

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990 Internal Revenue Service A For the 2014 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change PORTLAND PARKS FOUNDATION]Name]change 93-1319970 Doing business as]Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 445-0994 400 (503)111 S.W. OAK STREET 568,958. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended PORTLAND, OR 97204 H(a) Is this a group return Applica-F Name and address of principal officer:MATT PULLEN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? _ Yes ___ No 4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 527 J Website: ▶ WWW.PORTLANDPARKSFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2001 M State of legal domicile: OR Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 1350 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b b Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 522,442. 568,535. Contributions and grants (Part VIII, line 1h) Ο. 0. Program service revenue (Part VIII, line 2g) 479. 423. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 522,921. 568,958. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 317,481. 364,389. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 148,359. 160,541. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 80,373. 65,293. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 546,213. 590,223. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -23,292. -21,265. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 567,273. 545,237. 20 Total assets (Part X, line 16) 9,339. 5,459. 21 Total liabilities (Part X, line 26) 557,934. 539,778. Net assets or fund balances. Subtract line 21 from line 20 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. Date Sign TR**H**ASURER Here Date Check Print/Type preparer's name P01294356 YEE LEE MCGEE Paid / (| self-employed Firm's name GARY MCGEE & CO. Preparer Firm's EIN Firm's address 808 S.W. Use Only THIRD AVENUE, SUITE

PORTLAND, May the IRS discuss this return with the preparer shown above? (see instructions)

OR 97204

222-2515

Yes

Phone no. (503)

Form 990 (2014) PORTLAND PARKS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	\dashv	<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ŀ	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		\dashv	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19	-+	$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
Ŋ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	∠ UD		

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

Form 990 (2014) PORTLAND PARKS FOUNDATION

Part V Statements Regarding Other IRS Fillings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	v		Yes	No
 c Did the organization comply with backup withholding rules for reportable payme (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6 3a Did the organization have unrelated business gross income of \$1,000 or more d b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account 	1a	4		
 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6 3a Did the organization have unrelated business gross income of \$1,000 or more d b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account 	1b	0		
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filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a 3a Did the organization have unrelated business gross income of \$1,000 or more d b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account		1c		
 b If at least one is reported on line 2a, did the organization file all required federal Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6 3a Did the organization have unrelated business gross income of \$1,000 or more d b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account 	d Tax Statements,	1 2 2 2		T
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6 3a Did the organization have unrelated business gross income of \$1,000 or more d b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account.)	2a	4		
 3a Did the organization have unrelated business gross income of \$1,000 or more d b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account 	employment tax returns?	2b	X	
 b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an exp 4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account 	e-file (see instructions)			100
4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account	luring the year?	3a		X
financial account in a foreign country (such as a bank account, securities accou	olanation in Schedule O	3b		
	•			
	ınt, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: ►		_		1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign I	Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time of	during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibit	ted tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than	\$100,000, and did the organization solicit			
any contributions that were not tax deductible as charitable contributions?		6a		X
b If "Yes," did the organization include with every solicitation an express statemen	nt that such contributions or gifts			
were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170((c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p				X
b If "Yes," did the organization notify the donor of the value of the goods or service		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal pro-	operty for which it was required			
to file Form 8282?	1 1	<u>7c</u>		X
d If "Yes," indicate the number of Forms 8282 filed during the year				13000
e Did the organization receive any funds, directly or indirectly, to pay premiums on				X
f Did the organization, during the year, pay premiums, directly or indirectly, on a pe			1 37 /	X
g If the organization received a contribution of qualified intellectual property, did the	•		N/	-
h If the organization received a contribution of cars, boats, airplanes, or other vehic	/-	C? 7h	N/	A
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds.	·			
sponsoring organization have excess business holdings at any time during the year	ear?	8	69659366	38853
9 Sponsoring organizations maintaining donor advised funds.	NT / 7.	100 St. 100 St		40.00
a Did the sponsoring organization make any taxable distributions under section 49			\vdash	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or	r related person? N/A	9b		Reskay
10 Section 501(c)(7) organizations. Enter:	N/A 10a			
 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 				
	ilities 10b	\dashv		
	N/A 11a			
a Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other source)		\dashv		
amounts due or received from them.)	•			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form		ا مرا	198828581 S	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the y	1 1	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	year	\dashv \dashv		
a Is the organization licensed to issue qualified health plans in more than one state	? N/A	120	2000/2004	46,713,63
Note. See the instructions for additional information the organization must report	***************************************	13a		34616
b Enter the amount of reserves the organization is required to maintain by the state				
organization is licensed to issue qualified health plans	, ,			
c Enter the amount of reserves on hand		\dashv		
14a Did the organization receive any payments for indoor tanning services during the		14a	_{AN} DELATION	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an exp		14b	-+	
, manage paymone promoter orp			990 (2	20141

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 12 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? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a b Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website W Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: THE ORGANIZATION - (503) 445-0994 111 S.W. OAK STREET, SUITE 400, PORTLAND, OR

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

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

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

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

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

Check this box if neither the organi (A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	(do	o not c	POS heck	nore	n e than	one	Reportable	Reportable	Estimated
	hours per week	off	k, unle icer ar	ess pe	erson direct	is bo or/trus	th an stee)	compensation	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key er	Highe	Рогше			3
(1) CHARLIE BAKER	1.00									
DIRECTOR		X			L			0.	0.	0.
(2) ALEX OCCHIPINTI	1.00								_	_
DIRECTOR		X			ot			0.	0.	0.
(3) CHET ORLOFF	1.00	ا		Ì						
DIRECTOR	1 00	Х			_	<u> </u>	_	0.	0.	0.
(4) JIM OWENS	1.00	١				ļ				0
DIRECTOR	1 00	X				<u> </u>		0.	0.	0.
(5) GEOFFREY ROACH	1.00							0.	0.	0
DIRECTOR	1.00	X	_			-		U •	0.1	0.
(6) ZAHRA SANTER	1.00	x						0.	0.	0.
DIRECTOR (7) DAVID THOMPSON	1.00	<u> </u>	\vdash			-		0.	0.	0.
DIRECTOR	1.00	x				١.		0.	0.	0.
(8) JULIE VIGELAND	1.00		Н							
DIRECTOR		х						0.	0.	0.
(9) JEFFREY WOODCOX	1.00									
DIRECTOR		x						0.	0.	0.
(10) ELIZABETH WHALEN	3.00									
CHAIR		Х		X				0.	0.	0.
(11) MATT PULLEN	3.00									
TREASURER		Х		X				0.	0.	0.
(12) GINA EIBEN	3.00							_		_
SECRETARY		X		Х				0.	0.	0.
(13) NICK HARDIGG	40.00							76 667		
EXECUTIVE DIRECTOR				Х				76,667.	0.	4,560.
				_		-				
		\vdash	\vdash	\dashv	\dashv	\vdash				
		\vdash	\dashv	\dashv						

Pa	rt VII Section A. Officers, Directors, Trus		plo	yees			ighe	est (1]		Т		
	(A)	(B) Average]		•	C) sition	n		(D)	(E)			(F)	امما
	Name and title	hours per			check	more	than			Reportable compensation		ı	stimat nount	
		week					or/trus			from related			othe	
		(list any hours for	irector						the	organization		1	pens	
		related	p so a	ag			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	3C)	1	rom th aniza	
		organizations	truste	altr	Ì	akc	ошрег		(,,				d rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizat	ions
		11110)	트	<u>=</u>	통	ā.	₹5	요				-		
			_	-		-	 	-						
												-		
1b	Sub-total			1			<u></u>	<u> </u>	76,667.		0.		4,5	60.
	Total from continuation sheets to Part VII								0.		0.			0.
d	Total (add lines 1b and 1c)						<u>]</u>		76,667.		0.		4,5	60.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	000 of reportabl	8			0
	compensation from the organization	······································										T	Yes	No
3	Did the organization list any former officer,	director or tru	stee	ke	v em	nlo	vee	or h	nighest compensated er	nplovee on	Γ		103	140
Ŭ	line 1a? If "Yes," complete Schedule J for su											3		Х
4	For any individual listed on line 1a, is the sur											8.38539		
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services		5	WED?	X
Sec	rendered to the organization? If "Yes," comption B. Independent Contractors	piete Schedule	JIC	or su	en p	erso	on			·····		5	1	
1	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than s	100,000 of com	pensa	ation fr	om	
	the organization. Report compensation for t	he calendar ye	ar e	ndin	g w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)	addroop	NT (ATT					(B) Description of se	nicos	C.	(C		_
	Name and business a	address	NO	NE				+	Description of se	rvices		ompen	Satio	1
								ı						
								+						
								1						
					-			\top				•		
2	Total number of independent contractors (in	cluding but no	t lim	nited	to t	hos	o liet	ted	ahove) who received mo	ore than				
_	\$100,000 of compensation from the organization		L III I	eu	i U	0		.ou	above, who received file	o craff		<u> </u>		
													~~	

1 a Federated campaigns 1a 5,100.	Revenue excluder from tax under sections 512 - 514
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Business Code Part December December	
Total. Add lines 2a-2f All other program service revenue	
g Total. Add lines 2a-2f	A TOTAL SAME REPORTED TO A SAME AS A SAME
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts)	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	
3 Investment income (including dividends, interest, and other similar amounts).	talan entre
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising exits 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	
A Income from investment of tax-exempt bond proceeds 5 Royalties	423.
Solution	123
(i) Personal (ii) Personal (ii) Personal (ii) Personal (iii) Per	
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	
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C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	
Miscellaneous Revenue Business Code 11 a	
11 a	A GRASIOLES UN SYNAMULISMA
d All other revenue	
d All other revenue	
e Total. Add lines 11a-11d	423.

Form 990 (2014) PORTLAND PARK Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	this Part IX(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	264 200	264 200		
	and domestic governments. See Part IV, line 21	364,389.	364,389.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors.			7-73-417-72-72-4-4-4-7-7-11-4	The state of the state of
3	trustees, and key employees	84,560.	50,736.	8,456.	25,36
6	Compensation not included above, to disqualified	01/0001	30,7303	- 0,130.	23,30
٠	persons (as defined under section 4958(f)(1)) and	ĺ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,546.	32,801.	9,783.	14,96
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)			j	
9	Other employee benefits	3,631.	2,070.	617.	94
10	Payroll taxes	14,804.	8,438.	2,517.	3,84
1	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,585.		3,585.	
d	Lobbying				
е	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 0.)	6,012.	3,052.	1,568.	1,39
2	Advertising and promotion				
3	Office expenses	12,053.	6,870.	2,049.	3,13
4	Information technology	5,688.	3,242.	967.	1,47
5	Royalties				
6	Occupancy	4,981.	2,839.	847.	1,29
7	Travel	647.	369.	110.	168
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		170		
9	Conferences, conventions, and meetings	298.	170.	51.	7.7
0	Interest				
	Payments to affiliates				
2	Depreciation, depletion, and amortization	1 216	2 402	717	1 000
3	Other expanses, Itamiza expanses not equated	4,216.	2,403.	717.	1,096
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	OUTREACH EXPENSES	13,286.	11,454.	296.	1,536
	OTHER EXPENSES	13,125.	1,938.	9,716.	1,330
	DUES AND SUBSCRIPTIONS	1,402.	799.	238.	365
d		1,102.	,,,,,	230 •	302
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	590,223.	491,570.	41,517.	57,136
	Joint costs. Complete this line only if the organization			,	37,130
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 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 (B) (A) Beginning of year End of year 209,364. 187,606. Cash - non-interest-bearing 1 267,331. 6,500. 266,944. 2 2 Savings and temporary cash investments 6,500. 3 Pledges and grants receivable, net Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 784. 784. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 20,370. basis. Complete Part VI of Schedule D 10a 20,370. 0. 0. b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 83,016. 545,237. 83,681. 15 Other assets. See Part IV, line 11 15 <u>567,273.</u> 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,339. 5,459. Accounts payable and accrued expenses _____ 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 9,339. 5,459. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 119,480 141,414. 27 27 Unrestricted net assets 398,364. 438,454. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 557,934. 539,778. Total net assets or fund balances 33 33 567,273. 545,237. Total liabilities and net assets/fund balances

-1319970 Page	12	2
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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	,			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55	7,9	34.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	7					
8	7 Investment expenses 7 8 Prior period adjustments 8					
9	Other changes in net assets or fund balances (explain in Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	53	9,7	78.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	15,333	-3,43		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			0.5555	
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	- 1		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990 (2014)	

432012 11-07-14

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Name of the organization

Attach to Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number PORTLAND PARKS FOUNDATION

93-1319970

Pa	irt I	Reason for Public	Charity Status	(All organizations must	complete t	this part.) S	See instructions.	
The	orgar	nization is not a private four	ndation because it is	: (For lines 1 through 11	check on	ly one box	.)	
1		A church, convention of o	churches, or associat	tion of churches describ	ed in sect i	ion 170(b)	(1)(A)(i).	
2		A school described in sec	ction 170(b)(1)(A)(ii).	. (Attach Schedule E.)				
3		A hospital or a cooperativ			section 17	'0(b)(1)(A)	(iii).	
4		A medical research organ	•	-				r the hospital's name.
		city, and state:	•	,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
5		An organization operated	for the benefit of a c	college or university own	ed or oper	ated by a	governmental unit descr	ibed in
•		section 170(b)(1)(A)(iv).				,,	90.0	
6		A federal, state, or local g		mental unit described in	section 1	170(h)(1)(A	.)(v)	
7	X	An organization that norm	•					al public described in
•		section 170(b)(1)(A)(vi).	•	artial part of its support	nom a go	VCITITIONIE	arant or nonr the genera	ii public described iii
8		A community trust describ	•	V1VAVvi) (Complete Pa	rt II \			
9	Ħ	· · · · · · · · · · · · · · · · · · ·			•	a aantribus	iana mambarahin fasa	
9		An organization that norm					•	•
		activities related to its exe	,	•			• •	•
		income and unrelated bus		e (less section 51 i tax) i	rom busin	esses acq	uired by the organization	n aπer June 30, 1975.
40		See section 509(a)(2). (Co					00(.)(4)	
10	님	An organization organized	•	•	-			
11		An organization organized	•	- · ·	•		•	•
		more publicly supported of	•					Check the box in
		lines 11a through 11d that	• •			•	•	
а	L	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	L	Type II. A supporting or	ganization supervise	d or controlled in conne	ction with i	ts support	ed organization(s), by ha	aving
		control or management of the supporting organization vested in the same persons that control or manage the supported						
		organization(s). You mus	st complete Part IV,	Sections A and C.				
С		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,						
		its supported organization	on(s) (see instruction:	s). You must complete	Part IV, S	ections A,	D, and E.	
d		Type III non-functional	l y integrated. A supp	oorting organization ope	rated in co	nnection v	with its supported organ	ization(s)
		that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a dist	tribution re	quirement and an attent	tiveness
		requirement (see instruc	tions). You must co r	mplete Part IV, Section	s A and D	, and Part	V.	
е	L	Check this box if the org	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, o	or Type III non-functio	nally integrated support	ing organi	zation.		
f	Enter	the number of supported	organizations					
g	Provi	de the following informatio	n about the supporte	ed organization(s).				
		Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section		in your document?	support (see	other support (see
				(see instructions))	Yes	No	Instructions)	Instructions)
				· · · · · · · · · · · · · · · · · · ·				
						}		
								V
						Service		
otal								

Schedule A (Form 990 or 990-EZ) 2014 PORTLAND PARKS FOUNDATION 93-13199 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levide for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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. Subsect line 5 from line 4 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalies and income from unrelated business activities, whether or not the susness is repularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 90 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 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 16 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 17 Total support. Add lines 7 through 10 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. 18 Jan 1/3% support test - 2015. 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.	Se	ction A. Public Support						
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8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		Q			•		***************************************	
Schedule A (Form 990 or 990-E.		The to the transfer of the organization	. C.S HOL SHOOK & D	or into 10, 10a	, . 55,			

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Public support (Subtract line 7c from line 6.)		be) (8)				
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the ever-de-start	final access 41.1	d farmely and the	V 1000 C= =*!	E04(a)(0)	
14	First five years. If the Form 990 is for	•			-		ation,
300	check this box and stop heretion C. Computation of Publi					······	
	Public support percentage for 2014 (li			olumn (fl)	Т	15	%
	Public support percentage for 2014 (iii				F	16	
	tion D. Computation of Inves				I	.~1	70
	Investment income percentage for 20			e 13, column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box an	-					▶□
	33 1/3% support tests - 2013. If the		=			***************************************	nd
	line 18 is not more than 33 1/3%, chec	_				· · · · · · · · · · · · · · · · · · ·	▶□
20	Private foundation. If the organization	did not check a t	oox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. Ali	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	s No
1		
2 3a		
3b		
3c		
4a		
4b		
4c		
5a 5b		
5c		
6 7		
8	Sept. Sto	
9a		
9b		
9с		
10a		
10b 0 or 990		

Pa	art IV Supporting Organizations _(continued)			
	,	-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
á	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Se	ction B. Type I Supporting Organizations			
		r-management	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			desis
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	496		特拉斯
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
<u>Sec</u>	ction C. Type II Supporting Organizations			т
		Tupesti sesse	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	<u> </u>
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	10-14-03-03		6,433
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		TO STORY
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	10.000		\$100 de 15
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	لــــــا	L
Sec	tion 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 instruction	ns):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	! 4 !	,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions		
2	Activities Test. Answer (a) and (b) below.	1 3000000	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	3,001,007.00	4334630	4000000
	that these activities constituted substantially all of its activities.	2a	-50-500	WARN.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		estates)	
_	activities but for the organization's involvement.	2b	100 50 80 80	V EX.115.1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		\$20.X18X1	
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	78888	48895
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ALTER ST	
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b	. 1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sec	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	6.1.100	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/-integral	ed Type III supporting orga	anization (see
	instructions).		,, 0 0	`

Schedule A (Form 990 or 990-EZ) 2014

Pa	Try Type III Non-Functionally Integrated 50	9(a)(3) Supporting Or	ganizaτions _(continued)	
<u>Sec</u>	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsi	ve	1
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
<u>b</u>				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			Secretary of the secret
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	10 00 00 00 00 00 00 00 00 00 00 00 00 0		
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	and the second second second	er strategicker (1994)	
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 PORTLAND PARKS FOUNDATION	93-1319970 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		The Paris Control of the Paris

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Employer identification number

PORTLAND PARKS FOUNDATION 93-1319970 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PORTLAND PARKS FOUNDATION

93-1319970

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	·	\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Name of organization

Employer identification number

PORTLAND PARKS FOUNDATION

93-1319970

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
3	1500 PARKE DIEM T-SHIRTS		
		\$\$	09/15/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organi	ization		Employer identification number
PORTLAN Part III	the year from any one contributor. Complete	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
	completing Part III, enter the total of exclusively religiouse duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \blacktriangleright \updownarrow
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public

Inspection

If the organization answered "Yes," to 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," to 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," to 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) organiz 	ations: Complete Part III.			
Name of organization			Em	ployer identification number
PORTLAI	ND PARKS FOUNDAT	ION		93-1319970
Part I-A Complete if the or	ganization is exempt un	der section 501(c) or is a section 527	organization.
Provide a description of the organ Political expenditures Volunteer hours			>	\$
	ganization is exempt un			
1 Enter the amount of any excise tax	x incurred by the organization ur	nder section 4955		\$
2 Enter the amount of any excise tax	x incurred by organization mana	gers under section 49	55	\$
3 If the organization incurred a secti		•		
4a Was a correction made?	••••••			Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the or	ganization is exempt un	der section 501/c	N except section 501	(0)(3)
Enter the amount directly expende				
2 Enter the amount of the filing organ			***************************************	<u> </u>
exempt function activities		•	· ·	\$
3 Total exempt function expenditure				
line 17b				\$
4 Did the filing organization file Form				
5 Enter the names, addresses and e				
made payments. For each organiza	ation listed, enter the amount pa	aid from the filing organ	nization's funds. Also enter t	he amount of political
contributions received that were p	• •	•	•	ate segregated fund or a
political action committee (PAC). If	additional space is needed, pro			·
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0-	contributions received and promptly and directly
			Tarido: II riorio, oritor o	delivered to a separate
				political organization. If none, enter -0
				in none, enter o.

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 201-	4 PORTI	AND P	ARKS FOUNDA	TION ion 501(c)(3) and fil	93-1	319970 Page 2
Part II-A Complete if the o section 501(h)).	rganizati	on is exe	empt under secti	ion sur(c)(s) and ill	ea Form 5768 (E	election under
A Check if the filing organi expenses, and sh	nare of exce	ss lobbying	• , ,	in Part IV each affiliated	group member's nam	ne, address, EIN,
Lir	mits on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in					E4 222	
b Total lobbying expenditures to in					54,333. 54,333.	
c Total lobbying expenditures (add					478,754.	
d Other exempt purpose expenditue Total exempt purpose expenditu					533,087.	
f Lobbying nontaxable amount. Er				To the second se	104,963.	
If the amount on line 1e, column (a)			bying nontaxable ar		·	
Not over \$500,000			the amount on line 1			
Over \$500,000 but not over \$1,0	00,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1	,500,000	\$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000	\$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
					26 241	
g Grassroots nontaxable amount (e					26,241. 0.	
h Subtract line 1g from line 1a. If ze	•				0.	
i Subtract line 1f from line 1c. If zej If there is an amount other than z					<u></u>	
reporting section 4911 tax for this				4720		Yes No
reporting decient 40 17 tax 107 tine	5 y Carr		eraging Period Unde			
(Some organizations	that made			t have to complete all o	f the five columns be	elow.
	See	the separ	ate instructions for I	ines 2a through 2f.)		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					104,963.	104,963.
b Lobbying ceiling amount (150% of line 2a, column(e))						157,445.
c Total lobbying expenditures					54,333.	54,333.
d Grassroots nontaxable amount					26,241.	26,241.
e Grassroots ceiling amount (150% of line 2d, column (e))						39,362.
	1			1		

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 PORTLAND PARKS FOUNDATION 93-1319970 Page 3 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 to lines 1a through 1i below, provide in Part IV a detailed description	s," response to lines 1a through 1i below, provide in Part IV a detailed description (a)			(b)
of the lobbying activity.	Yes	No	Am	ount
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?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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)(6).	on 501(c)	(5), or se	ction	
			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 expenditures from the prior year?				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members			ill-A, iir	1e 3, IS
 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		1 1		
b Carryover from last year				
c Total		- I		
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 exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-A, LINES 1 AND 2	list); Part II-	A, lines 1 a	nd 2 (see	
THE PORTLAND PARKS FOUNDATION AIDED IN THE PASSING OF	THE 2	014 PA	ARKS	··
REPLACEMENT BOND MEASURE: FIX OUR PARKS. THIS MEASURE	REPLA	CED A	PREVI	OUS,
EXPIRING PARKS BOND. THE BOND PROVIDED \$68M TO ADDRES	S URGE	NT PAF	KS NE	EDS
AROUND THE CITY OF PORTLAND. THE FOUNDATION'S SUPPORT	CAME	IN THE	FORM	OF
DIRECT LOBBYING INCLUDING YARD SIGN DISTRIBUTION, GET				
100010	Schedule	e C (Form 9	990 or 990	-EZ) 2014

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Name of the organization

Inspection Employer identification number 1319970

	PORTLAND PARKS FOU	93-1319970		
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts.Complete if the	
L	organization answered "Yes" to Form 990, Part IV, line		·	
		(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 t	funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		Yes No	
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" to Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historica	ally 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 qualif	ied 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	
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax	
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri	· ·		
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and e			
8	Does each conservation easement reported on line 2(d) above		[]	
_	and section 170(h)(4)(B)(ii)?	and avenue at the		
9	-			
	include, if applicable, the text of the footnote to the organizationservation easements.	on's imancial statements that describes the c	organization's accounting for	
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Othe	r Similar Assets.	
	Complete if the organization answered "Yes" to Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art	
	historical treasures, or other similar assets held for public exhi	**		
	the text of the footnote to its financial statements that describ		o. pasae co. 11co, protico, iii / art / iii,	
b	If the organization elected, as permitted under SFAS 116 (ASC		balance sheet works of art. historical	
~	treasures, or other similar assets held for public exhibition, ed	•		
	relating to these items:	,	, , , , , , , , , , , , , , , , , , ,	
	(i) Revenue included in 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 trea			
	the following amounts required to be reported under SFAS 11	•	•	
а	Revenue included in Form 990, Part VIII, line 1		▶ \$	
			. .	
	• • • • • • • • • • • • • • • • • • • •			

Schedule D (Form 990) 2014

15,840.

4,530.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

15,840.

4,530.

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
(1) Financial derivatives	(1) 100000000000000000000000000000000000	(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
(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.)		Province and a second state of the second se	dissipated and straining and in
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-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.)			SOCIAL MEDICAL NEW YORK
Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) BENEFICIAL INTEREST IN ASS	ETS HELD BY	THE OREGON	
(2) COMMUNITY FOUNDATION			83,016
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
(7)			
		ı	
(8)			
(9)			02.016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		>	83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the Openization answered "Yes" to		11e or 11f. See Form 990, Part X, line 25. (b) Book value	83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the Openization answered "Yes" to			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4)			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			83,016
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			83,016
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			83,016
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	o Form 990, Part IV, line		83,016

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047	2014	Open to Public Inspection

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

PORTLAND	PARKS FOL	FOTTACINITION					Employer identification number
Part I General Information on Grants and Assistance	nd Assistance						93-1319970
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	tion
	stance?				•		Ves X
2 Describe in Part IV the organization's procedures for monitoring	cedures for moni	toring the use of grant	the use of grant funds in the United States.	d States.			3
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dunificated if additional control of the complete organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi 55.000. Part II can	izations and Domestic	c Governments. Co	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND PARKS AND RECREATION 1120 S.W. FIFTH AVENUE, SUITE 1302 PORTLAND, OR 97204	93-6002236	GOVERNMENT UNIT	270,843.	FAIR 3	. ≥	SOCCER BALLS, BASKETBALLS AND SHIRES	ECOURTY WOR
FOREST PARK CONSERVANCY 210 N.W. 17TH AVENUE, SUITE 201 PORTLAND, OR 97209	94-3103055	501(C)(3)	7,515.	0			FOREST PARK TRAIL REPAIR
FRIENDS OF PENINSULA PARK ROSE							GENERAL SUPPORT OF VOLUNTEER-LED PROJECTS AT
PORTLAND, OR 97217	45-5207764	501(C)(3)	6,103.	0.			PENINSULA PARK ROSE GARDEN, PURCHASE AND
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				

432101 10-15-14

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2014)

Page 2

93-1319970

Schedule I (Form 990) (2014) PORTLAND PARKS FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance
Part IV Supplemental Information. Provide the information requi	quired in Part I, lir	ie 2, Part III, column	red in Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
PART I, LINE 2:					
PORTLAND PARKS FOUNDATION ("PPF")	MAINTAINS	S AN OFFICIAL	GRANT	FILE AND IS	
RESPONSIBLE FOR TRACKING THE RECEIPT OF	- 1	ALL GRANT DOCUMENTS.		PPF CREATES	
PERIODIC OR ANNUAL PROGRESS REPORT	REPORTS FOR OP	OPERATIONAL GRANTS	GRANTS APP	APPROPRIATE TO	
THE GRANTING AGENCY, AND COLLECTS	PROGRESS	AND OR	ANNUAL REPORTS	TS FROM	
PARTNER AGENCIES WHICH RECEIVE FUN	FUNDING THR	THROUGH PORTLAND	PARKS	FOUNDATION.	
THE EXECUTIVE DIRECTOR IS RESPONSIBLE	FOR	THE TIMELY	TIMELY ACCEPTANCE,	E, REVIEW,	
AND ANALYSIS OF PROGRESS/ANNUAL REPORTS		AND FOR ENSU	ENSURING THAT ALL GRANT	ALL GRANT	
FUNDS ARE RECEIVED AND DISTRIBUTED	FOLLOWING	THE	APPROVED BUDGET	ET OR GRANT	
432102 10-15-14		34			Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Imspection | Employer identification number

PORTLAND PARKS FOUNDATION

93-1319970

	art I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on		(d) determining ibution amoun	nts
		' '		Form 990, Part VIII, line 1	g		
1	Art - Works of art						
2	Art - Historical treasures	ļ				***************************************	
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		35,764.	FAIR MARKE	T VALUE	S
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	2	2,333.	FAIR MARKE	T VALUE	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts			M			
23	Scientific specimens						
24	Archeological artifacts					***************************************	
25	Other (MISCELLANEOUS)	X	10	6,805.	FAIR MARKE	T VALUE	
26	Other ()						
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	-	•				
		,,				Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part I lines 1 thro	inh 28 that it	les	110
	must hold for at least three years from the date			•	•		
	exempt purposes for the entire holding period?				disea loi	30a	Х
h	If "Yes," describe the arrangement in Part II.	•••••••				Sua	2 . 80% (6)
31	Does the organization have a gift acceptance p	alicy that rec	wires the review o	f any non-standard contrib	vutione?	0.1	Х
32a						31	<u> </u>
	Does the organization hire or use third parties of contributions?	•		•		32a	Х
	If "Yes," describe in Part II.						
33	If the organization did not report an amount in o	column (c) for	a type of property	y for which column (a) is c	necked,		
	describe in Part II.						Veriell.

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) PORTLAND PARKS FOUNDATION	93-1319970	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, contributions.	, and 33, and whether the organiza or a combination of both. Also com	tion
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.		
		-
	A	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs. gov/form990.

2014
Open to Public Inspection

Name of the organization

PORTLAND PARKS FOUNDATION

Employer identification number 93-1319970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION, A PRIVATE, NONPROFIT ORGANIZATION, WAS CREATED IN 2001 TO FOSTER PUBLIC/PRIVATE PARTNERSHIPS FOR THE BENEFIT OF THE PARKS AND PORTLAND PARKS FOUNDATION'S GOALS ARE: TO ENSURE TO CREATE NEW ONES. THAT ALL OF THE CHILDREN OF PORTLAND HAVE ACCESS TO PLAY; TO PROVIDE A NEIGHBORHOOD PARK WITHIN A 15-MINUTE WALK OF EVERY PORTLAND RESIDENT; TO PRESERVE GREENSPACE; AND TO MAINTAIN THE CITY'S INVESTMENT IN ITS WORLD-CLASS PARK SYSTEM. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IMPROVEMENTS AT COLONEL SUMMERS PARK. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED THE BYLAWS OF THE ORGANIZATION EFFECTIVE AS OF JANUARY 16, 2014. THE ORGANIZATION'S BYLAWS WERE UPDATED AND MODERNIZED. MODIFICATIONS INCLUDE, BUT ARE NOT LIMITED TO, EXPANSION OF BOARD OF DIRECTORS, COMMITTEES, OFFICERS AND STAFF SECTIONS AS WELL AS ADDITION OF ADVISORY BOARD AND INDEMNIFICATION SECTIONS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE BOARD CHAIR, BOARD TREASURER, AND EXECUTIVE DIRECTOR. DISCREPANCIES ARE DISCUSSED AND CORRECTED, IF ANY, PRIOR TO THE FILED 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS. FILING.

Employer identification number 93-1319970

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EVERY BOARD MEMBER AND
REVIEWED ANNUALLY. MEMBERS ARE ASKED WHETHER THEY HAVE ANY ISSUES OR
CONFLICTS TO REPORT.

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

FORM 990, PART VI, SECTION B, LINE 15A: THE ANNUAL REVIEW PROCESS OF THE
PORTLAND PARKS FOUNDATION EXECUTIVE DIRECTOR (E.D.) HAD HISTORICALLY BEEN
ACCOMPLISHED BY THE BOARD CHAIR WITH INPUT FROM FOUNDATION MEMBERS. THE
VERBAL / WRITTEN REVIEW INCLUDES A RETROSPECTIVE ANALYSIS OF THE E.D.'S
PRIOR TWELVE-MONTH PERFORMANCE / STAFF OVERSIGHT / GOAL SETTING - VISIONING
/ COMPENSATION ADJUSTMENTS. E.D. PERFORMANCE IS BROADLY DEFINED AS
COMMUNITY BRANDING / PROJECT(S) OVERSIGHT / BOARD AND RELATED "PARTNERS"
INTERACTION AND COOPERATION / DEVELOPING PUBLIC-PRIVATE COLLABORATIONS,
ETC. UPON FORMAL REVIEW COMPLETION, THE DOCUMENT AND COMPENSATION
RECOMMENDATION IS THEN REVIEWED / APPROVED BY THE FOUNDATION EXECUTIVE
COMMITTEE.

THE CHAIR DOES NOT CONDUCT A STATISTICAL E.D. PEER COMPENSATION STUDY.

HOWEVER, THE E.D. HAS PROVIDED PEER INPUT FROM LOCAL SOURCES GERMANE TO

EXISTING MARKETPLACE COMPENSATION RANGES. ALSO, WITH CURRENT AND PRIOR

COMMUNITY BOARD INVOLVEMENT, INCLUDING E.D. COMPENSATION REVIEWS, THE

COMPENSATION ASPECT OF THE REVIEW REFLECTS THE BOARDS' CONTINUED EFFORTS TO

UPGRADE THE E.D.'S AGGREGATE COMPENSATION TO MORE APPROPRIATELY ALIGN WITH

LOCAL, SIMILARLY-SIZED COMMUNITY ORGANIZATION E.D. PEERS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization PORTLAND PARKS FOUNDATION	Employer identification number 93-1319970
ON THE ORGANIZATIONS WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGE IN THE BENEFICIAL INTEREST OF FUNDS HELD BY OC	F 3,109.
	· · · · · · · · · · · · · · · · · · ·

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

Electronic filit required to file of time to file a Personal Benevisit www.irs.g Part I A corporation Part I only All other corporation file income to file income to file by the due date for filing your 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iling for an Additional (Not Automatic) 3-Month Elete Part II unless you have already been granted ing (e-file). You can electronically file Form 8868 if the Form 990-T), or an additional (not automatic) 3-months and of the forms listed in Part I or Part II with the experit Contracts, which must be sent to the IRS in participating and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic automatic 3-Month Extension of Time transcriptions (including 1120-C filers), partnerships, REMATAND PARKS FOUNDATION	an autom you need onth exter cception c per forma s. e. Only matic 6-m	natic 3-month extension on a previous a 3-month automatic extension of tinsion of time. You can electronically of Form 8870, Information Return for it (see instructions). For more details submit original (no copies nearth extension - check this box and	isly filed me to file file Form Transfer on the e eeded). complet	Form 8868. e (6 months for a coll 8868 to request and section	extension Certain
required to file of time to file a Personal Benevisit www.irs.g Part I A corporation Part I only All other corporation file income to file income to file by the due date for filing your 1.1	ing (e-file). You can electronically file Form 8868 if the Form 990-T), or an additional (not automatic) 3-most any of the forms listed in Part I or Part II with the experit Contracts, which must be sent to the IRS in pay apovefile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time required to file Form 990-T and requesting an automatic surface of the file for Charities in the file form 990-T and requesting an automatic surface of the file form 990-T and requesting an automatic surface of the file form 990-T and requesting an automatic surface of exempt organization or other filer, see instructions of the filer of exempt organization or other filer, see instructions in the filer of exempt organization or other filer, see instructions.	you need onth exter acception of per formands. e. Only matic 6-m	d a 3-month automatic extension of tinsion of time. You can electronically of Form 8870, Information Return for it (see instructions). For more details submit original (no copies nearth extension - check this box and	me to file file Form Transfer on the e eeded). complet	e (6 months for a co 8868 to request an s Associated With C lectronic filing of this e	extension Certain
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Print Pile by the due date for filling your		ctions.			!! ! - ! -! ! !	
Print Pile by the due date for filling your		Cuons.			iler's identifying nu	
due date for filing your	ORTLAND PARKS FOUNDATION			Employ	er identification nun	
due date for Nu					<u>93-13199</u>	70
	umber, street, and room or suite no. If a P.O. box, so 11 S.W. OAK STREET, NO. 40		ctions.	Social	security number (SS	۷)
instructions. Cit	ry, town or post office, state, and ZIP code. For a for 0.000		dress, see instructions.			
Enter the Retur	rn code for the return that this application is for (file	a separa	te application for each return)	•••••		01
Application		Return	Application			Return
is For		Code	Is For			Code
Form 990 or Fo	rm 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (indi	ividual)	03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec	c. 401(a) or 408(a) trust)	05	Form 6069			11
-orm 990-T (tru:	st other than above)	06	Form 8870			12
Telephone N	NICK HARDIGG re in the care of ▶ 111 S.W. OAK ST to.▶ (503) 445-0994 ration does not have an office or place of business		Fax No. 🕨			
If this is for a	Group Return, enter the organization's four digit G	roup Exe	mption Number (GEN)	this is fo	or the whole group, c	heck this
box 🕨 🔲 . It	f it is for part of the group, check this box	and attac	ch a list with the names and FINs of	all memb	ers the extension is	for
	an automatic 3-month (6 months for a corporation r				ocia trie exterision is	101.
			ion return for the organization named		The extension	
	organization's return for:	g <u>-</u>	or result for the organization name	above.	THE EXTERISION	
	alendar year 2014 or					
	x year beginning	, and	d ending			
	vear entered in line 1 is for less than 12 months, che	eck reaso	n: Initial return Fi	inal retur	'n	
	nge in accounting period					
	lication is for Forms 990-BL, 990-PF, 990-T, 4720, o	r 6069, e	nter the tentative tax, less any	l		
	able credits. See instructions.			3a	\$	0.
	ication is for Forms 990-PF, 990-T, 4720, or 6069, e	-				
	tax payments made. Include any prior year overpay			3b	\$	0.
	ue. Subtract line 3b from line 3a. Include your payr FTPS (Electronic Federal Tax Payment System). Se					
	regoing to make an electronic funds withdrawal (d			3c	\$	0.

LHA

If you are filing for an Automatic 3-Month Exter Part II	3-Month Extensi	on of Time Only file the origin	inal (n	oonice n	andad)	
randona (reconstantale)	O WORLD EXTENS					
Type or Name of exempt organization or other	filer see instructions	Enter filer			er, see instruc	
print	mor, see matractions.		Embi	yer identific	ation number ((EIN
File by the PORTLAND PARKS FOUND	ATION			93_1	1319970	
due date for Number, street, and room or suite no. I		ctions.	Social	security nur		
return. See 111 S.W. OAK STREET,				, . , . ,		
instructions. City, town or post office, state, and ZIP	code. For a foreign ad	dress, see instructions.			,	
PORTLAND, OR 97204						
Enterth Detroit and forth and all the						
Enter the Return code for the return that this applica	ation is for (file a separa	ate application for each return)	•••••		0) 1
Application	Return	Application			D	
s For	Code	Is For			i .	etur ode
form 990 or Form 990-EZ	01		* * * * * * * * * * * * * * * * * * * *			Juc
form 990-BL	02	Form 1041-A		· · · · · · · · · · · · · · · · · · ·		08
orm 4720 (individual)	03	Form 4720 (other than individual)				09
orm 990-PF	04	Form 5227				10
orm 990-T (see 401/a) or 409(a) +m (a+)	05	Form 6069				11
orm 990-T (sec. 401(a) or 408(a) trust)						
orm 990-T (trust other than above)	06	Form 8870				12
orm 990-T (trust other than above) TOP! Do not complete Part II if you were not alree NICK HAR The books are in the care of 111 S.W. Telephone No. (503) 445-0994 If the organization does not have an office or place	eady granted an autor DIGG OAK STREET	natic 3-month extension on a prev SUITE 400 - PORT Fax No. ited States, check this box	LAND	, OR 9'	7204	12
TOP! Do not complete Part II if you were not already NICK HAR. The books are in the care of ► 111 S.W. Telephone No. ► (503) 445-0994 If the organization does not have an office or place. If this is for a Group Return, enter the organization on the second of the group, check this or a month extension of time.	e of business in the Unit's four digit Group Exe box and attaine until NOVEMI aginning 2 months, check reason	natic 3-month extension on a prevalent in the property of the	this is f	or the whole	7204 7204 group, check ension is for.	12
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Form 8868 (Rev. 1-2014)