Stan	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servatio	n easement	ts during the y	ear
_	_						
7		unt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ition eas	sements au	ring the year	
	▶ \$	s each conservation easement reported on line 2(d) above	and infert the requirements of anotion 170	(b)(4)(D)	/:\		
8						Yes	No
9		art XIII, describe how the organization reports conservation	n assembnts in its revenue and expense			res	
3		nce sheet, and include, if applicable, the text of the footnot	•			the	
		nization's accounting for conservation easements.	one to the organization's imanetal statem	Citto tite	at describes	, tric	
Pai	t III	Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther S	imilar As	sets.	
		Complete if the organization answered "Yes" on Form 9					
	If the	e organization elected, as permitted under FASB ASC 958	3. not to report in its revenue statement a	and bala	ance sheet v	works	
		t, historical treasures, or other similar assets held for publ	•				
		ce, provide in Part XIII the text of the footnote to its finance	,		•		
b	If the	e organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance	sheet work	s of	
		nistorical treasures, or other similar assets held for public	·				
		ide the following amounts relating to these items:	•		-	•	
	•	Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the	e organization received or held works of art, historical trea					
	the f	ollowing amounts required to be reported under FASB AS	SC 958 relating to these items:	·			
а	Reve	enue included on Form 990, Part VIII, line 1			> \$		
b		ets included in Form 990, Part X					
LHA	For I	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sche	edule D (Form	990) 2019

Par	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar A	ssets _{(cor}	ntinued)			
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
	collection items (check all that apply):											
а	Public exhibition	d		Loan or exc	hange progra	am						
b	Scholarly research	е	,	Other								
С	Preservation for future generations											
4	Provide a description of the organization's colle	ections and explair	n how th	ey further th	ne organizatio	n's exemp	ot purpose i	n Part XIII.				
5	During the year, did the organization solicit or r											
	to be sold to raise funds rather than to be mair				•			. Yes		No		
Par	rt IV Escrow and Custodial Arrange								or			
	reported an amount on Form 990, Part			•			•	, ,				
1a	Is the organization an agent, trustee, custodiar	or other intermed	iary for c	contribution	s or other ass	sets not in	cluded					
	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII ar									_		
	, ,	•	J					Amo	unt			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on For							Yes		No		
	If "Yes," explain the arrangement in Part XIII. C									Ī		
	rt V Endowment Funds. Complete if t											
	•	(a) Current year		rior year	(c) Two yea			s back (e) F	our vears	back		
1a		(4)	(~):	iioi you.	(0) 1110 302	. s suon (.,	S Such (C)	ou. you.o	- Duoit		
b.	Contributions											
c	Net investment earnings, gains, and losses											
4	Grants or scholarships											
u 0	Other expenditures for facilities											
·	· · · · · · · · · · · · · · · · · · ·											
	and programs Administrative expenses											
'												
g	,	at voor and balance	l (line 1e	, column (c) hold as:							
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:											
a	Board designated or quasi-endowment \(\square\) \(\squa											
b	·											
С	Term endowment%											
2-	The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization											
Sa	i .	sion of the organiza	uon ma	t are rielu ai	iu auministei	ed for the	organizatio	11	Yes	No		
	by:							201		No		
	(i) Unrelated organizations									_		
.	(ii) Related organizations									\vdash		
_)	<u> </u>		
Par	Describe in Part XIII the intended uses of the out VI Land, Buildings, and Equipme		wment ii	unas.								
ı uı) Dort IV	lina 11a C	Farm 000	Dort V III	10					
	Complete if the organization answered							/.0.5	nale : :-!			
	Description of property	(a) Cost or o			or other (other)		cumulated	(a) B	ook valu	ie		
	Land	basis (investr	nent)	טמטוט	(Ou iei)	uepr	eciation					
_	Land			62	1 110			-	2/1 1	1 0		
b	9			0.3	4,119.			634,119.				
С	1				1 650		1 650			0.		
d	1 1				1,659.		1,659	7,138.				
	Other	*			7,138.		<u> </u>					
Tota	al. Add lines 1a through 1e. (Column (d) must eau	ual Form 990. Part .	X colum	nn (B). line 1	Oc.)			▶	41,2	J/•		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 DO GOOD MUL	TNOMAH	47	-3934102 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)	>	
Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 ... X

Schedule D (Form 990) 2019

(7) (8)

Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Rev	venue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	4,639,352.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
		reries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			_
		nes 2a through 2d			2e	0.
		act line 2e from line 1			3	4,639,352.
		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
		ment expenses not included on Form 990, Part VIII, line 7b				
		(Describe in Part XIII.)				0
		nes 4a and 4b			4c	0.
5 Dor	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme	nto With Ex	noncoc nor E	5	4,639,352.
Pai	ιΛΙΙ	·		penses per r	returi	l .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				4 400 570
		expenses and losses per audited financial statements			1	4,422,572.
		nts included on line 1 but not on Form 990, Part IX, line 25:				
		ed services and use of facilities	I I		-	
		/ear adjustments			-	
C		losses			-	
d		(Describe in Part XIII.)				0.
		nes 2a through 2d			2e 3	4,422,572.
		act line 2e from line 1 nts included on Form 990, Part IX, line 25, but not on line 1:			3	4,422,372.
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)			-	
		nes 4a and 4b			4c	0.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	4,422,572.
Par	t XIII	Supplemental Information.				, , , ,
Provid	de 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,
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi				,
PAR	X T	, LINE 2:				
THE	OR	GANIZATION FOLLOWS THE PROVISIONS OF FA	SB ASC T	TOPIC ACC	CUUO	TING FOR
UNC	ERT	AINTY IN INCOME TAXES. MANAGEMENT HAS	EVALUATI	ED THE OR	GAN]	ZATION'S
TAX	PO	SITIONS AND CONCLUDED THAT THERE ARE NO	UNCERTA	AIN TAX P	OSII	TIONS THAT
REQ	UIR	E ADJUSTMENT TO THE FINANCIAL STATEMENT	'S TO COI	MPLY WITH	PRO	OVISIONS
OF	THI	S TOPIC.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Employer identification number DO GOOD MULTNOMAH 47-3934102

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash co	(d) d of determini ontribution an	•	
1	Art - Works of art		itomo contributou	1 01111 000, 1 411 1111, 11110	.9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
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	122	25,990).FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright ($\underline{TOILETRIES, S}$)	X	27	1,945	5. FMV			
26	Other • ()							
27	Other • ()							
28_	Other ()							
29	Number of Forms 8283 received by the organiz	=	•					
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by				- ·			
	must hold for at least three years from the date		l contribution, and	which isn't required to be	e used for			37
	exempt purposes for the entire holding period?)				30a		_X_
	If "Yes," describe the arrangement in Part II.		i 41i		ilati a.a.aO	0.4		v
31	Does the organization have a gift acceptance p	•	•	•		31		<u> </u>
32a	Does the organization hire or use third parties of					00-		Х
L	contributions?					32a		
в 33	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (a) far	a type of property	for which column (a) is a	hacked			
JJ	describe in Part II.	Olullii (C) 101	a type of property	ioi willion column (a) is c	niconcu,			
	GOODE III I AIL II.							

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

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

DO GOOD MIILTNOMAH

Employer identification number 47-3934102

DO GOOD MODINOMAII
FORM 990, PART VI, SECTION B, LINE 11B:
HARD 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 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print DO GOOD MULTNOMAH 47-3934102 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5830 NE ALAMEDA return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97213 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 PARTNERS 38 The books are in the care of ► 2721 NW 117TH CIRCLE - VANCOUVER, WA 98685 Telephone No. \blacktriangleright (360) $9\overline{10-2826}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup |X| tax year beginning JUL 1, 2019_____ , and ending <u>JUN</u> 30 , 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

instructions

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