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SCANNED MAR 0 6 2013

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u>	For the 2		ar year, or tax year begint	ing 7/01	, 2011, ai	nd ending	6/	-		, 2012		
В	Check of app	licable	С					D Employ	er Identi	fication Number		
	Address	s change	Venture Portland					93~	11119	942		
	X Name c		240 N Broadway #1					E Telepho	ne numb	er		
	Initial re	· I	Portland, OR 9722	27				(50)	3) 4	77-9648		
	\vdash	i i						130	3) 1	,, 3010		
	Termina	1								5 207	, 395.	
	H	ed return	F			т.	Mak la iba	G Gross re				
	Applica	lion pending	F Name and address of principal	officer. Justin Zeul	ner			a group retur affiliates uncl		₩ ₩		
			Same As C Above					atlach a list		tructions) Yes	∐ No	
<u></u>	Tax-exem		501(c)(3) X 501(c) (6		947(a)(1) or	527						
J	Website		w.ventureportland	l.org		<u> </u>	I(c) Group	exemption n	ımber 🏲	·		
K	Form of o	rganization.	X Corporation Trust	Association Other ►	L Yea	ar of Formati	n 198	6 M s	State of I	egal domicile: OR	L	
Pa	ntl. S	Summan										
			e the organization's missi	on or most significant acti	vities Ven	nture E	ortla	nd bui	lds	the capac	itv	
•			onnections_betwee									
Activities & Governance			rainings, and tec								 rt	
Ē			growth of Port									
Š	2 Che	eck this bo	x If the organization	discontinued its operation	ns or dispos	sed of mo	re than 2	25% of its	nel as	sets.		
Ğ			ting members of the gover						3		29	
60			dependent voting members			1b)			4		29	
#			of individuals employed in						5		3	
₹ *			of volunteers (estimate if						6		0	
¥	7a Tot	al unrelate	d business revenue from f	Part VIII, column (C), line	12				7a		0.	
	b Net	unrelated	business taxable income	from Form 990-T, line 34					7 b		0.	
				PEOPIN			F	rior Year		Current Y	ear	
	8 Cor	ntributions	and grants (Part VIII, line	IN RECEIV] .						
Revenue	9 Pro	gram serv	ice revenue (Part VIII, line		328,	590.	295	,015.				
Ž	10 Inve	estment in	come (Part VIII, column (A), lines 3, 4 rand 7d) 5, 7	19 IQ				149.		280.	
æ	11 Oth	ner revenue	e (Part VIII, column (A), lir	es 5,60, 8c, 9c, 10c, and	013 Q	.l		1,	L74.	2	,100.	
	12 Tot	al revenue	- add lines 8 through 11	(must equal Part-VIII, coli	ımn-(A); line			330,	213.	297	,395.	
	13 Gra	ants and si	mılar amounts paid (Part I	X. column (A) Lines 131	I.I.T			79,	994.	66	,000.	
	14 Ber	nefits naid	to or for members (Part I)	column (A) line 4)		ال.		·		''		
	1	•	er compensation, employee			5-10)		113,	371	173	,373.	
69	16 Du				. (,),	J 1.0, 1					70.0.	
Екрепэев	loa Pro		fundraising fees (Part IX, o				y 29970	the spirit		MAN TO SERVE	W 30-1-1-1	
Š	b Tot	al fundrais	ing expenses (Part IX, col	umn (D), line 25) 🟲				a Carlotta	-	A MANAGE TO THE PARTY OF THE PA		
ш	17 Oth	ner expens	es (Part IX, column (A), lir	nes 11a-11d, 11f-24e).			L	183,	771.	79	<u>,372.</u>	
	18 Tot	al expense	es Add lines 13-17 (must o	equal Part IX, column (A),	line 25)			377,	136.	318	<u>,745.</u>	
	19 Re	venue less	expenses. Subtract line 1	8 from line 12				-46,	923.	-21	,350.	
88	Ī						Beginni	ng of Curre	nt Year	End of Y	ear	
Bolonc	20 Tot	al assets (Part X, line 16)					192,			679.	
			s (Part X, line 26)				. —		641.		,512.	
Z Z			fund balances. Subtract li	no 21 from line 20				184,			3,167.	
		Signatur		ne 21 nom me 20	· · · · · · · · · · · · · · · · · · ·		<u> </u>	104,	<u> </u>	100	,107.	
												
Un- cor	der penalties nplete. Decla	of perjant. I de ration of prepa	eobre (bat I have examined this ret and (diner ihan officer) is based on	urn, including accompanying sched all information of which preparer f	lules and statem ias any knowled	nents, and to ige	the best of	my knowledg	e and be	rtief it is true, corre	cl. and	
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		-	print name and title.	· · · · · · · · · · · · · · · · · · ·				·				
		Print/Type p	reparer's name	Preparer's signature		Date		Check	X r	PTIN		
Pa	id	Richar	d Winkel	Richard Winkel				sett-emplo	yed	P00846914	1	
Pr	eparer	Firm's name	► Richard Wink	el, CPA, INC.								
Us	e Only	Firm's addre		· · · · · · · · · · · · · · · · · · ·	,			F#m's EIN	4 1	-2248554		
	-			97291				Phone no	(50		50	
M-	y the IDS	discuse th	is return with the preparer		ictions)		-	j 1 - KARG 11U	,50	X Yes	No	
			eduction Act Notice, see t			<u> </u>			···		90 (2011)	
- 134	M FOTPA	DETWORK K	euucuon aci Monce. See 1	ne separale instructions.		IEE	A0113L 0	וועאועא		rorm 95	2011 (ZUII)	

	1990 (2011) Venture Portland	93-1.	11194	2		age 2
<u> </u>	Statement of Program Service Accomplishments					
_	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission					
	See Schedule 0					
		-				
		-				
2	Did the organization undertake any significant program services during the year which were not listed or	a the prio				
2	Form 990 or 990-EZ?	i tile pilo	′ ┌┐	Yes	X	No
	If 'Yes,' describe these new services on Schedule O		Ш	163	\mathbf{v}	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices?		Yes	$\overline{\mathbf{X}}$	No
•	If 'Yes,' describe these changes on Schedule O	***************************************	ш		نت	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the anothers, the total expenses, and revenue, if any, for each program service reported	ices, as r mount of g	neasuro grants a	ed by o	expen: ocatio	ses ins to
4 a	a (Code (Expenses \$ 270,867. including grants of \$) (R	evenue	\$)
	Venture Portland supports Portland's unique neighborhood business grants, trainings, and promotion to build the capacity of and corbusiness districts. We provided nearly 1,000 hours of training a assistance to business district leaders. We awarded \$68,000 of cobusiness district projects.	s_dist nnection and_tection grants	ricts ons_b chnic _to_f	etwe al und	een_	<u>h</u>
4 t	(Code) (Expenses \$ including grants of \$) (R	Revenue	\$)
4.	c (Code) (Expenses \$ including grants of \$) (R	Povonuo	ė			```
7.	, (Code) (Expenses ψ) (including grains of ψ)	evenue	٧			
40	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$			_)	
4€	e Total program service expenses ► 270,867.					

art IV Checklist of Re	equired Schedules
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aı	Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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		<u>X</u>
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		
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 98-197 If 'Yes,' complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		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, 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, VIII, IX, or X as applicable			
а	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
C	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	ļ	_X_
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_ X_
t	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Form 990 (2011) Venture Portland
Part IV Checklist of Required Schedules (continued)

	· ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Χ_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	:	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	:	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity 9 If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2011)

The Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-20 included in line 1a Enter -0- if not applicable c Did the organization comply with backup withfolding rules for reportable payments to vendors and reportable gaming (gambing) withmings to prize winnings	Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				П
Ectified the number of Forms W-2C included in line 1a. Enter -0 - if not applicable Deciding		oned in bondard o contains a response to any question in the			Yes	No
c D of the organization comply with backing withholding rules for reportable payments to vendors and reportable gamming (gambing) minimizes to prove minimize the minimized of the provided of the complete the compl	1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2		Ì	
(gambling) winnings to prize winners? 2	bi	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
ments, filed for the calendar year ending with or within the year covered by this return Note. If the sum of Irines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unnelsed business organization file all required identified employment tax returns? As If Yesh as if filed a Form 990. To critis year? If YM2, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or differ authority over, a filter of the provide as a bank account, you of the file interest of the year of year o	C	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	rs and reportable gaming	1 c	X	
bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes's has it filed a Form 990-T for this year? If No', provide an explanation in Schedule O 3b. If Yes's end during the calendary year, did the organization have an inderest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 4a. At any time during the calendary year, did the organization have an inderest in, or a signature or other authority over, a financial account, or other financial accounts? 5a. Xa the organization and foreign country (such as a bank account, securities account, or other financial account)? 5b. If Yes', did the foreign country to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If Yes, 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? 6c. If Yes, the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Organization start may receive deductible contributions under section 170(c). 8c. Did the organization received a payment in excess of \$75 made partly as a contribution of organization start was required? 8d. If Yes, did the organization notify the donor of the value of the goods or services provided? 9d. If Yes, did the organization notify the donor of the value of the goods or services provided? 9d. If Yes, indicate the number of Forms 8282 field during the year 9d. If Yes, and the organization received a contribution of ca	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3			
3 a Dx the organization have unrelated business gross income of \$1,000 or more during the year? 4 a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). Provided the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). Provided the financial account of the financial account of the financial account of the financial accounts. Provided the financial accounts of the financial account of the financial accounts. Provided the financial account of the financial accounts. Provided the financial accounts of the financial accounts of the financial accounts. Provided the financial accounts of the financial accounts. Provided the financial accounts of the financial accounts of the financial accounts of the financial accounts of the financial accounts. Provided accounts of the organization and the financial accounts of the financ			nt tax returns?	2b	X	
b If Yes' has it filled a Form 990-T for this year? If No.' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4b If Yes', enter the name of the foreign country 5b Ws see instructions for filling requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was or is a party to a prohibited tax shelter transaction? 5b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If Yes,' did the organization notify the donor of the value of the goods or services provided? 6c If Yes,' did the organization on they the donor of the value of the goods or services provided? 6c If Yes,' did the organization or therwise dispose of tangible personal property for which it was required to file Form 8262? 8b If Yes,' did the organization or therwise dispose of tangible personal property for which it was required? 9c If the organization or received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting granization, and they evar, any premiums, directly or indirectly, on a personal benefit contract? 7d If the organizations maintaining donor advised funds and section 509(x)X) supporting organizations. Did the supporting granization or a donor advised fund maintained by a sponsoring organizations. Profit is		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ii	nstructions)			
1 As A sary time during the celendar year, suffite organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial accounts? See instructions for filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22 1. Report of Form 10 F 90-22 1. Report	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? Aa X b bit Yes, in their the name of the foreign country * See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Dos the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Dos the organization aparty to a prohibited tax shelter transaction? 5 b If Yes, it like the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, it like the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, it like the organization in the two root tax deductible? 6 a Does the organization shall were not tax deductible? 6 a Does the organization shall were not tax deductible? 6 organization shall may receive deductible contributions under section 170(c). 8 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 b If Yes, indicate the number of Forms 8282 filed during the year. 1 c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1 f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 hit the organization received a contribution of qualified intellectual property, did the organization file a Form 1089. 2 p Sponsoring organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organization make a distribution to a donor, donor adv	b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b		
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supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)X7) organizations. Enter 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 11 Section 501(c)X12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)X1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)X29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098\text{-}\mathrm{C}^2$	e organization file a	7h		
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b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 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 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	9	Sponsoring organizations maintaining donor advised funds.				
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 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b	а	Did the organization make any taxable distributions under section 4966?		9a		
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 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b	b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	10	Section 501(c)(7) organizations. Enter				
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b		against amounts due or received from them)				
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b		•	12b			
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b		***				
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which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·	ıle O			1
14a Did the organization receive any payments for indoor tanning services during the tax year?14aXb If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O14b		which the organization is licensed to issue qualified health plans	-			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			13C			v
			Cahadula			<u> </u>
			Scriedule U		000	(2011)

Form 990 (2011) Venture Portland 93-1111942 Page 6 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 to any question in this Part VI IXI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members 29 1a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 29 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 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? See Schedule O 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O Х 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 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 See Schedule 0 15a Χ **b** Other officers of key employees of the organization 15b Х 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 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Heather Hoell 240 N Broadway, suite 127 Portland OR 97227 (503) 477-9648

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

Check if Schedule O contains a response to any question 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

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

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 in Heither the organization	T Hor any	Telate	<u>u 0,</u>			1011 00	прс	risated any carrent of	incer, director, or trus	
(4)	(B)	(C) Position						(2)	(5)	(F)
(A) Name and title	(B) Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describe				the organization (W-2/1099 MISC)	related organizations (W-2/1099 MISC)	compensation from the			
	hours for related organiza-	dire	stitut	Officer	ey en	nploy	Former	, ,	,	organization and related
	tions in Schedule	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	0)	ıstee	trust		8	pens				
			ee			ated				
(1) Jean Baker										
Director	1	Х						0.	0.	0.
(2) Don Howard	_									
Director	1	X						0.	0.	0.
_(3) Sara Wittenberg	4									
Director	11	Х	L.,					0.	0.	0.
(4) Cathleen Woodruff	1									
Director	1	Х						0.	0.	<u>0.</u>
_(5) Randy Bonella										
Director	1	X						0.	0.	0.
(6) Todd Cleek										
Director	1	X	Щ		_			0.	0.	0.
_(7)_Char_Shinn							ĺ			
Director	1	Х						0.	0.	0.
(8) Nancy Chapin	<u> </u>			i						
Director	1	X					<u> </u>	0.	0.	0.
_(9) Corky Collier	_									
Director	1	Х			_			0.	0.	0.
(10) Kathy Grimes	4	İ								
Director	1	X						0.	0.	0.
(11) Michael Zokoych	1									
Director	1	X						0.	0.	0.
(12) Harold Hutchinson	1	[Į ,		
Director	1	X			L			0.	0.	0.
(13) Roger Jones	4									
Director	11	X						0.	0.	<u> </u>
(14) Megan Braunsten	4									
Director	<u> </u>	Х						0.	0.	<u> </u>

					<u> </u>	,			pensated Emp	oyees (com)
				((C)					
(A) Name and title	(B) Average hours per	box. offic	unle er an	heck ss pe id a d	rson irecto	than of the state	n an tee)	(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation
	week (describ e hours	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W 2/1099 MISC)	from the organization and related organizations
	for related organi	or trus	nal tr		oloyee	comp				-
	zations in Sch O)	tee	ustee			ensated				
(15) Murray Koodish Director	- 1	Х						0.	0.	0.
(16) Michelle Wood	+ -	<u> </u>						0.	· ·	<u>~</u>
Director	1	Х						0.	0.	0.
(17) Gary Warren Director	- 1	х						0.	0.	0.
(18) Carolyn Mistell Director	- 1	х						0.	0.	0.
(19) Adele Nofield	- 1	х						0.	0.	0.
Director (20) Fawn Aberson	+ +	^						0.	0.	0.
Director	1	Х						0.	0.	0.
(21) Darice Robinson Director	- 1	X						0.	0.	0.
(22) Jeff Bissonnette	_									
Director (23) Alison Stoll	1	X			\vdash			0.	0.	0.
Director	1	Х						0.	0.	0.
(24) Cynthia Sulaski Director	- 1	X						0.	0.	0.
(25) Sean Daugherty	_									
Director 1b Sub-total	1	X						0.	0. 0.	0.
c Total from continuation sheets to Part VII, Sectio	n A						>	69,983.	0.	0.
d Total (add lines 1b and 1c)							>	69,983.	0.	0.
2 Total number of individuals (including but not limit from the organization • 0	ed to th	ose I	liste	d ab	ove) wh	o re	ceived more than	\$100,000 of report	able compensation
from the organization • 0										Yes No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such	or or trus	itee,	key	em	ploy	ee, d	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	eportab	le co	mpe	ensa If '\	ition	and	l oth	ier compensation	from	
such individual	•						•		and word and	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comple comple	te S	chec	dule	J fo	r suc	ch p	erson	Individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens	ated inde	eper	nden	t co	ntra	ctors	tha	it received more t	han \$100.000 of	
compensation from the organization Report comp	ensatior	for	the	cale	enda	r yea	ar e	nding with or with	in the organization	
Name and business addre	ess							Description		(C) Compensation
	•									
2 Total number of independent contractors (includin \$100,000 in compensation from the organization in	•	t lım	uted	to t	hose	e list	led a	above) who receiv	ed more than	, , , , , , , , , , , , , , , , , , , ,

Pa	rt VIII Statement of Revenue			·	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
STS	1a Federated campaigns 1a				
PAN	b Membership dues 1b				1
S, G	c Fundraising events 1c				ļ
AR.	d Related organizations 1d				
S, G	e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
E C	g Noncash contributions included in his 1a-1f \$	-			
N N	h Total. Add lines 1a-1f				1
	Business Code				
EN	2a Contract revenue	282,245.	282,245.		
Ē	b Membership dues	11,100.	11,100.		
CE	c Meeting revenue	1,670.	1,670.		
F.	d	1,070.			
S W	<u>"</u>				
RA	f All other program service revenue				
PROGRAM SERVICE REVENUE		295,015.			
	3 Investment income (including dividends, interest and	230,020.			-
	other similar amounts)	280.			280.
	4 Income from investment of tax-exempt bond proceeds	-			
	5 Royalties	>			
	(i) Real (ii) Personal				
	6a Gross rents	_			
	b Less rental expenses	_			i
	c Rental income or (loss)	<u> </u>			
	d Net rental income or (loss)	•			
	7a Gross amount from sales of (i) Securities (ii) Other				1
	assets other than inventory	_			1
	b Less cost or other basis and sales expenses				1
	c Gain or (loss)	1			
	d Net gain or (loss)	•			
<u>u</u>	8a Gross income from fundraising events				
EVENUE	(not including \$ of contributions reported on line 1c)				1
	0 D IV 1 10				į
OTHER R	b Less direct expenses b	╡ .			
6	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19		<u></u>		
		-{			
	b Less direct expenses c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				1
	and allowances a	-}			1
	b Less cost of goods sold b			·	
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	<u> </u>		<u> </u>	
-		2 100		· —————	2 100
	11a Other income b	2,100.			2,100.
	b				
ļ	d All other revenue.			 -	
	e Total. Add lines 11a-11d	2,100.		····	
	12 Total revenue. See instructions	297,395.	295,015.	0.	2,380.
			270,010.	<u> </u>	2,500.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1		66,000.	66,000.		1						
2	Grants and other assistance to individuals in the United States See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	69,983.	48,988.	20,995.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	69,501.	62,599.	6,902.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	3,848.	3,078.	770.							
۵	Other employee benefits	14,961.	11,969.	2,992.							
	Payroll taxes	15,080.	12,064.	3,016.							
	Fees for services (non-employees)	13,000.	12,004.	3,010.							
	Management										
	D Legal				··						
	Accounting										
	Lobbying										
	Professional fundraising services See Part IV, line 17										
	Investment management fees										
	1 Other	11,281.	9,025.	2,256.							
•	Advertising and promotion	21,135.	16,908.	4,227.							
	Office expenses	5,069.	4,055.	1,014.							
14	Information technology			, , , , ,							
15	Royalties				, - .						
16	Occupancy	16,599.	13,279.	3,320.							
17	Travel	1,440.	1,152.	288.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
	Conferences, conventions, and meetings										
20	Interest										
	Payments to affiliates										
	Depreciation, depletion, and amortization	4,696.	3,757.	939.							
	Insurance 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	3,788.	3,030.	758.							
	expenses on Schedule O)	10 224	10 224								
	Capacity building	10,334. 3,026.	10,334. 3,026.								
	Events and meetings Postage and printing	2,004.	1,603.	401.							
(2,004.	1,003.	401.	<u> </u>						
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	318,745.	270,867.	47,878.	0.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here			,							
	SOP 98-2 (ASC 958-720)										

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	46,147.	1	26,292.
	2	Savings and temporary cash investments	135,936.	2	136,288.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instructions)	,	6	
A	7	Notes and loans receivable, net		7	·
Š	8	Inventories for sale or use		8	·
A S E T S	9	Prepaid expenses and deferred charges	3,414.	9	2,134.
	l	· · · · · · · · · · · · · · · · · · ·	3,111.		2,101.
	i iua	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 28,739	. [
	ı	Less accumulated depreciation 10b 26,774	6,661.	10 c	1,965.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	192,158.	16	166,679.
	17	Accounts payable and accrued expenses	3,641.	17	3,512.
	18	Grants payable	2,000.	18	
	19	Deferred revenue	2,000.	19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ABILIT	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	•
I E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,641.	26	3,512
Ñ		Organizations that follow SFAS 117, check here ► X and complete lines			
N E T		27 through 29 and lines 33 and 34.			
A S S	27	Unrestricted net assets	184,517.	27	163,167.
	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	184,517.	33	163,167.
Ę	34	Total liabilities and net assets/fund balances	192,158.	34	166,679.

BAA

Form 990 (2011) Venture Portland	93-1111942		Pa	age 12
Part XI Reconciliation of Net Assets				<u>. </u>
Check if Schedule O contains a response to any question in this Part XI				
	1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	_		<u> 395.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2			745.
3 Revenue less expenses Subtract line 2 from line 1	3			<u>350.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	84 <u>,</u> 5	<u>517.</u>
5 Other changes in net assets or fund balances (explain in Schedule O).	5			<u> 0 . </u>
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	63,1	L67.
Part XII Financial Statements and Reporting				_
Check if Schedule O contains a response to any question 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 O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	
b Were the organization's financial statements audited by an independent accountant?		2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule \boldsymbol{O}	n			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both	re issued on a			:
X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required audit	3ь		
BAA	-	Form	990 ((2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Employer identification number

Ve	nture Portland			93-1111942
	rt I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other o Form 990. Part IV. line	Similar Fund	ds or Accounts. Complete if
		(a) Donor advised fu	····-	(b) Funds and other accounts
1	Total number at end of year			·
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the a to the organization's exclusive	assets held in do legal control?	nor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben-	the benefit of the donor or dono	g that grant fund or advisor, or for	s can be any other
a	rt II Conservation Easements. Comp	lete if the organization and	swered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all tha	it apply)	
	Preservation of land for public use (e g ,	recreation or education)	Preservation o	f an historically important land area
	Protection of natural habitat	Γ	Preservation of	f a certified historic structure
	Preservation of open space	_	_	
2	Complete lines 2a through 2d if the organizat last day of the tax year	ion held a qualified conservation	contribution in	the form of a conservation easement on t
				Held at the End of the Tax Yea
	a Total number of conservation easements			2a
١	b Total acreage restricted by conservation ease	ments		2b
,	Number of conservation easements on a certi	fied historic structure included i	n (a)	2c
	d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and	d not on a histor	2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguis	hed, or terminate	ed by the organization during the
4	Number of states where property subject to co	onservation easement is located	-	_
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring nts it holds?	, inspection, han	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing co	onservation ease	ments during the year
7	Amount of expenses incurred in monitoring, is ▶ \$	nspecting, and enforcing conser	vation easement	s during the year
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			∐ Yes ☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its re to the organization's financial si	venue and expens tatements that do	se statement, and balance sheet, and escribes the organization's accounting for
а	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Twered 'Yes' to Form 990,	reasures, or Part IV, line 8	Other Similar Assets. 3.
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	ls held for public exhibition, edu	cation, or resear	nue statement and balance sheet works o ch in furtherance of public service, provid
١	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to repoiled for public exhibition, educate	rt in its revenue s on, or research in	statement and balance sheet works of art n furtherance of public service, provide th
	(i) Revenues 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 a amounts required to be reported under SFAS			or financial gain, provide the following
į	Revenues included in Form 990, Part VIII, line	e 1		▶\$
	Assets included in Form 990, Part X			► \$

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R?Describe in Part XIV the intended uses of the organization's endowment funds

3a(i)		
3a(ii)		
٦h		

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements **d** Equipment e Other 26,774 28,739. 1,965 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 1,965.

BAA

Schedule **D** (Form 990) 2011

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Total (Column (b) must equal Form 990, Part X, column (B) line 25)

Sche	dule D (Form 990) 2011 Venture Portland	93-111	1942 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	nts	N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		·
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	t XII Reconciliation of Revenue per Audited Financial Statements With Re		N/A
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c	<u> </u>	
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
_	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Retu	rn N/A
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4a 4b		
	Other (Describe in Part XIV) Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		
Comp Part any a	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4 additional information	a and 4, Part IV, lines Ib Also complete this p	1b and 2b, part to provide
	·		
	·		
	·		
- - -	· 		
	· 		
	·		

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D (Form 990) 2011 Velicule Politialid	93-1111942 Page 5
Part XIV Supplemental Information (continued)	

TEEA3305L 05/25/11

Schedule **D** (Form 990) 2011

BAA

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

Open to Public Inspection

≗ □

XYes

Employer identification number 93-1111942 Part I General Information on Grants and Assistance Venture Portland Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? and the selection criteria used to award the grants or assistance?

Schedule I (Form 990) (2011)	06/01/11	TEEA3901L 06/01/11		s for Form 990.	, see the Instruction	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
4				1 table	ons listed in the line	3 Enter total number of other organizations listed in the line 1 table
1			in the line 1 table	rganizations listed) and government o	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
	İ					ω
						<u></u>
				_		
						<u>(4)</u>
Capacity grants		0.	5,850.	501(c) (3)	27-2243614 501 (c) (3)	7203
Capacity grants		0.	8,000.	501(c)(6)	93-1078742 501 (c) (6)	Portland, OR 97233
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 Capacity grants		0.	6,000.	501(c)(6)	93-0886868	Portland, OR 97293
(g) Description of no cash assistance or assistance	(f) Method of valuation (g) Des (book, FMV, appraisal non cash other)	(e) Amount of non cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
A					additional space	Part II can be duplicated if additional space is needed
nore than \$5,000.	received more than \$5,000. Check this box if no one recipient received more than \$5,000.	heck this box if no	nore than \$5,000. C		for any recipient	
wered 'Yes' to	I the use of grant funds in the United States. See Part IV and Organizations in the United States. Complete if the organization answered 'Yes' to	States. See Pa	rant funds in the United	iitoring the use of g ents and Organ	procedures for mon	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States.

Venture Portland Schedule I (Form 990) (2011)

Page 2

93-1111942

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal other) projects, proper compliance and appropriate stewardship of grant funds. Grantees must Failure to comply with all grant requirements as agreed to in the contract may result staff provide regular stewardship and compliance reports to the Grants Committee. signed contract by both the Grant Coordinator and the President. Venture Portland submit status reports, final evaluations and full accounting of used funds per a Venture Portland monitors the use of grant funds to ensure the success of funded (d) Amount of non cash assistance in having to return funds and impact future grant eligibility. Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III 0 ന 4 വ 9

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Schedule (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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.

Venture Portland 93-1111942
Form 990, Part III, Line 1 - Organization Mission
districts of Portland. Through grant funds, trainings, and technical assistance the
organization invests in the smart, strategic growth of Portland's unique
neighborhood_business_districtsNeighborhood_business_districts_represent_16,000
businesses_and_approximately_200,000_jobs_and_play_a_vital_role_in_the_city's
economic prosperity. Venture Portland's board leadership comes from the diverse
business districts that collectively represent local, regional, national, and
international_demand_for_goods_and_services
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body
Members elect members to the Board of Directors.
Form 990, Part VI, Line 11b - Form 990 Review Process
The Finance Committee reviews the 990 before it is filed.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts
Board members are required to disclose all conflicts of interest.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment
Board approves compensation of the Executive Director.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
Governing documents and financial information is available upon request.

Form 990

Continuation Sheet for Form 990

OMB No 1545 0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Venture Portland 93-111942

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average hours per week	L				that appl		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from	Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the
		ual tr	iona		nploy	t con	"			and related organizations
		ustee	trust		18	Ipens				
		"	ee		ŀ	ated				
Heather Hoell										
Executive Direc	40			X				69,983.	0.	0.
Brian Alfano	_					İ		_		
Vice President	1	ļ .		Х		_		0.	0.	0.
Diane Coward	٠,			.,						•
Treasurer Lori Boisen	1		<u> </u>	X				0.	0.	0.
Secretary	1			X				0.	0.	0
Justin Zeulner			-	^					0.	0.
President	1			Х				0.	0.	0.
1100140110					 			· · ·		
					ŀ					
···										
				-						
										<u> </u>
										
								_		
										Form 990 Cont 2011

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

<u>► X</u>

If you are	e filing for an Automatic 3-Month Extension, cor	nplete only	Part I and check this box			► X
If you are	e filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	s form	1)	_
Do not com	plete Part II unless you have already been grante	d an autom	natic 3-month extension on a previously t	iled F	orm 8868	
request an e Associated V	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www irs gov/efile and click of the second click of the s	t automatic) Part I or Paust be sent) 3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct	ctroni	cally file Form a Ition Return for	8868 to Transfers
Part I A	utomatic 3-Month Extension of Time.	nlv subm	nit original (no copies needed).			
	n required to file Form 990-T and requesting an			comple	ete Part I only	▶
All other cor income tax i	porations (including 1120-C filers), partnerships, returns	REMICS, a	·			
	Name of exempt organization or other filer, see instructions		Enter filer's identi		number, see in:	
Type or	Name of exempt organization of other mer, see instructions			Linpio	yer identification rid	mber (Cirv) or
print	Venture Portland				02-1111042)
File by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions		-	93-1111942 Social security numb	
due date for filing your	240 N Broadway #127	1511 00010115		<u></u>	social security riams	ci (con)
return See instructions	City, town or post office, state and ZiP code For a foreign add	ress, see instru	actions			
	Portland, OR 97227					
	120202000		-			
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)			01
		,				
Application Is For		Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-Bl	<u></u>	02	Form 1041-A '			08
Form 990-E2	2	01	Form 4720			09
Form 990-Pf		04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephon If the org If this is check the exter 1 requeurities	The No. (503) 477-9648 Ganization does not have an office or place of but for a Group Return, enter the organization's four its box If it is for part of the group, on the standard st	digit Group theck this b ation require ganization r	e United States, check this box Exemption Number (GEN) If ox			
Gh 3a If this :	ax year entered in line 1 is for less than 12 montaining period application is for Form 990-BL, 990-PF, 990-T, 4			al retu		
nonref	undable credits. See instructions.			3a	\$	0.
	application is for Form 990-PF, 990-T, 4720, or 6 ints made Include any prior year overpayment al			3 b	\$	0.
c Balanc	ce due. Subtract line 3b from line 3a Include you	r payment	with this form, if required, by using	3,0	s	n

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

STATE OF OREGON CORPORATION DIVISION 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327

REGISTRY NO. 014931-88

RESTATED ARTICLES OF INCORPORATION OF VENTURE PORTLAND

- 1. Name of the corporation (prior to amendment): ALLIANCE OF PORTLAND NEIGHBORHOOD BUSINESS ASSOCIATIONS INCORPORATED
- 2 New name of the corporation (if changed). VENTURE PORTLAND
- 3. A copy of the Restated Articles is attached.
- 4. The Restated Articles contain amendments which require membership approval. The date of the adoption of the Restated Articles was April 232012. The vote of the members was as follows:

Classes entitled to vote: Business District Association Members

Number of members entitled to vote:

Number of votes cast:

Number of votes needed for quorum:

Number of votes cast for:

Number of votes cast against:

Justin Zeulner, President

PERSON TO CONTACT ABOUT THIS FILING:

Matthew D. Lowe, Esq. O'Donnell Clark & Crew LLP Fremont Place II, Suite 302 1650 NW Naito Parkway Portland, OR 97209 Tel 503-306-0224

RESTATED ARTICLES OF INCORPORATION OF VENTURE PORTLAND

ARTICLE 1

The name of the Corporation is Venture Portland.

ARTICLE II

This Corporation is a mutual benefit corporation.

ARTICLE III

The Corporation shall have one (1) class of members which shall be business districts located in the City of Portland, Oregon. The voting rights of members, and the criteria or procedures for admission as a member, for termination, expulsion, suspension and for dues and assessments shall be established by the Corporation's bylaws (or any amendments thereto).

ARTICLE IV

This Corporation is organized for the following purposes:

- A. To promote the general welfare of business districts in Portland, Oregon, within the meaning of Section 501(c)(6) of the Internal Revenue Code; and
- B. To engage in any lawful activity for which corporations may be organized under Oregon laws, none of which is for profit, and within the meaning of Section 501(c)(6) of the Internal Revenue Code of 1986.

ARTICLE V

The limitations on the Corporation include:

- A. The Corporation shall have no capital stock, and no part of its net earnings shall inure to the benefit of any director, officer, or member of the Corporation, or any private individual.
- B. No member, director or officer of the Corporation, nor any private individual shall be entitled to assets upon dissolution of the Corporation, or winding up its affairs.
- C. Upon the dissolution of the Corporation, the board of directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of

the assets of the Corporation exclusively for the purposes of the Corporation in such manner as the board of directors shall determine. Such disposition of assets shall be made to such organization or organizations as shall at the time qualify as an exempt organization a pursuant to Section 501(c)(3), 501(c)(4) or 501(c)(6) of the Internal Revenue Code of 1986, (or the corresponding provision of any future United States Internal Revenue Law). Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

D. Notwithstanding any other provisions of these Articles, the Corporation shall not conduct or carry on activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(6) of the Internal Revenue Code as now stated, or as it may be hereafter amended.

ARTICLE VI

To the fullest extent permitted by the Oregon Nonprofit Corporation Act, no director or uncompensated officer of the Corporation shall be liable to the Corporation or its members for monetary damages.

ARTICLE VII

The Corporation shall indemnify, to the fullest extent permitted by the Oregon Nonprofit Corporation Act, any person who has been made, or is threatened to be made, a party to an action, suit, or proceeding, whether civil, criminal, administrative, investigative, or otherwise (including an action, suit or proceeding by or in the right of the Corporation), by reason of the fact that the person is or was a director, trustee, officer, employee or agent of the Corporation, or a fiduciary within the meaning of the Employee Retirement Income Security Act of 1974 with respect to an employee benefit plan of the Corporation, or serves or served at the request of the Corporation as a director or as an officer, or as a fiduciary of an employee benefit plan of another corporation, partnership, joint venture, trust, or other enterprise. In addition, the Corporation shall pay for or reimburse any reasonable expenses incurred by such persons who are parties to such proceedings, in advance of the final disposition of such proceedings, to the full extent permitted by the Oregon Nonprofit Corporation Act.

ARTICLE VIII

The affairs of the Corporation shall be managed by a Board of Directors which shall be constituted and have such powers as are provided for in the bylaws and the Oregon Nonprofit Corporation Act. The power to amend or restate the Association's bylaws are reserved to the Board of Directors, as provided for in the bylaws.

ARTICLE IX

These Restated Articles of Incorporation supersede the Articles of Incorporation filed with the Oregon Corporation Division on January 31, 1986.

ARTICLE X

The undersigned officers are authorized and directed to deliver these Restated Articles of Incorporation and the necessary information to the office of the Secretary of State pursuant to ORS 65.447 and ORS 65.451.

Justin Zeulner, President

Person to contact about this filing:
Matthew D. Lowe, Esq.
O'Donnell Clark & Crew LLP
Fremont Place II, Suite 302
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Secretary of State Corporation Division 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327

Phone:(503)986-2200 www.filinginoregon.com

Registry Number: 014931-88

Type: DOMESTIC NONPROFIT CORPORATION

Next Renewal Date: 01/31/2013

VENTURE PORTLAND 240 N BROADWAY STE 127 PORTLAND OR 97227

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy

DocumentRESTATED ARTICLES

Filed On 05/29/2012

Jurisdiction OREGON

Nonprofit Type MUTUAL BENEFIT WITH MEMBERS

Name

VENTURE PORTLAND

Principal Place of Business 240 N BROADWAY STE 127 PORTLAND OR 97227

Mailing Address 240 N BROADWAY STE 127 PORTLAND OR 97227

Secretary LORI BOISEN 240 N BROADWAY STE 127 PORTLAND OR 97227 Registered Agent
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