

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLACKAMAS WOMEN'S SERVICES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 256 WARNER MILNE ROAD City or town, state or province, country, and ZIP or foreign postal code OREGON CITY, OR 97045 F Name and address of principal officer: KARI SCHNEIDER-HILLE SAME AS C ABOVE	D Employer identification number 93-0900119 E Telephone number 503-557-5810 G Gross receipts \$ 7,942,957. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CWSOR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1985 M State of legal domicile: OR		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: BREAKING THE ISOLATION OF DOMESTIC AND SEXUAL VIOLENCE.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	74	
	6 Total number of volunteers (estimate if necessary)	6	67	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,828,572.	Current Year 7,858,152.
9 Program service revenue (Part VIII, line 2g)		26,125.	39,931.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	27,596.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,948.	11,049.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,842,749.	7,936,728.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,631,356.	1,615,729.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,308,519.	4,150,215.	
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) 398,988.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	896,683.	1,032,105.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,836,558.	6,798,049.	
19 Revenue less expenses. Subtract line 18 from line 12	1,006,191.	1,138,679.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,719,706.	End of Year 5,098,305.	
	21 Total liabilities (Part X, line 26)	1,119,833.	364,753.	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,599,873.	4,733,552.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MELISSA ERLBAUM, EXECUTIVE DIRECTOR	Date
Paid Preparer Use Only	Print/Type preparer's name GERARD DEBLOIS	Preparer's signature
	Firm's name MCDONALD JACOBS, P.C.	Firm's EIN 93-0900579
	Firm's address 121 SW SALMON ST., STE 1100 PORTLAND, OR 97204	Phone no. (503) 227-0581

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,641,034. including grants of \$ 1,199,852.) (Revenue \$)
SHELTER & HOUSING | THE VILLAGE EMERGENCY SHELTER WAS HOME TO 129 ADULTS AND 134 YOUTH, WITH ABOUT HALF OF THE SURVIVORS IDENTIFYING AS BIPOC. NEARLY 200 HOUSEHOLDS WERE PROVIDED WITH HOMELESSNESS DIVERSION AND PREVENTION SUPPORT, AN INCREASE OF 50% FROM THE PREVIOUS YEAR. CWS PROVIDED 169 ADULTS AND YOUTH WITH RENT RELIEF TO SUPPLEMENT INCOME OR EMPLOYMENT LOSS DUE TO THE PANDEMIC. WE ALSO PROVIDED SHORT-TERM SUBSIDIES TO 56 HOUSEHOLDS, AN INCREASE OF 14% FROM THE PREVIOUS YEAR.

4b (Code:) (Expenses \$ 1,310,796. including grants of \$ 274,316.) (Revenue \$)
SURVIVOR SUPPORTS & ADVOCACY | MORE THAN 1,400 SURVIVORS ACCESSED OUR COMMUNITYBASED SERVICES. THEY RECEIVED INDIVIDUALIZED CASE MANAGEMENT, PERSONAL ADVOCACY, AND HOLISTIC SUPPORT THAT INCLUDED SAFETY PLANNING, ACCESS TO COMMUNITY RESOURCES, HELP NAVIGATING PUBLIC SYSTEMS, AND ASSISTANCE WITH PROTECTIVE ORDERS. THROUGH COMMUNITYBASED SERVICES, SURVIVORS WERE ALSO CONNECTED TO MENTAL HEALTH SERVICES, HOUSING SUPPORTS, FAMILY STABILIZATION PROGRAMMING, AND OTHER SERVICES TO MEET A VARIETY OF COMPLEX NEEDS.

CRISIS & SUPPORT LINE | CWS RECEIVED 2,343 CALLS AND 424 CONFIDENTIAL TEXTS/CHATS, PROVIDING 24/7 EMOTIONAL SUPPORT AND SAFETY PLANNING, CONSULTATION AND REFERRALS, AND RESOURCE ACCESS (CONTINUED ON SCH O)

4c (Code:) (Expenses \$ 584,202. including grants of \$ 134,090.) (Revenue \$ 39,931.)
YOUTH SERVICES | CWS PROVIDED SUPPORT GROUPS, AND BOTH INDIVIDUAL AND FAMILY ADVOCACY FOR YOUTH IMPACTED BY FAMILY VIOLENCE, SEXUAL VIOLENCE, DATING VIOLENCE, AND/OR CHILD ABUSE. WE EXPANDED SERVICES FOR YOUTH THROUGH A NEW SCHOOLBASED HEALTH CENTER INITIATIVE PILOTED DURING THE 20222023 SCHOOL YEAR. OUR PARTNERSHIPS WITH THE OREGON CITY AND ESTACADA SCHOOL DISTRICTS RESULTED IN MORE THAN 200 STUDENTS RECEIVING ONSITE, TRAUMAINFORMED SUPPORT TO ADDRESS THE IMPACTS OF VIOLENCE OR ABUSE. EXPANSION INTO THE NORTH CLACKAMAS SCHOOL DISTRICT IS ALREADY UNDERWAY, WHICH WILL SIGNIFICANTLY INCREASE THE NUMBER OF STUDENTS WE WILL SERVE. AND THIS SUMMER, CAMP HOPE OREGON RETURNED TO THE TRADITIONAL (AND JOYFUL!) IN-PERSON, OVERNIGHT CAMP MODEL FOLLOWING A PAUSE DUE TO COVID. NEARLY 60 YOUTH PARTICIPATED (CONTINUED ON SCH O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 680,467. including grants of \$ 7,471.) (Revenue \$)

4e Total program service expenses 5,216,499.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax-related questions and answers.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 OR
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
MELISSA ERLBAUM - 503-557-5810
256 WARNER MILNE ROAD, OREGON CITY, OR 97045

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA ERLBAUM EXECUTIVE DIRECTOR	55.00			X			182,189.	0.	14,535.	
(2) AMY DOUD DEPUTY DIRECTOR	40.00				X		142,371.	0.	17,706.	
(3) BRENDA KINOSHITA DIRECTOR OF DEVELOPMENT & COMMUNICAT	40.00				X		126,970.	0.	10,514.	
(4) CATHERINE KOCH COUNSELING & YOUTH PROGRAM DIRECTOR	40.00				X		114,910.	0.	10,351.	
(5) CARLA BATCHELLER FINANCE DIRECTOR	40.00			X			106,011.	0.	10,489.	
(6) ANGELA DRAKE SHELTER/HOUSING PROGRAM DIRECTOR	40.00				X		101,464.	0.	10,867.	
(7) BRIAN MAHER PRESIDENT	5.00	X		X			0.	0.	0.	
(8) MICHAEL WU VICE-PRESIDENT	5.00	X		X			0.	0.	0.	
(9) JACLYN SARNA SECRETARY	5.00	X		X			0.	0.	0.	
(10) KATE BUZBEE TREASURER	5.00	X		X			0.	0.	0.	
(11) KARI SCHNEIDER-HILLE BOARD MEMBER	5.00	X					0.	0.	0.	
(12) JERRY KISSLER BOARD MEMBER	5.00	X					0.	0.	0.	
(13) BARBARA RADLER BOARD MEMBER	4.00	X					0.	0.	0.	
(14) LAURIE CREMONA WAGNER BOARD MEMBER	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	98.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	6,579,710.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	1,278,344.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 7,582.				
	1 h	Total. Add lines 1a-1f	7,858,152.				
	Program Service Revenue	2 a	<u>INSURANCE/REIMBURSEMTS</u>	624100	39,931.	39,931.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		39,931.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		27,288.		27,288.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	308.			
	7 b	Less: cost or other basis and sales expenses		0.			
	7 c	Gain or (loss)		308.			
d	Net gain or (loss)		308.		308.		
8 a	Gross income from fundraising events (not including \$ 98. of contributions reported on line 1c). See Part IV, line 18						
			0.				
8 b	Less: direct expenses		6,229.				
c	Net income or (loss) from fundraising events		-6,229.		-6,229.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	<u>MISCELLANEOUS REVENUE</u>	900099	17,278.		17,278.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		17,278.			
12	Total revenue. See instructions		7,936,728.	39,931.	0.	38,645.	

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	258,149.	258,149.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,357,580.	1,357,580.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,117.	8,312.	281,944.	22,861.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,103,201.	2,557,087.	292,382.	253,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	140,241.	116,342.	12,425.	11,474.
9 Other employee benefits	340,047.	265,903.	46,265.	27,879.
10 Payroll taxes	253,609.	191,846.	41,200.	20,563.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,160.		10,160.	
c Accounting	47,888.		47,888.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	264,089.	70,528.	184,289.	9,272.
12 Advertising and promotion	11,514.			11,514.
13 Office expenses	138,616.	67,902.	59,434.	11,280.
14 Information technology	120,898.	61,508.	58,898.	492.
15 Royalties				
16 Occupancy	134,217.	94,039.	31,076.	9,102.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	116,013.	59,986.	52,113.	3,914.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,228.	73,308.		2,920.
23 Insurance	52,596.		52,596.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	3,334.		2,379.	955.
b _____				
c _____				
d _____				
e All other expenses _____	56,552.	34,009.	9,513.	13,030.
25 Total functional expenses. Add lines 1 through 24e	6,798,049.	5,216,499.	1,182,562.	398,988.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,512,828.	1	558,500.
	2 Savings and temporary cash investments		2	1,505,961.
	3 Pledges and grants receivable, net	1,900,540.	3	1,637,046.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,357.	9	164,712.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,061,464.		
	b Less: accumulated depreciation	10b 912,386.	1,219,981.	10c 1,149,078.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	83,008.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,719,706.	16	5,098,305.	
Liabilities	17 Accounts payable and accrued expenses	487,983.	17	271,226.
	18 Grants payable		18	
	19 Deferred revenue	631,850.	19	9,450.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	84,077.
	26 Total liabilities. Add lines 17 through 25	1,119,833.	26	364,753.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,094,873.	27	4,283,440.
	28 Net assets with donor restrictions	505,000.	28	450,112.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,599,873.	32	4,733,552.
33 Total liabilities and net assets/fund balances	4,719,706.	33	5,098,305.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,936,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,798,049.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,138,679.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,599,873.
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	-5,000.
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	4,733,552.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3470321.	4412330.	5395727.	7828572.	7858152.	28965102.
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	26,200.	104,200.	104,200.	104,200.	104,200.	443,000.
4 Total. Add lines 1 through 3	3496521.	4516530.	5499927.	7932772.	7962352.	29408102.
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.						29408102.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3496521.	4516530.	5499927.	7932772.	7962352.	29408102.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					27,288.	27,288.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					17,278.	17,278.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				825.		825.
11 Total support. Add lines 7 through 10						29453493.
12 Gross receipts from related activities, etc. (see instructions)					12	158,024.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

CLACKAMAS WOMEN ' S SERVICES

Employer identification number

93-0900119

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>412,778.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>955,243.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,272,769.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>381,432.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,927,844.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>597,877.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>180,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,090.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,090.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2022

Open to Public
Inspection

Name of the organization **CLACKAMAS WOMEN'S SERVICES** Employer identification number **93-0900119**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,741,782.	633,543.	1,108,239.
c Leasehold improvements		233,198.	214,300.	18,898.
d Equipment		86,484.	64,543.	21,941.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,149,078.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	84,077.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,040,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	104,200.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	104,200.
3	Subtract line 2e from line 1		3	7,936,728.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,936,728.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,902,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	104,200.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	104,200.
3	Subtract line 2e from line 1		3	6,798,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,798,049.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CLACKAMAS WOMEN'S SERVICES

Employer identification number
93-0900119

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLACKAMAS COUNTY 2051 KAEN RD OREGON CITY, OR 97045		GOVT	26,654.	0.			SEXUAL ASSAULT SERVICES FORMULA PROGRAM
A VILLAGE FOR ONE PO BOX 3973 TUALATIN, OR 97062		501(C)(3)	45,396.	0.			SEXUAL ASSAULT SERVICES FORMULA PROGRAM
FAMILY SKILLBUILDERS PO BOX 80524 PORTLAND, OR 97280		501(C)(3)	110,656.	0.			SEXUAL ASSAULT SERVICES FORMULA PROGRAM
SAFETY COMPASS PO BOX 1293 SILVERTON, OR 97381		501(C)(3)	18,677.	0.			HOUSING FOR TRAFFICKING VICTIMS
IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATION (IRCO) - 10301 NE GLISAN ST - PORTLAND, OR 97220		501(C)(3)	6,299.	0.			HOUSING FOR SURVIVORS
LEGAL AID SERVICES OF OREGON 520 SW 6TH AVE, #700 PORTLAND, OR 97204		501(C)(3)	50,467.	0.			LEGAL ASSISTANCE FOR VICTIMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**.
- 3** Enter total number of other organizations listed in the line 1 table **0**.

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

Schedule I (Form 990) 2022

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING, SHELTER	725	1,357,580.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS - A GRANT CHECKLIST IS KEPT ON PARTICIPANTS TO DOCUMENT INTAKE FORMS AND DOCUMENTS NEEDED, HOUSING FORMS AND DOCUMENTATION, AND EXIT AND FOLLOW-UP FORMS. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING THE SHELTER STAFF WHO ARE RESPONSIBLE FOR MAINTAINING THE FORMS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CLACKAMAS WOMEN'S SERVICES

Employer identification number

93-0900119

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CLACKAMAS WOMEN'S SERVICES

Employer identification number

93-0900119

FORM 990 PART III LINE 1

CLACKAMAS WOMEN'S SERVICES (CWS) BREAKS THE ISOLATION OF DOMESTIC AND
SEXUAL VIOLENCE. PROMPTED BY COMMUNITY CONCERN FOR WOMEN AND CHILDREN
ESCAPING VIOLENCE, CWS OPENED CLACKAMAS COUNTY'S FIRST EMERGENCY
SHELTER IN 1985. TODAY, WE ARE THE LARGEST ORGANIZATION IN OREGON
PROVIDING COMPREHENSIVE SERVICES AND SUPPORT FOR SURVIVORS OF DOMESTIC
AND SEXUAL VIOLENCE, CHILD AND ELDER ABUSE, STALKING, DATING VIOLENCE,
AND TRAFFICKING. IN PARTNERSHIP WITH THE COMMUNITY, WE ANNUALLY IMPACT
THE LIVES OF MORE THAN 10,000 INDIVIDUALS FROM CLACKAMAS COUNTY AND
SURROUNDING COMMUNITIES.

CWS IS A RESOURCE FOR ANYONE EXPERIENCING OR IMPACTED BY INTERPERSONAL
VIOLENCE. OUR COMPREHENSIVE APPROACH SUPPORTS SURVIVORS IN BUILDING
RESILIENCE TO ACHIEVE THEIR GOALS FOR PERSONAL SAFETY, PHYSICAL AND
MENTAL WELLNESS, FINANCIAL AUTONOMY, AND FAMILY STABILITY. FROM INITIAL
CRISIS TO LONG-TERM HEALING, WE ARE RESPONSIVE TO EVERY STAGE OF
VICTIMIZATION AT ANY AGE. OUR TRAUMA-INFORMED PROGRAMS PROMOTE SAFETY
AND SELF-DETERMINATION FOR SURVIVORS OF ALL CULTURAL AND RACIAL
BACKGROUNDS, GENDER IDENTITIES, EXPERIENCE WITH DISABILITIES, SEXUAL
ORIENTATIONS, AND SOCIO-ECONOMIC CIRCUMSTANCES. CWS WORKS TOWARD
CULTURAL INCLUSIVENESS THROUGH LANGUAGE ACCESS, VISUAL REPRESENTATIONS,
AND CULTURAL ADAPTATIONS OF SERVICES, CULTURAL FOODS, HOLIDAYS,
TRADITIONS, AND CULTURAL PRACTICES.

CWS PROGRAMS FOCUS ON BOTH RESPONSIVENESS AND MITIGATION TO ENSURE WE
ARE MEETING THE NEEDS OF THOSE WHO EXPERIENCE ABUSE AND VIOLENCE WHILE

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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ALSO REDUCING RISKS THAT CAN LEAD TO HARM. WE PROVIDE WRAP-AROUND SUPPORT DRIVEN BY A WHOLE-PERSON AND WHOLE-FAMILY APPROACH. ACKNOWLEDGING DISPARITIES IN ACCESS TO SERVICES FOR PEOPLE MARGINALIZED BY RACISM AND OPPRESSION, CWS IS COMMITTED TO EQUITY ACROSS OUR ORGANIZATION. TO ENSURE ACCESS TO RESOURCES AT THE SAME LEVEL OR HIGHER THAN DOMINANT/WHITE CULTURE POPULATIONS, CWS PRIORITIZES BIPOC AND IMMIGRANT/REFUGEE SURVIVORS ACROSS ALL OF OUR PROGRAMS.

CWS PROGRAMS INCLUDE:

INDIVIDUALIZED SUPPORT | ADVOCACY AND CASE MANAGEMENT, INCLUDING:

- (-) EMOTIONAL SUPPORT**
- (-) SAFETY PLANNING**
- (-) LEGAL ADVOCACY AND HELP FILING FOR PROTECTIVE ORDERS**
- (-) HELP ACCESSING COMMUNITY RESOURCES AND NAVIGATING PUBLIC SYSTEMS**
- (-) SUPPORT WITH ECONOMIC WELLNESS AND SUSTAINABILITY GOALS**

COMMUNITY BASED SERVICES | MEETING SURVIVORS WHERE THEY ARE:

- (-) A SAFE PLACE FAMILY JUSTICE CENTER**
- (-) MOBILE ADVOCACY**
- (-) CO-LOCATED SERVICES**
- (-) HOSPITAL-BASED RESPONSE**
- (-) OUTREACH AND TRAINING**
- (-) CIVIL LEGAL SERVICES**

24-HOUR CRISIS AND SUPPORT LINE | EMOTIONAL SUPPORT AND SAFETY PLANNING FOR SURVIVORS. CONSULTATION AND SUPPORT ARE ALSO AVAILABLE FOR FAMILY, FRIENDS, AND OTHER SERVICE PROVIDERS.

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SHELTER AND HOUSING | CONNECTING SURVIVORS WITH A SUPPORTIVE COMMUNITY AND THE SPACE TO REBUILD THEIR LIVES VIA EMERGENCY SHELTER, SHORT AND LONGER-TERM HOUSING SOLUTIONS, WITH ONGOING CASE MANAGEMENT AND SUPPORT.

COUNSELING AND SUPPORT GROUPS | INDIVIDUAL COUNSELING AND A RANGE OF SUPPORT GROUPS, INCLUDING YOUTH AND FAMILY COUNSELING, ART-BASED THERAPY, PARENTING SUPPORT, AND TRAUMA RECOVERY GROUPS.

YOUTH SERVICES | CONFIDENTIAL INDIVIDUAL, FAMILY, AND GROUP SUPPORT FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED FAMILY, SEXUAL, OR DATING VIOLENCE, AND/OR TRAFFICKING, INCLUDING THE CAMP HOPE OREGON AND PATHWAYS TO HOPE PROGRAMS.

COMMUNITY EDUCATION AND PREVENTION | EDUCATION ABOUT HOW TO PREVENT DOMESTIC, DATING, AND SEXUAL VIOLENCE, INCLUDING SCHOOL-BASED VIOLENCE PREVENTION AND HEALTHY RELATIONSHIP CURRICULUM PROVIDED IN SCHOOLS FOR K-12 STUDENTS.

LATINX SERVICES | CULTURALLY SPECIFIC SERVICES FOR LATINX COMMUNITIES, ALONG WITH INVESTMENT IN LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR LATINX SURVIVORS AND STAFF.

OUR TRAUMA-INFORMED AND INTERSECTIONAL APPROACH PROVIDES SURVIVORS WITH CULTURALLY RELEVANT SUPPORT WHILE ALSO ADVANCING RACIAL EQUITY. BY CREATING A COMMUNITY WITH SURVIVORS WHO COME FROM MANY DIFFERENT BACKGROUNDS AND ALSO HAVE A SPECIFIC SHARED EXPERIENCE, WE CAN BREAK

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THE ISOLATION OF INTERPERSONAL VIOLENCE FROM A PLACE OF RESPECT AND DIGNITY.

PROGRAM DETAILS CAN BE FOUND AT
[HTTPS://WWW.CWSOR.ORG/CONNECT-TO-SERVICES/](https://www.cwsor.org/connect-to-services/)

COMMITTED TO COLLABORATION

CWS IS KNOWN AS A CHANGE-MAKER IN OREGON'S RESPONSE TO DOMESTIC AND SEXUAL VIOLENCE AND WE ARE EXTENSIVELY INVOLVED IN COMMUNITY COORDINATION EFFORTS AT CITY, COUNTY, REGIONAL, AND STATE LEVELS. IT IS PART OF OUR DNA TO WORK CLOSELY WITH OUR PARTNER ORGANIZATIONS TO AMPLIFY OUR COLLECTIVE IMPACT IN THE REGION. CWS IS THE LEAD NONPROFIT PARTNER AT A SAFE PLACE FAMILY JUSTICE CENTER, WHERE, IN ONE LOCATION, SURVIVORS CAN ACCESS EMERGENCY SHELTER, DEVELOP A SAFETY PLAN, SPEAK WITH LAW ENFORCEMENT AND DHS, CONNECT WITH LEGAL ASSISTANCE, GET COUNSELING, AND IDENTIFY SOLUTIONS TO MEET THEIR HOUSING AND RESOURCE NEEDS. CWS PROVIDES APPROXIMATELY 75% OF ALL INTAKES, CRISIS INTERVENTION, AND ONGOING SUPPORTIVE SERVICES FOR SURVIVORS SEEKING HELP AT A SAFE PLACE.

TO PRIORITIZE ACCESS FOR SURVIVORS FROM VULNERABLE OR HISTORICALLY MARGINALIZED POPULATIONS, WE ACTIVELY PARTNER WITH CULTURALLY OR POPULATION SPECIFIC ORGANIZATIONS SUCH AS IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATION (IRCO), A VILLAGE FOR ONE, SAFETY COMPASS, CASA ESPERANZA, AND NATIVE AMERICAN YOUTH & FAMILY CENTER (NAYA). OUR LONGSTANDING ASSOCIATIONS WITH THESE AND OTHER ORGANIZATIONS ENGENDER TRUST THAT CWS SUPPORTS THEIR COMMUNITIES WITH CULTURAL AWARENESS AND TRAUMA-INFORMED PRACTICES. WE WORK WITH COMMUNITY MEMBERS, PARTNER

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AGENCIES, COORDINATED RESPONSE TEAMS, COALITIONS, AND SYSTEMS TO BUILD A HOLISTIC COMMUNITY THAT SUPPORTS AND UPLIFTS SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE. THIS INCLUDES CLACKAMAS COUNTY HEALTH, HOUSING & HUMAN SERVICES, PARROTT CREEK CHILD & FAMILY SERVICES, AND THE OREGON ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE, AMONG OTHERS.

PRIORITIZING DIVERSITY, EQUITY, AND INCLUSION
CWS RECOGNIZES THAT SOCIETY'S CHALLENGES AND BENEFITS ARE NOT DISTRIBUTED EQUITABLY, AND WE SEEK TO ADDRESS THESE HISTORIC AND CURRENT DISPARITIES SO THAT EACH OF US CAN REALIZE AND ENJOY A HEALTHY, SAFE, AND INSPIRING WORLD. WE COMMIT TO THE ONGOING WORK IT TAKES TO BE A SOCIAL CHANGE ORGANIZATION AND TO FIGHT FOR RACIAL, GENDER, ECONOMIC, DISABILITY, LGBTQ+, AND OTHER FORMS OF SOCIAL JUSTICE. IN ORDER TO MORE FULLY ACCOMPLISH OUR MISSION AND LIVE OUR VALUES, WE STRIVE TO MAKE OUR COMMITMENT TO DIVERSITY AND INCLUSION EVIDENT IN OUR ORGANIZATIONAL STRUCTURE, POLICIES, BOARD OF DIRECTORS, STAFF, DONORS, GOALS, AND VISION.

CWS BELIEVES THAT EQUITY, DIVERSITY, INCLUSION, AND BELONGING ARE CRITICAL TO HEALING, JUSTICE, AND ACHIEVING SURVIVOR-CENTERED OUTCOMES. OUR COMMITMENT TO WORKING IN PARTNERSHIPS COMPELS US TO BUILD RELATIONSHIPS WHERE ALL PARTNERS ARE VALUED, HEARD, RESPECTED, AND EMPOWERED. OUR DRIVE FOR EXCELLENCE LEADS US TO LEARN FROM A BROAD RANGE OF PERSPECTIVES AND TALENTS. WE WELCOME PEOPLE OF ALL IDENTITIES AND SEEK TO FOSTER A CULTURE OF RESPECT, OPENNESS, LEARNING, INTEGRITY, HONESTY - AND A SENSE OF HOPE.

CWS OPERATES FROM THE BELIEF THAT OPPRESSION IS THE ROOT CAUSE OF

Name of the organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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DOMESTIC AND SEXUAL VIOLENCE, AND THAT ANTI-OPPRESSION AND ANTI-RACISM WORK IS FUNDAMENTAL TO ITS ERADICATION. WE ALSO ACKNOWLEDGE THAT AN AUTHENTIC COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION REQUIRES A SIGNIFICANT CULTURE SHIFT AND ONGOING INVESTMENT IN LEARNING AND IMPROVEMENT. CWS BEGAN THIS WORK FORMALLY IN 2008, AND WE REMAIN DEEPLY COMMITTED TO OUR DEI JOURNEY. OUR BOARD OF DIRECTORS AND STAFF REGULARLY PARTICIPATE IN TRAINING AND KNOWLEDGE BUILDING AS PART OF OUR SUSTAINED DEI JOURNEY. REFINING AND OPERATIONALIZING SYSTEMS AND PROCESSES TO BE EQUITABLE, INCLUSIVE, AND RESPONSIVE TO THE MANY CULTURAL/RACIAL/GENDER IDENTITIES IN OUR COMMUNITY ARE OUR PRIORITIES.

THE BACKGROUNDS, KNOWLEDGE, TRADITIONS, AND INTERSECTIONAL IDENTITIES OF SURVIVORS ARE AT THE FOREFRONT OF CWS' PROCESSES FOR EQUITABLY DEVELOPING, DELIVERING, AND EVALUATING PROGRAMMING AND OPERATIONS. WE ACTIVELY SEEK INPUT AND CENTER SURVIVOR VOICES IN OUR PLANNING. CWS COLLABORATES IN HOSTING A SURVIVOR-LED ADVOCACY GROUP (VOICES) COMPOSED OF PARTICIPANTS WHO VOLUNTEER THEIR TIME TO EDUCATE AND EMPOWER OTHERS. OUR PROMOTORAS PROGRAM ENGAGES AND TRAINS LATINA SURVIVORS TO SERVE AS PARAPROFESSIONALS IN THEIR OWN COMMUNITIES. THESE AND OTHER SURVIVOR-CENTERED AND/OR COMMUNITY-SPECIFIC COLLABORATIONS HELP CWS DEVELOP OR ADAPT PROGRAMMING BASED ON STATED NEEDS, PREFERENCES, OR GOALS, AND GUIDE OUR STRATEGIC DIRECTION.

ADDITIONALLY, THE DIVERSE PERSPECTIVES AND LIVED EXPERIENCES OF OUR STAFF HAVE BEEN PIVOTAL IN UPDATING OUR AGENCY VALUES, CRAFTING AN AGENCY-WIDE EQUITY STATEMENT, AND DEFINING AN EQUITY LENS FOR DECISION-MAKING. CWS ESTABLISHED BIPOC, WHITE, AND LGBTQIA+ AFFINITY GROUPS FOR STAFF TO REGULARLY EXPLORE IMPORTANT ISSUES AND SHARE IDEAS.

Name of the organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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OUR ONGOING COMMITMENT TO DEI AS CORE VALUES WITHIN OUR ORGANIZATION HAS THE POTENTIAL TO BREAK DOWN SYSTEMS IN CLACKAMAS COUNTY WHICH EXCLUDE BIPOC AND OTHER HISTORICALLY MARGINALIZED COMMUNITIES AND/OR DISEMPOWER THOSE WHO IDENTIFY AS WOMEN, GIRLS AND GENDER EXPANSIVE PEOPLE. OUR DEI-CENTERED STRATEGIC PLAN SUPPORTS OUR COMMITMENT TO FUNCTION AS AN ANTI-RACIST ORGANIZATION COMMITTED TO DIVERSIFYING LEADERSHIP, SUPPORTING LEADERS OF COLOR, AND MITIGATING THE HARMS OF GENDER-BASED VIOLENCE.

OUR IMPACT

IN PARTNERSHIP WITH THE COMMUNITY, CWS CONNECTED WITH MORE THAN 10,000 INDIVIDUALS IN THE PAST YEAR BY PROVIDING DIRECT SERVICES, EDUCATION, OUTREACH, CRISIS INTERVENTION, SAFETY PLANNING, AND RESOURCE REFERRALS.

STRATEGIC DIRECTION

AS A HEART-CENTERED ORGANIZATION, CWS SEEKS TO CREATE A CULTURE OF RESPECT AND CARE FOR SURVIVORS, EMPLOYEES, PARTNER AGENCIES, AND OUR COMMUNITY. OUR CURRENT STRATEGIC PLAN FOCUSES ON SEVEN KEY INITIATIVES:

- (-) RAISE AWARENESS OF OUR MISSION AND SERVICES
- (-) IMPROVE ACCESS TO SERVICES
- (-) EXPAND COMMUNITY PREVENTION
- (-) EXPAND AND ENHANCE OUR SPACES TO SERVE OUR COMMUNITY
- (-) DEVELOP SEXUAL ASSAULT SERVICES
- (-) ENHANCE STAFF SUPPORT AND WELLNESS
- (-) CREATE BELOVED COMMUNITY

BY LIVING OUR VALUES, CWS STRIVES TO:

Name of the organization CLACKAMAS WOMEN'S SERVICES	Employer identification number 93-0900119
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HONOR AND CELEBRATE SURVIVORS | WE BELIEVE THAT ALL PEOPLE HAVE INNATE VALUE, WORTH, AND AN IMPORTANT ROLE TO PLAY IN OUR COMMUNITY. WE WORK TO DEMONSTRATE THIS FACT TO THOSE WHO HAVE BEEN CONVINCED OTHERWISE BY PEOPLE WHO HAVE HURT THEM.

ESTABLISH SAFETY | WE BELIEVE SAFETY IS THE FOUNDATION UPON WHICH WELLNESS IS BUILT AND THAT IT IS A RIGHT EVERY HUMAN DESERVES. DOMESTIC AND SEXUAL VIOLENCE SHAKE ONE'S SENSE OF SAFETY IN THE WORLD. WE SEEK TO HELP PROGRAM PARTICIPANTS LIVE AND THRIVE IN SAFETY ONCE AGAIN.

BUILD COMMUNITY | WE BELIEVE THAT ISOLATION IS ONE OF THE MOST HARMFUL AND LONG-LASTING IMPACTS OF DOMESTIC AND SEXUAL VIOLENCE. ISOLATION BREEDS A SENSE OF OTHERNESS AND SHAME AND CUTS SURVIVORS OFF FROM THEIR RESOURCES, SUPPORT, AND COMMUNITIES. WE SEEK TO REBUILD WHAT THAT VIOLENCE HAS DESTROYED.

CENTER DIVERSITY, EQUITY, AND INCLUSION | WE RECOGNIZE OPPRESSION AS THE PRIMARY CAUSE OF COMMUNITY VIOLENCE AND THAT LACK OF POWER IN SOCIETY LEAVES PEOPLE VULNERABLE TO ABUSE. THE ONLY WAY TO PREVENT DOMESTIC AND SEXUAL VIOLENCE IS BY ADDRESSING THE ROOT CAUSES AND REBALANCING SOCIETAL POWER.

CREATE SOCIAL CHANGE | WE UNDERSTAND THAT THOUGH VIOLENCE AGAINST WOMEN HAS BEEN TIMELESS, IT IS NOT AN INNATE CONDITION OF OUR WORLD. WE BELIEVE THE MOTIVATIONS AND BEHAVIORS THAT LEAD TO VIOLENCE ARE LEARNED AND CAN BE UNLEARNED.

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PRACTICE TRAUMA-INFORMED CARE | WE RECOGNIZE THE VAST LONG-REACHING IMPACTS TRAUMA CAN HAVE ON INDIVIDUALS AND COMMUNITIES. WE WORK TO BE RESPONSIVE TO THE INDIVIDUAL NEEDS OF SURVIVORS AS THEY COPE WITH THE TRAUMA OF INTERPERSONAL VIOLENCE, AND PROVIDE INFORMATION TO THE COMMUNITY TO HELP BUILD CONNECTION.

CWS IS COMMITTED TO DEVELOPING STRATEGIES AND DELIVERING PROGRAMS THROUGH THE LENSES OF SOCIAL AND RACIAL JUSTICE, INTERSECTIONALITY, HEALTH AND WELL-BEING, AND EQUITY. THE KNOWLEDGE AND EXPERIENCE CULTIVATED ACROSS OUR ORGANIZATION ALLOW US TO OFFER TRAUMA RECOVERY, HEALING, AND WELLNESS PRACTICES FOR VICTIMS OF VARIOUS FORMS OF DOMESTIC AND SEXUAL VIOLENCE. THESE PRACTICES ARE ALSO HELPING TO BROADEN OUR UNDERSTANDING OF RACIAL TRAUMA AS WELL AS THE IMPACTS OF SYSTEMIC OPPRESSION ON COMMUNITIES THAT HAVE BEEN HISTORICALLY UNDERSERVED, MARGINALIZED, AND ADVERSELY AFFECTED BY INEQUALITY. SURVIVORS ARE UNCONDITIONALLY CONSIDERED TO BE EXPERTS IN THEIR OWN SELF-DETERMINATION, WE HONOR THEIR IDENTITIES, TRADITIONS, AND EXPERIENCES, AND WE SUPPORT THEM IN THEIR PERSONAL GOALS.

CWS SERVICES ARE AVAILABLE AT A SAFE PLACE FAMILY JUSTICE CENTER, THE VILLAGE EMERGENCY SHELTER, AND OUR COMMUNITY-BASED OFFICE. CWS STAFF ARE ALSO LOCATED THROUGHOUT CLACKAMAS COUNTY AT SCHOOLS, DHS OFFICES, PUBLIC AND BEHAVIORAL HEALTH CENTERS, AND IN RURAL COMMUNITIES VIA OUR MOBILE ADVOCATES AND PROMOTORAS PROGRAM.

OUR COMMUNITY
MANY CWS PARTICIPANTS ARE FEMALE IDENTIFYING, BUT WE RECOGNIZE THAT DOMESTIC AND SEXUAL VIOLENCE CAN BE EXPERIENCED BY ANYONE, AND WE

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ACTIVELY SUPPORT SURVIVORS BASED ON THEIR INDIVIDUAL SITUATIONS AND NEEDS. WHILE WE SEE SURVIVORS AS UNIQUE INDIVIDUALS, IT IS IMPORTANT TO UNDERSTAND THE RACIAL AND ETHNIC IDENTITIES OF THOSE WE SERVE.

ACCORDING TO AVAILABLE U.S. CENSUS DATA, 19% OF CLACKAMAS COUNTY'S POPULATION IDENTIFIES AS NON-WHITE, WITH 9% IDENTIFYING AS LATINX. ON AVERAGE, CWS PARTICIPANTS IDENTIFY AS 40% NON-WHITE (6% BLACK/AFRICAN AMERICAN/AFRICAN; 3% INDIGENOUS/NATIVE AMERICAN; 24% LATINX; 2% ASIAN/ASIAN AMERICAN; 1% NATIVE HAWAIIAN/PACIFIC ISLANDER; 2% MULTI-RACIAL) AND 60% WHITE. CWS PROGRAMS ARE DESIGNED TO SUPPORT THE NEEDS OF CHILDREN, TEENS, ADULTS, AND ELDERS, AND WE WORK WITH BOTH INDIVIDUALS AND FAMILIES. NEARLY 35% OF THOSE WE SERVE IDENTIFY AS HAVING A DISABILITY AND 10% IDENTIFY AS IMMIGRANT OR REFUGEE.

CWS HAS A STRONG INFRASTRUCTURE AND THE PROVEN ABILITY TO PROVIDE COMPREHENSIVE SERVICES FOR SURVIVORS. OUR HIGHLY QUALIFIED LEADERSHIP TEAM INCLUDES AN EXECUTIVE DIRECTOR, DEPUTY DIRECTOR, SHELTER & HOUSING PROGRAM DIRECTOR, ADVOCACY CENTER SERVICES DIRECTOR, COMMUNITY OUTREACH & SERVICES DIRECTOR, COUNSELING & YOUTH PROGRAM DIRECTOR, HR & OPERATIONS DIRECTOR, FINANCE DIRECTOR, AND DIRECTOR OF DEVELOPMENT & COMMUNICATIONS. MEMBERS OF OUR BOARD OF DIRECTORS ENDORSE AND SUPPORT OUR MISSION, VISION, AND STRATEGIC GOALS; BOLSTER ORGANIZATIONAL EFFECTIVENESS; SERVE AS COMMUNITY AMBASSADORS; ACTIVELY PARTICIPATE IN FUNDRAISING; AND ADVOCATE TO END DOMESTIC AND SEXUAL VIOLENCE.

WITH A STAFF THAT HAS GROWN TO MORE THAN 70, WE HAVE MAINTAINED A POLICY OF PRIORITIZING DIVERSITY IN FILLING STAFF POSITIONS; ON AVERAGE, AT LEAST 40% OF OUR STAFF IDENTIFY AS BIPOC AND/OR BICULTURAL/BILINGUAL. THIS RATIO REFLECTS THE POPULATIONS WE SERVE AND

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IS HIGHER THAN CLACKAMAS COUNTY DEMOGRAPHICS FOR BIPOC POPULATIONS. WE ALSO HAVE STAFF MEMBERS REPRESENTING OTHER INTERSECTIONAL IDENTITIES, INCLUDING LGBTQIA INDIVIDUALS, INDIVIDUALS WITH A DISABILITY, CAREGIVERS, INDIVIDUALS WHO ARE NEURODIVERSE, AND THOSE WITH LIVED EXPERIENCES RELATED TO DOMESTIC OR SEXUAL VIOLENCE. BY INTENTIONALLY BUILDING A MORE DIVERSIFIED LEADERSHIP AND STAFFING STRUCTURE, CWS IS BRINGING VARIED PERSPECTIVES TO DECISION-MAKING PROCESSES IMPACTING THE BROADER COMMUNITY. AS WE MAKE PROGRESS IN DIVERSIFYING OUR STAFF, WE ARE SEEING CONSISTENT AND INCREASING RACIAL, CULTURAL, AND GENDER DIVERSITY IN THE SURVIVORS WE SERVE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TO THOSE IMPACTED BY OR CONCERNED ABOUT DOMESTIC AND SEXUAL VIOLENCE, AS WELL AS OTHER FORMS OF INTERPERSONAL ABUSE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND MORE THAN 3,300 VOLUNTEER HOURS WERE CONTRIBUTED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COUNSELING & SUPPORT GROUPS | COUNSELING AND SUPPORT GROUPS WERE AVAILABLE TO HELP SURVIVORS OF ALL AGES PROCESS THE TRAUMA OF INTERPERSONAL VIOLENCE. OUR COUNSELING TEAM HAS GROWN TO INCLUDE A YOUTH FOCUSED COUNSELOR, A LATINX COUNSELOR, AND AN INTERN POSITION FOCUSED ON SOCIAL WORK. DURING THE GRANT PERIOD, MORE THAN 60 INDIVIDUALS RECEIVED CULTURALLY RELEVANT, EVIDENCEBASED COUNSELING AND

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MENTAL HEALTH SUPPORT FROM CWS. COUNSELING HOURS SPENT WITH SURVIVORS EXCEEDED LAST YEAR'S BY 49%, WITH SURVIVOR PARTICIPATION INCREASING FROM 553 SESSIONS TO 825 SESSIONS. WITH THE EXPANSION OF OUR STAFF AND THE USE OF TELEMEDICINE, SURVIVORS ARE ABLE TO ACCESS THERAPY MORE EASILY AND WITH GREATER FREQUENCY.

COMMUNITY EDUCATION & PREVENTION | CWS WAS ACTIVE IN COMMUNITIES ACROSS THE COUNTY, PROVIDING STUDENTS AND ADULTS WITH TRAINING AND INFORMATION ABOUT HOW TO PREVENT DOMESTIC AND SEXUAL VIOLENCE. MORE THAN 5,300 K12 GRADE PUBLIC SCHOOL STUDENTS PARTICIPATED IN FREE SCHOOLBASED DOMESTIC VIOLENCE PREVENTION PROGRAMMING. THROUGH 102 TRAINING SESSIONS, 1,609 ADULTS PARTICIPATED IN DOMESTIC VIOLENCE PREVENTION TRAINING. NUMEROUS NEW PARTNERSHIPS WERE FORMED WITH SCHOOLS, COMMUNITYBASED AGENCIES, BUSINESSES, AND NONPROFITS, STRENGTHENING THE NETWORK OF INDIVIDUALS AND ORGANIZATIONS COMMITTED TO VIOLENCE PREVENTION IN CLACKAMAS COUNTY.

LATINX SERVICES | BY PRIORITIZING THE HIRING OF BILINGUAL/BICULTURAL STAFF IN EACH OF OUR PROGRAMS, CWS IS CREATING A MORE DIVERSE INFRASTRUCTURE, REPRESENTING THE VOICES OF BIPOC COMMUNITIES, AND PROVIDING SERVICES WITH A GREATER DEGREE OF CULTURAL RELEVANCE. INTEREST IN OUR PROMOTORAS PROGRAM IS RAPIDLY GROWING AFTER A HIATUS CAUSED BY THE PANDEMIC, AND INCREASED COMMUNITY OUTREACH IS CONNECTING MORE LATINX SURVIVORS TO CWS SERVICES THAN EVER BEFORE. IN RECENT MONTHS WE HAVE SEEN A RAPID UPTICK IN THE NUMBER OF LATINX SURVIVORS SEEKING CULTURALLY SPECIFIC SUPPORT, ESPECIALLY MENTAL HEALTH SERVICES. EXPENSES \$ 680,467. INCLUDING GRANTS OF \$ 7,471. REVENUE \$ 0.

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

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ORGANIZATION'S PROCESS TO REVIEW FORM 990 - EXECUTIVE DIRECTOR ENSURES THAT THE FORM 990 IS PROVIDED TO, AND APPROVED BY, THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND BOARD OF DIRECTORS BEFORE IT IS SIGNED AND FILED.

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

AT THE TIME OF HIRING, THE EMPLOYEE MUST SIGN THE STAFF PERSONNEL POLICY THAT INCLUDES A CONFLICT OF INTEREST FORM. ON AN ANNUAL BASIS, ANY CONFLICTS OF INTEREST ARE MONITORED BY THE DIALOGUE BETWEEN THE SUPERVISOR AND EMPLOYEE. EACH YEAR, THE CWS BOARD OF DIRECTORS MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFICATIONS.

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

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL COMPENSATION REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR THAT INCLUDES A PERFORMANCE EVALUATION, USE OF AN INDEPENDENT COMPENSATION CONSULTANT TO OBTAIN INFORMATION ABOUT COMPENSATION AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS, INDEPENDENCE OF BOARD MEMBERS PARTICIPATING IN THE COMPENSATION DECISION, AND CONCURRENT DOCUMENTATION OF THE COMPENSATION DECISIONS.

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

CWS MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII LINE 2C

THE PROCESS FOR FINANCIAL STATEMENT OVERSIGHT HAS NOT CHANGED FROM THE PRIOR YEAR.