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Form	9	90	Retur	n of Organization	Exempt Fron	n Inco	me Tax 🔍	210	20047					
•			Under section 501(c), 527, or 4947(a)(1) of the Ir	iternal Revenue Cod	e (excep	t private founda	tions	2017					
_		ą	,	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.										
		the Treasury ue Service	ŀ	www.irs.gov/Form990 for in		-	•		Open to Public Inspection					
	v		ar year, or tax year begin				d ending 06-30 , 2018							
		applicable	C Name of organization DO	.,	9	D Employer identification no.								
	Address		Doing business as	ISOD MODINOMALI				1'	47-3934102					
$\overline{\Box}$	lame ch			x if mail is not delivered to street addre	acc)		Room/suite	- 1 .	E Telephone number					
	nitial retu			Roomsule	l'	·								
$\overline{}$		irn/terminated	5830 NE ALAMED		<u>-</u>				(267) 441-6271					
一				country, and ZIP or foreign postal coo	je			- 1	G Gross receipts					
$\overline{}$	mended	ļ.	PORTLAND, OR 9			_	1		\$ 377,879 □ ⊠					
□ ^	фрисацс	on pending	F Name and address of principal	Officer		, _	H(a) Is this a grow		_					
		[]	501(c)(3) 501(c) (4)	1	H(b) Are all sut							
			501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527				list (see instructions)					
	Vebsite	*1/ **	Corporation Trust Ass				H(c) Group ex							
Pa		Summary		ociation Other	L Year of fo	rmation	2015 M Sta	ate of legal	domicile OR					
<u> </u>	1		·	on or most significant activities	TO ACCTOM	AND D	DOUTE CHE	Turen	TO VETERANS ON					
	'	-	<u> </u>	•	TO ASSIST	AND P	ROVIDE SHE.	LTER	TO VETERANS ON					
ຸຍ		A TEMPORA	ARY AND PERMANENT	BASIS		=		_						
ernan														
% % ∠∪।J & Governance	2	Check this ho	y N Ut the erganization	discontinued its operations o	r disposed of more tha	25% of	tte not penate							
30	3			ning body (Part VI, line 1a)	i disposed di filore tria	111 23 /6 UI	its het assets	. 3	1					
	4		•	of the governing body (Part \	// lino 1h)			. 4	8					
T) S	5		•	• • • • • • • • • • • • • • • • • • • •	,			. 5	7					
_; <u>₹</u>	6			calendar year 2017 (Part V, III	le 2a)			. 6	9					
∼્ઠ			of volunteers (estimate if r	• •		· · · · · ·		. 7a						
<u> </u>	7a			art VIII, column (C), line 12	RECIEVED	! .		. 7a	0					
<u>z</u> _	-	ivet unrelated	business taxable income t	rom Form 990-1, line 34	10000	ilgi		. 70	0					
A	8	Contributions	and grants (Part VIII, line)	" S	NOV 9 7 2018	ö	Prior Year		Current Year					
ပ္တ	9		and grants (Part VIII, line	101	NOV 2 7 2018	10)1			377,879					
Λ'nΞ	l .		rice revenue (Part VIII, line			ا≝ا			0					
SCANNEL FEB Revenue	10 11	Other revenue	come (Part VIII, column (A	es 5, 6d, 8c, 9c, 10c, and 11e)	OGDEN, UT	[· · ·]								
Œ	12	Total revenue	e (Fart VIII, Column (A), IIII	es 5, 60, 60, 90, 100, and 11e)	\\ line 12\	_			277 070					
	13		milar amounts paid (Part I)	nust equal Part VIII, column (A	A), lifte (2)				377,879					
	14		to or for members (Part IX	, .		· · · ·			0					
		-	•	, , ,	lines E 10\	}			047.550					
es	15		, , ,	benefits (Part IX, column (A)	lines 5-10)	}			247,559					
Expense	1		fundraising fees (Part IX, co	, ,		`\			0					
×	1		ing expenses (Part IX, colu es (Part IX, column (A), lin		1,71	'			100 740					
ш	17		, , , , , , , , , , , , , , , , , , , ,	. ,					108,748					
	18	· •		qual Part IX, column (A), line					356,307					
. 5	19	Revenue less	expenses Subtract line i	8 from line 12		• • • • •			21,572					
Net Assets or Fund Balances	20	Total "	Book V. June 40)			-	Beginning of Currer		End of Year					
Sset	20		Part X, line 16)			ŀ		2,038	·					
et A	21		(Part X, line 26)						0					
Par			fund balances Subtract III	ne 21 from line 20 · · · ·	 	• • • •		2,038	23,477					
		Signatur		a mali idian agaama ayaya gabadi ilaa	and statements, and to the	aret of my kn	nowledge and bolief it							
				n, including accompanying schedules a per) is based on all information of which			lowledge and beller, it	. 15						
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	arer	Firm's name	· · · · · · · · · · · · · · · · · · ·	Y TAX LLC			Firm's EIN							
use	Only	Firm's address		POWELY BLVD	\supset		Phone no							
		<u> </u>		OR 97206				03-75	57-1196					
			eturn with the preparer sho	wn above? (see instructions)		· · · · ·	······	···	Yes X No					
-nr 10		OFF MODULATION	HACT NIGHTED COG THE CON-	ATOTA INSTRICTIONS					⊢orm 000 /2/017\					

	Interview Interview Accomplishments
11-20	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO ASSIST AND PROVIDE SHELTER TO VETERANS ON A TEMPORARY AND PERMANENT BASIS
	Daths and the same of the same
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 303,777 including grants of \$ 300,890) (Revenue \$ 2,887)
	MAINTAIN THE SHELTER SPACE FOR DISPLACED VETERNS. PROVIDE MEALS AND SLEEPING AND
	TRANSPORTATION. PURCHASE OF SUPPLIES TO MAINTAIN SHELTER AND TO LOCATE LOW INCOME APARTMENTS
	AND PLACE THE VETERANS IN THE APARTMENTS ON A PERMANENT BASIS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
-	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 303,777
EA	Form 990 (2017)

7) DO GOOD MULTNOMAH Checklist of Required Schedules PartilV

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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	ŀ		
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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				
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			-
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	_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		ł	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$\neg \neg$	
	If "Yes," complete Schedule G, Part III	19	- 1	Х
FFA			990 (2	

Form 990 (2017) Page 4 DO GOOD MULTNOMAH 47-3934102 Checklist of Required Schedules (continued) Part IV No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 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 Χ 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 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L. Part II Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity 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) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note, All Form 990 filers are required to complete Schedule O

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ ь If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions `Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year Я If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ a The governing body? X Each committee with authority to act on behalf of the governing body? 86 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 in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Χ 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, 10b 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 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х a The organization's CEO, Executive Director, or top management official 15b Х Other officers or key employees of the organization 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 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records DRAGONFLY TAX LLC (503)757-1196, 5611 SE POWELL BLVD, PORTLAND, OR 97206

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

Form 990 (201	17) DO GOOD MULTNOMAH	47-3934102 Pag	ge '
Part VIII	Compensation of Officers, Directors, Trustees, Key Employe Independent Contractors	es, Highest Compensated Employees, an	id
	* Check if Schedule O contains a response or note to any line in this Part VII		

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.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (D) (E) (F) (A) (B) (do not check more than one Estimated Name and Title Average Reportable Reportable box, unless person is both an compensation amount of hours per compensation from officer and a director/trustee) related week (list any from other hours for the organizations compensation related organization (W-2/1099-MISC) from the Institutional trustee Key employee Highest compensated (W-2/1099-MISC) organization organizations below dotted and related organizations line) (1) ERIK DEGREGORIO, TREASURER 5.00 0 0 0 TREASURER (2) DEANNA DALTON, OFFICER 5.00 PRESIDENT Х 0 n (3) BRITNI CHILDS, OFFICER 5.00 Х 0 0 SECRETARY (4) CHRISTOPHER T AIOSA, DIRECTOR 40.00 Χ 40,800 0 EXECUTIVE DIRECTOR <u>(5)</u> (6) (8) (9) (10) (11) (12) (13) (14)___

Section A.

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
•	hours for related organizations below dotted 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
(15)					+			<u> </u>		
(16)										
<u>(17)</u>					-					
(18)					\top					
(19)										
(20)								- 		
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total	on A					• • •	•	40,800	C	0
Total number of individuals (including but not limited reportable compensation from the organization									0	
 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the sum of reporganization and related organizations greater than individual. 	I for such indiv ortable compe \$150,000? If	ridual nsation Yes," (and	 I othe	 er cor Sche	 mpen: edule	sation	on from the		3 X 4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes,"	ompensation fr	om any	unr	elate	d org	janiza	tion		<u> </u>	5 X
Complete this table for your five highest compensate compensation from the organization. Report compensation year.										
(A) Name and business address								(B) Description of s	ervices	(C) Compensation

		Check if Schedule O contains a response o	, note to any line in and	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रा स	1a	Federated campaigns	1a				- 12.3°
ran	b	Membership dues	1b			*	7 9 9 9 9
S,G	C	Fundraising events	1c 8,703				A. 187
ar A	d	Related organizations	1d]			, 3
S, E	e	Government grants (contributions)	1e 343,383	1			110 mm
P.S.	f	All other contributions, gifts, grants,		1			
the per			1f 25,793			,	2
Contnbutions, Gifts, Grants and Other Similar Amounts	g			1			
ვ ছ	1 -	Total. Add lines 1a-1f		377,879	i		1 1 1 1
	 	Total / Iso III o	Business Code	3,3.3			
Ē	2a			-			
ever	Ь			 			
Č	C						
چ	d		_	1			
۳. ع	<u>.</u>			 			
Program Service Revenue		All other program service revenue · · · · ·		 			
Po		Total. Add lines 2a-2f		 			
				 	 -	· - · ·	<u> </u>
	3	Investment income (including dividends, interesand other similar amounts)					
	4	Income from investment of tax-exempt bond pr					
					-		ļ
	5	Royalties					
		(ı) Real	(ii) Personal				
	6a	Gross rents · · · · · ·		4			
	ł	Less rental expenses · · · ·					, ,
	ł .	Rental income or (loss) · · ·					
	d	Net rental income or (loss)	<u> ▶</u>			.	
	7a	Gross amount from sales of assets other than inventory	(II) Other		p 1 k (CARLES OF THE POST OF A PAGE AND
	b	Less cost or other basis and sales expenses					, ,
	c	Gain or (loss)		1			
		Net gain or (loss) · · · · · · · · · · · · · · · · · ·		 			
ne	1	Gross income from fundraising		<u> </u>			
		events (not including \$8,703					5
Other Reven		of contributions reported on line 1c)			•		_
-F	[See Part IV, line 18 · · · · · · · · · · · ·	a	[ĺ		-
Ě	h	Less direct expenses	b	1			
U	l	Net income or (loss) from fundraising events					
		Gross income from gaming activities		 		-	
	Ja	See Part IV, line 19 · · · · · · · · · ·				,	
				-			
	l .	Less direct expenses	ь	 -			
	C	Net income or (loss) from gaming activities	· · <u>· · · · · · · · · · · · · · · · · </u>	+			
	10a	Gross sales of inventory, less returns and allowances	a				,
	b	Less cost of goods sold	b				
	С	Net income or (loss) from sales of inventory	<u> ▶</u> _	<u> </u>			
	_	Miscellaneous Revenue	Business Code				
	11a			 			
	b			<u> </u>			
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u> > _	377,879	0	0	0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (D) (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 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 5 Compensation of current officers, directors, trustees, and key employees 47,100 24,128 22,972 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 177,361 177,361 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 23,098 21,335 1,763 11 Fees for services (non-employees) Legal b Accounting 3,450 3,450 d Lobbying Professional fundraising services See Part IV, line 17 е f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 194 194 13 Office expenses 936 936 14 Information technology 116 116 15 16 12,500 10,100 2,400 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 402 402 20 21 22 Depreciation, depletion, and amortization 923 827 96 23 6,747 6,747 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) BUSINESS LICENSE 535 535 200 b DOJ TAXES 200 1,712 С FUNDRAISING EXPENSE 1,712 ď 81,033 е All other expenses 66,058 14,975 Total functional expenses. Add lines 1 through 24e 1,712 25 303,777 50,818 356,307 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

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

Form	n 990 (2017) DO GOOD MULTNOMAH	47-393410	2	Р	age 12
Pa	Irt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot X $
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		377,	879
2	Total expenses (must equal Part IX, column (A), line 25)	2		3 <u>5</u> 6,	307_
3	Revenue less expenses Subtract line 2 from line 1	. 3		21,	572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		2,	038
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		(133)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		23,	477
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash 📗 Accrual 📗 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u></u>
	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		İ		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1-7		
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	<u>L</u> .
	If the organization changed either its oversight process or selection process during the tax year, explain in			l '	'
	Schedule O				<u> </u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
EEA			Form	990 (2017)

SCHEDULE A

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.

OMB No 1545-0047

2017 Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number DO GOOD MULTNOMAH 47-3934102 Reason for Public Charity Status (All organizations must complete this part.) See instructions ∣Part I ∣ The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (iii) Type of organization (described on lines 1-10 listed in your governing other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E) Total

Section A. Public Support

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.)

Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			94,910	288,534	_377,879	761,323
2	Tax revenues levied for the organization'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	761,323
5	The portion of total contributions by						
	each person (other than a		}	:			
	governmental unit or publicly					,	
	supported organization) included on			1	1	. 1	
	line 1 that exceeds 2% of the amount					·	
	shown on line 11, column (f)		;				
6	Public support. Subtract line 5 from line 4				-	-	761,323
Sec	tion B. Total Support		<u> </u>	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			94,910	288,534	377,879	761,323
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 .		7				761,323
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	· · · · · · · ·	<u>.</u> <u></u>	n, or fifth tax year as	a section 501(c)(3)	▶ 🗆
	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2017 (line 6, co)			00.00%
15	Public support percentage from 2016 Schedu						00.00%
16a	33 1/3% support test - 2017. If the organiza						, IO
_	box and stop here. The organization qualified		•			. 	▶ 🏻
b	·····						. —
	this box and stop here. The organization qua	•				• • • • • • • • • • • • • • • • • • • •	▶ ⊔
l7a	10%-facts-and-circumstances test - 2017.	-					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts						
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2016.						
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meets						
	0						▶ ∐
8	Private foundation. If the organization did n						
	instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>.</u> ▶ ∐

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

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