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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

201

2012

OMB No 1545-0047

Open to Public Inspection

, 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number B Check if applicable PORTLAND BUSINESS ALLIANCE Address change 32-0016048 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 200 SW MARKET STREET NO 150 Terminated (503) 224-8684 City or town, state or country, and ZIP + 4 PORTLAND, OR 97201 _____Amended return Application pending **G** Gross receipts \$ 7,760,471 Name and address of principal officer Is this a group return for SANDRA MCDONOUGH ┌ Yes 🗸 No affiliates? 200 SW MARKET STREET NO 150 PORTLAND, OR 97201 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW PORTLANDALLIANCE COM **L** Year of formation 2002 **M** State of legal domicile OR Part I Summary Briefly describe the organization's mission or most significant activities TO ENSURE ECONOMIC PROSPERITY IN THE PORTLAND REGION Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 52 Number of independent voting members of the governing body (Part VI, line 1b) 4 52 75 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 750 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 16,673 \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 8,662 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 1,414,871 1,469,402 6,367,850 6,048,130 Program service revenue (Part VIII, line 2g) . . 8,879 18,465 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 159,774 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 168,785 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 7,960,960 7,695,196 13 68,683 80,422 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) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 2,519,159 2,426,168 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,332,684 5,198,379 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,920,526 7,704,969 18 19 Revenue less expenses Subtract line 18 from line 12 40,434 -9,773 t Assets or id Balances **Beginning of Current End of Year** 2,419,506 20 Total assets (Part X, line 16) . 2,129,746 21 1,894,140 Total liabilities (Part X, line 26) . . 1,686,200 22 Net assets or fund balances Subtract line 21 from line 20 443,546 525,366 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 2013-12-13 Signature of office

SANDRA MCDONOUGH PRESIDENT & CEO

Type or print name and title

Sign Here

Forn	n 990 (2012)				Page 2
Par		ent of Program Service Schedule O contains a respons	Accomplishments e to any question in this Part III .		. .
1	Briefly describe	the organization's mission			
		IIC PROSPERITY IN THE PO COURAGE BUSINESS GROW	RTLAND REGION BY PROVIDING S TH AND VITALITY	STRONG LEADERSHIP, PART	NERSHIP, AND
2	_	· -	program services during the year whi	ich were not listed on	┌ Yes ┌ No
	If "Yes," describe	e these new services on Sched	dule O		
3	Did the organizations services?	tion cease conducting, or make	e significant changes in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," describe	e these changes on Schedule (0		
4	expenses Section		complishments for each of its three ganizations are required to report the h program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			DVOCATES PUBLIC POLICIES FOR THE DEVELOR ROFESSIONAL, GOVERNMENT AND CULTURAL		OF PORTLAND AND THE
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PUBLIC RELATIONS REGION	, MARKETING AND BUSINESS DEVELO	OPMENT PROGRAMS EXIST TO SUPPORT AND	ENHANCE DOWNTOWN AND OTHER	PARTS OF THE PORTLAND
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	, PUBLIC SPACE MAI	, , , ,	IS PROVIDE EMPLOYMENT OPPORTUNITIES, P	, (ITY BEAUTIFICATION FOR
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	BUSINESS DEVELOR	PMENT AND MEMBERSHIP ACTIVITIES	PROVIDE SUPPORT AND EDUCATION FOR THE	HE PORTLAND BUSINESS COMMUNITY	′

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

4d

(Expenses \$

Part IV Chec	klist of	Required	Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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^{\bullet}	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\bullet}	9		No
LO	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 $\sqrt{2}$	10		No
1	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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	14b		No
L5	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	15		No
L 6	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		No
L 7	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)			No
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	Yes	
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νo
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Fai	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 33		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	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	ı.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter 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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		. 10
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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
•	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		.,,

_Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No		
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		No		
_	-	-		110		
	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?	7a		No		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	a The governing body?					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
	g					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod Yes	e.) No		
		10a				
10a	Did the organization have local chapters, branches, or affiliates?			No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No		
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No		
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No		
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No		

- 17 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 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, physical address, and telephone number of the person who possesses the books and records of the organization ►SANDRA MCDONOUGH 200 SW MARKET STREET NO 150 PORTLAND, OR (503) 224-8684

Form	990	(2012
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	<u>T</u>								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		1						ı		ı			
(A) Name and Title	ame and Title Average Position (do not check	(D Repor	table	(E) Reportable		(F) Estima	ted						
	hours per week (list					unless officer		compen from		compensation from related		mount of compens	1
	any hours					stee)		organizat		organizations (W		from t	
	for related	25	Ι_	Q	조	9 エ	고 2/1099-MISC) 2/1099		2/1099-MISC)	٥	rganızatı		
	organizations below	P₽₽	n str	Office	<u></u>	[월흥	Former					relate organiza	
	dotted line)	용물	<u>Ē</u>	""	Ě) 0 0 0 0 0 0 0 0 0 0	更					organiza	
		♀≠	≝		Key employee	P S							
		Individual trustee or director	I∄		8	l ž							
		¥:	Institutional Trustee			Highest compensated employee							
			"			<u> </u>							
											-		
1b Sub-Total		٠	<u> </u>	<u> </u>	<u>. </u>		-						
c Total from continuation she	ets to Part VII, S	ection A	١.				۰						
d Total (add lines 1b and 1c)							►		565,536		0		45,203
2 Total number of individuals (e) wl	ho receive	d more th	ıan			
\$100,000 of reportable com	pensation from th	ie organ	ızatıc	n ⊫ 3	3								
												Yes	No No
3 Did the organization list any	former officer du	rector o	r trus	tee	kev	emnlo	Vee	or highest	compen	sated employee		1.03	
on line 1a? If "Yes," complete					•		•	·	• •		3		No
4 For any individual listed on li	ne 1a is the sum	of repo	rtable	- co	mpe	nsatioi	n and	d other cor	nnensatio	on from the			
organization and related orga													
ındıvıdual			•	•	•		•			[4	Yes	
5 Did any person listed on line			•					_		or individual for			
services rendered to the org	anızatıon? <i>If "Yes</i>	," compl	ete S	ched	ule J	forsu	ch pe	erson .		[5		No
Section B. Independent C 1 Complete this table for your		oencator	d inda	2000	dent	contr	a.c.t.c	re that rec	alved ma	re than \$100 000	o.f		
compensation from the organ										thın the organızatı		tax year	
	(A) Name and business	address						7	Des	(B) cription of services		(C) Compen	
PORTLAND PATROL INC 208 NW FIRST AV									SECURITY				,172,341
CENTRAL CITY CONCERN 232 NW 6TH AV									CLEANING	SERVICES			,381,751
CITY OF PORTLAND POLICE BUREAU 1120	SW FIFTH AVE 1250	PORTLAN	D OR 9	97204	1				SECURITY		\dashv		343,300

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

\$100,000 of compensation from the organization $\rightarrow 3$

Part V	1111	Check if Schedule O contains a response	to any question ii	n this Part VIII			Г
		eneck if Senedule 6 contains a response	to uny question.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s £	1a	Federated campaigns 1a					
ant un	b	Membership dues 1b	1,374,565				
6r. mo	С	Fundraising events 1c	94,837				
Ē,	d	Related organizations 1d					
Gii		-					
ns, Sim	е	Government grants (contributions) 1e —					
tio er S	f	All other contributions, gifts, grants, and 1f similar amounts not included above —					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		i			
id (1a-1f \$		4 450 403			
Col	h	Total. Add lines 1a-1f	· · · •	1,469,402			
<u>.e</u>		В	usiness Code				
ænı	2a	CONTRACT REVENUE - CLE	561000	4,100,140	4,100,140		
Æ	b	OTHER CONTRACT REVENUE	900099	1,503,296	1,503,296		
931	С	MEETINGS	900099	425,928	425,928		
Program Serwde Revenue	d	ADVERTISING	541800	16,673		16,673	
3, E	е	PUBLICATIONS	511120	2,093	2,093		
्र Ta	f	All other program service revenue					
Š	g	Total. Add lines 2a – 2f	🕨	6,048,130			
	3	Investment income (including dividends,					
		and other similar amounts)	🟲 📙	9,922			9,922
	4	Income from investment of tax-exempt bond proce	· · · ·	12.072			12.072
	5	Royalties	_	13,072			13,072
	6a	(i) Real Gross rents	(II) Personal				
	b	Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	<u> </u>				
	7a	(i) Securities Gross amount	(II) Other				
	74	from sales of assets other than inventory					
	b	Less cost or other basis and	1,043				
		sales expenses Gain or (loss)	-1,043				
	٦ C			-1,043			-1,043
	d 8a	Gross income from fundraising	· · · •	1,043			1,043
Other Revenue		events (not including \$94,837 of contributions reported on line 1c) See Part IV, line 18					
노		a	59,282				
Ě	b	Less direct expenses b	64,232				
0	C	Net income or (loss) from fundraising ever	nts 🛌	-4,950			-4,950
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses b					
	C 100	Net income or (loss) from gaming activities	es				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b	Less cost of goods sold b Net income or (loss) from sales of inventor) rv				
	С	· · · · · · · · · · · · · · · · · · ·	usiness Code	+			
	11a	SPECIAL PROJECTS	900099	146,638	146,638		
	b	CERTIFICATES OF ORIGIN	900099	14,025	14,025		
	c	- CENTIFICATES OF ORIGIN		, [,		
	d	All other revenue					
	e		🕨	+			
	12	Total revenue. See Instructions	_ -	160,663			
	**	TOTAL TEVERIUE. SEE TRISTRUCTIONS	• • •	7,695,196	6,192,120	16,673	17,001

	990 (2012) EIX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizat	ions must comr	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				
Do no	of include amounts reported on lines 6b,		(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraısıng expenses
1	Grants and other assistance to governments and organizations		ехрепяея	general expenses	ехрепяея
-	in the United States See Part IV, line 21	80,422			
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	533,317			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,506,637			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,384			
9	Other employee benefits	155,942			
10	Payroll taxes	177,888			
11	Fees for services (non-employees)				
а	Management				
ь	Legal	21,838			
c	Accounting	33,565			
d	Lobbying	33,303			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,686			
13	Office expenses	130,557			
14	Information technology	79,410			
15	Royalties				
16	Occupancy	129,142			
17	Travel	25,595			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,285			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,015			
23	Insurance	15,519			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SECURITY	2,431,215			
b	PORTLAND JANITORIAL SER	1,574,653			
c	PUBLIC POLICY	333,496			
d	MEMBERSHIP EXPENSES	257,320			
e	All other expenses	109,083	+		
25	Total functional expenses. Add lines 1 through 24e	7,704,969			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			974,263	1	1,185,371
	2	Savings and temporary cash investments			64,000	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			327,328	4	297,577
	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Pai Schedule L	t II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and cand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ontribu iployee	ting employers		6	
	7	Notes and loans receivable, net			7		
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		_	91,913	9	152,232
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	129,805	,	_	·
	Ь	Less accumulated depreciation	10b	105,982	6,756	10c	23,823
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11	655,731	12	756,879		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			9,755	15	3,624
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,129,746	16	2,419,506
	17	Accounts payable and accrued expenses			667,094	17	839,611
	18	Grants payable				18	
	19	Deferred revenue			903,564	19	962,253
	20	Tax-exempt bond liabilities				20	
φ.	21	Escrow or custodial account liability Complete Part IV of Scheo	dule D			21	
ilities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi		tees,			
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	t X of S	chedule	115,542	25	92,276
	26	D			1,686,200	-	1,894,140
	26	Total liabilities. Add lines 17 through 25			1,000,200	26	1,894,140
φ		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.	and o	ompiete			
anc .	27	Unrestricted net assets			443,546	27	525,366
<u> </u>	28	Temporarily restricted net assets				28	
귤	29	Permanently restricted net assets				29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ass	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			443,546	33	525,366
Z	34	Total liabilities and net assets/fund balances			2,129,746	34	2,419,506

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
	· / ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,6	95,196
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,7	04,969
3	Revenue less expenses Subtract line 2 from line 1	3		·	-9,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			43,546
5	Net unrealized gains (losses) on investments	5			91,593
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		ŗ	525,366
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	F Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Software ID: **Software Version:**

EIN: 32-0016048

Name: PORTLAND BUSINESS ALLIANCE

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	s,Tru	uste	ees,	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
DENNIS RAWLINSON CHAIR	12 00 10	х		х				0	0	0
JE ISAAC CHAIR EMERITUS	4 00	х		х				0	0	0
GREGG KANTOR CHAIR ELECT	3 00 10	х		х				0	0	0
DEBORAH KITCHIN TREASURER	5 00	х		х				0	0	0
VANESSA STURGEON VICE CHAIR-MEMBERSHIP	3 00	х		х				0	0	0
RONALD H BELTZ VICE CHAIR-DOWNTOWN SVCS	5 00	х		х				0	0	0
JIM MARK VICE CHAIR-ECON DVLPMT	5 00	х		х				0	0	0
MITCHELL HORNECKER VP-GOVT RELATIONS	5 00 10	х		х				0	0	0
DJ WILSON VICE CHAIR-MARKETING	5 00	х		х				0	0	0
CHRIS ANDERSON BOARD MEMBER	3 00	х						0	0	0
ANDREW FRAZIER BOARD MEMBER	3 00	х						0	0	0
DAVE ANDERTON BOARD MEMBER	3 00	x						0	0	0
KERRY BARNETT BOARD MEMBER	3 00	×						0	0	0
DAVE HAMILTON BOARD MEMBER	3 00	х						0	0	0
MARK BOCCHI BOARD MEMBER	3 00	×						0	0	0
JULIA BRIM-EDWARDS BOARD MEMBER	3 00 2 00	×						0	0	0
DAVID CHOWN BOARD MEMBER	3 00	х						0	0	0
JUSTIN DELANEY BOARD MEMBER	3 00	х						0	0	0
CHRISTOPHER DENZIN BOARD MEMBER	3 00	х						0	0	0
STEVE DUEA BOARD MEMBER	3 00	х						0	0	0
JILL EILAND BOARD MEMBER	3 00	x						0	0	0
JOHN EISENBERG BOARD MEMBER	3 00	Х						0	0	0
MARK EITZEN BOARD MEMBER	3 00	х						0	0	0
LORI FLEXER BOARD MEMBER	3 00	х						0	0	0
DEBORAH HERRON BOARD MEMBER	3 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Worganizations (Wan officer and a from the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 3 00 MARK GOODMAN Χ 0 0 0 BOARD MEMBER 3 00 TRENT GREEN 0 Х 0 BOARD MEMBER 3 00 SUE HENNESSEY 0 0 0 Х BOARD MEMBER 3 00 ROGER W HINSHAW Х 0 0 0 BOARD MEMBER 3 00 MICHAEL HURLEY 0 0 Х BOARD MEMBER 3 00 BRUCE IREDALE 0 0 0 Х BOARD MEMBER 3 00 KEN KOEHLER 0 0 0 Х BOARD MEMBER 3 00 DONALD L KRAHMER JR 0 0 0 BOARD MEMBER 3 00 **ROB CORNILLES** Χ 0 0 BOARD MEMBER 3 00 DAVID KNOWLES 0 0 0 X BOARD MEMBER 3 00 DAN LAVEY Χ 0 0 0 BOARD MEMBER 3 00 RODRIGO LOPEZ 0 Χ 0 BOARD MEMBER 3 00 RICHELLE LUTHER 0 0 0 Х BOARD MEMBER 3 00 CHRIS MONGRAIN Х 0 0 0 BOARD MEMBER 3 00 TRACIE MURPHY Х 0 0 0 BOARD MEMBER 3.00 CHRIS OXLEY 0 0 0 Х BOARD MEMBER 3 00 MERRITT PAULSON 0 0 0 Х BOARD MEMBER 3 00 DON PEARSON Χ 0 0 0 BOARD MEMBER 3 00 HARVEY PLATT Х 0 0 0 BOARD MEMBER 3 00 DOUG PUGH 0 0 0 Х BOARD MEMBER 3 00 GARY W REYNOLDS Х O 0 0 BOARD MEMBER 3 00 DAVE ROBERTSON 0 0 0 BOARD MEMBER 3 00 **CONNIE SEELEY** 0 0 0 Х BOARD MEMBER 3 00 DAVE SORENSON 0 0 Х 0 BOARD MEMBER 3 00 ALAN SPROTT 0 0 BOARD MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unless an o	than s pers office ector/t	o not n one son is er and	e box, is bot nd a stee)	c, ith	Former	(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 from the organization and related organizations
CHIP TERHUNE BOARD MEMBER	3 00	х						0	0	0
DAVID UNDERRINER BOARD MEMBER	3 00	х						0	0	0
WALLY VAN VALKENBURG BOARD MEMBER	3 00	х						0	0	0
PAUL VOGEL BOARD MEMBER	3 00 10	х						0	0	0
MALIA H WASSON BOARD MEMBER	3 00	х						0	0	0
CRAIG WESSEL BOARD MEMBER	3 00	х						0	0	0
SANDRA MCDONOUGH PRESIDENT & CEO	55 00 2 00			х				293,162	0	26,737
BERNIE BOTTOMLY VP-GOVT RELATIONS	50 00				x			150,591	0	12,280
MEGAN DOERN VP-COMMUNICATIONS	50 00					x		121,783	0	6,186

DLN: 93493013016234

OMB No 1545-0047

Inspection

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. ► See separate instructions.

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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PORTLAND BUSINESS ALLIANCE 32-0016048 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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)).

C-4 -	and War " was many a to I man to the sound of the land of many and the land of	(a	1)	(b)
ror ea activ	nch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	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	O ther 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?			
Par	HIII-A Complete if the organization is exempt under section $501(c)(4)$, section	501(c))(5), o	r section

501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	1,374,565
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	55,828
b	Carryover from last year	2b	-151,613
С	Total	2c	-95,785
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	55,225
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-151,010

Supplemental Information Part IV

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN		ENDORSED AND PUBLICIZED IN MEMBER PUBLICATIONS THE ENDORSEMENTS OF LOCAL CANDIDATES FOR
ACTIVITIES		OFFICE

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DLN: 93493013016234

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

omai	Trevenide Scivice F Attacil to Foli	in 990. F See separate histractions.		znopeetion
	ne of the organization TLAND BUSINESS ALLIANCE			oloyer identification number
Pa	organizations Maintaining Donor Adv			
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	-	or adv	rsed Yes No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?			
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certifie	d historic structure
	easement on the last day of the tax year			T
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	, ,	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
	Number of states where property subject to conservati	on easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of	f violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments o	during the year
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year
	* \$			70 (1) (4) (7) (7)
	Does each conservation easement reported on line 2(of and section $170(h)(4)(B)(II)^{7}$			☐ Yes ☐ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia nts	stater	ments that describes
ar	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			· ·
a	Revenues included in Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			
	maacca microded in Fullit 220, Fait A			F Y

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	<u>stori</u>	<u>cai ii</u>	reasur	es, or U	tne	r Similar As:	sets (c	ontinued)_
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	wing that a	are a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furthe	er the or	rganızatıon	ı's ex	empt purpose ı	n	
5	During the year, did the organization solicit o									_	_
В-	assets to be sold to raise funds rather than t								<u> </u>	Yes	No No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	a Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		•		r other ass	ets r	not J	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing t	able						
									Am	ount	
С	Beginning balance						L	1c			
d	Additions during the year						L	1d			
e	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•					ı	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been pr	ovided in P	art >	(111		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b) Prior	year	b (c) Tw	o years back	(d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses							_			
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ice (lir	ne 1g	, colum	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ⊨										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and ac	dministere	d for	the	Yes	No
	(i) unrelated organizations		•						3a(_	
_	(ii) related organizations								3a(i		<u> </u>
	If "Yes" to 3a(II), are the related organization							•	3b	<u> </u>	
4 Date	t VI Land, Buildings, and Equipme					10					
Fell	Description of property	inc. See roini 3.	<i>50,</i> F6	(;	a) Cost o	or other	(b)Cost or	other	(c) Accumulate	d (d) E	Book value
				ba	sıs (ınve	stment)	basıs (oth	ner)	depreciation		
	Land			\top							
	Buildings										
	Leasehold improvements									\neg	
	Equipment						12	9,805	105,9	82	23,823
	0 th a =										· ·
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B), line	10(c).)					23,823

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 12	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)MONEY MARKET FUNDS	132,922	F
· /	,	
(B) MUTUAL FUNDS	623,957	F
	756,879	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, I		T.
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part		•
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEPOSITS HELD	31,612	
DEFERRED RENT	60,664	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	92,276	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>ser Re</u>	eturn
1	Total revenue, gains, and other support per audited financial statements	1	7,888,064
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	192,868
3	Subtract line 2e from line 1	3	7,695,196
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,695,196
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	7,806,244
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 36,000		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d 65,275]	
e	Add lines 2a through 2d	2e	101,275
3	Subtract line 2e from line 1	3	7,704,969
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,704,969

Part XIII Supplemental Information

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

I dentifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		DIRECT SPECIAL EVENTS EXPENSE 64,232 RECLASSIFICATION OF ASSET DISPOSAL 1,043
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT SPECIAL EVENTS EXPENSE 64,232 RECASSIFICATION OF ASSET DISPOSAL 1,043
		DIRECT SPECIAL EVENT EXPENSES WERE CONSIDERED IN BOTH THE AUDITED FINANCIAL STATEMENT REVENUE AND EXPENSES THESE NEEDED TO BE ADJUSTED ACCORDINGLY

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DLN: 93493013016234

Employer identification number

32-0016048

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

PORTLAND BUSINESS ALLIANCE

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection

Pa	rt I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on answered "Yes"	to Form 990, Part IV	, line 17.
1 a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations i written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity (e f g n any indi in connec	Solicitation of nor Solicitation of gov Special fundraisin vidual (including office tion with professional f	n-government grants vernment grants ig events rs, directors, trustees fundraising services?	T Yes T No ndraiser is
Tota 3	(i) Name and address of Individual or entity (fundraiser) List all states in which the licensing	(ii) Activity	fundrais custo contrib Yes	Did ser have ody or rol of utions? No	(iv) Gross receipts from activity solicit funds or has be	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

		events with gross receipts of	(a) Event #1 GOLF SCRAMBLE	(b) Event #2 CHAIR'S CUP	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	cor (c))
ELE	1	Gross receipts	73,569	80,550		154,119
Revenue	2	Less Contributions	43,387	51,450		94,837
<u>~</u>	3	Gross income (line 1 minus line 2)	30,182	29,100		59,282
	4	Cash prizes	900	2,000		2,900
မွာ	5	Noncash prizes	7,038	3,394		10,432
euse e	6	Rent/facility costs	15,440	10,800		26,240
Direct Expenses	7	Food and beverages .	11,947	10,846		22,793
চ ৩	8	Entertainment				
₫	9	Other direct expenses .	693	1,175		1,868
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(64,233)
	11	Net income summary Combine I			•	-4,951
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Par	t IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ы	4	Rent/facility costs				
<u></u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes ┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Ist	er the state(s) in which the organiz he organization licensed to operate No," explain	gaming activities in eacl	n of these states?		
		e any of the organization's gaming	licenses revoked, susper	ided or terminated during		

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I (Form 990)

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

Complete if the organization answered "Yes." to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

DLN: 93493013016234 OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PORTLAND BUSINESS ALLIANCE 32-0016048 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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. 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 duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) Amount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applicable valuation non-cash assistance or assistance organization grant cash (book, FMV, appraisal, or government assistance other) (1) PORTLAND BUSINESS 93-0819366 501(C)(3) 76,620 **FUNDING OF VALUE** ALLIANCE CHARITABLE OF JOB STUDIES INSTITUTE INC RESEARCH 200 SW MARKET STREET COMPARING **SUITE 150** PORTLAND METRO PORTLAND, OR 97201 ECONOMIC DATA TO SIMILAR SIZED METRO AREAS

Part III	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.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE RECIPIENTS REPORT USES OF CHARITABLE FUNDS AS THEY OCCUR

Schedule I (Form 990) 2012

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DLN: 93493013016234

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

vame	ОΤ	tne	orgai	nıza	tion
PORTLA	ND	BUS	INESS	ALLI	ANCE

Employer identification number

32-0016048

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	<u> </u>	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	compensation	penents	(B)(ı)-(D)		
(1)SANDRA MCDONOUGH PRESIDENT & CEO	(i) (ii)	240,615 0	52,547 0	0	15,000 0	11,737 0	319,899 0	0	
(2)BERNIE BOTTOMLY VP-GOVT RELATIONS	(i) (ii)	129,293 0	21,298 0	0	,	3,179 0	162,871 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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As Filed Data -

DLN: 93493013016234

Transactions with Interested Persons Schedule L

(Form 990 or 990-EZ)

PORTLAND BUSINESS ALLIANCE

► Complete if the organization answered

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Department of the Treasury **Employer identification number** Name of the organization

32-0016048 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions	Involving Interested	d Persons.			
Complete if the organizat	on answered "Yes" on I	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
(1) RUSSELL DEVELOPMENT	RUSSELL DEVELOPMENT IS A MEMBER AND ITS PRESIDENT IS A FORMER BOARD MEMBER	,	THE ALLIANCE PAID LEASE PAYMENTS TO RUSSELL DEVELOPMENT AS PART OF A LEASE AGREEMENT		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493013016234

OMB No 1545-0047

2012

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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization PORTLAND BUSINESS ALLIANCE

Employer identification number

32-0016048

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	EXECUTIVE COMMITTEE CONSISTS OF NOT MORE THAN 15 VOTING MEMBERS OF THE BOARD OF DIRECTORS INCLUDING THE 10 OFFICER POSITIONS, A SMALL BUSINESS REPRESENTATIVE AND A MANUFACTURING REPRESENTATIVE, BOTH SELECTED BY THE NOMINATING COMMITTEE, AS WELL AS THE CHAIR OF THE CLEAN & SAFE BOARD AT LEAST 2 OF THE MEMBERS MUST BE DOWNTOWN PROPERTY OWNERS AND AT LEAST 3 MUST BE LEASSEES OF AT LEAST 10,000 SQ FT OF SPACE WITHIN THE DOWNTOWN CLEAN & SAFE DISTRICT
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS WILL RECEIVE ELECTRONIC COPIES OF THE FORM 990 TO REVIEW PRIOR TO FILING OF THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND EMPLOYEES ARE SENT THE CONFLICT OF INTEREST POLICY ANNUALLY AND REQUIRED TO COMPLETE DISCLOSURE DOCUMENTS THE DOCUMENTS ARE TABULATED AND REVIEWED BY THE CONTROLLER AND PRESIDENT & CEO
	FORM 990, PART VI, SECTION B, LINE 15	ALL POSITIONS WERE ANALYZED THROUGH A FORMAL COMPENSATION ANALYSIS IN SPRING OF 2012 POSITIONS WERE BENCHMARKED AND SURVEYED NATIONALLY AND LOCALLY FOR COMPARABILITY SIMILAR ANALYSIS IS PERFORMED ANNUALLY ON ANY VACANT POSITIONS PRIOR TO FILLING CEO COMPENSATION IS DETERMINED ANNUALLY BY COMPENSATION COMMITTEE MADE UP OF CHAIR, CHAIR EMERITUS, INCOMING CHAIR AND CHAIR OF CLEAN & SAFE, INC
	FORM 990, PART VI, SECTION C, LINE 19	PORTLAND BUSINESS ALLIANCE DOES NOT MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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DLN: 93493013016234

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

32-0016048

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization PORTLAND BUSINESS ALLIANCE ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets		(f) Direct controlling		
		or foreign country)				entity		
						_		
					1			
Part II Identification of Related Tax-Exempt Organiz	ntiana (Complete of t	the exception as	aswared "Ves" t	to Form 000	Dowt IV	line 24 because it	- bad a	no
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the second control of the secon	ne tax year.)	ne organization at	iswered res i	lo Form 990,	Part IV,	illie 34 because ii	l nau o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charit (if section 50	y status 1(c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(b ontrolled itity?
							Yes	No
(1) PORTLAND BUSINESS ALLIANCE CHARITABLE INSTITUTE 200 SW MARKET SUITE 150	PERFORMS THE CHARITABLE, SCIENTIFIC & EDUCATIONAL PURPOSES OF	OR	501(C)(3)	LINE 7		NONE		No
PORTLAND, OR 97201 93-0819366	РВА							
		1						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	EV.			Schedule R (Form	000)	2012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

1 During the tax year, did the orgranization engage in any of the following	lowing transactions with one or more rel	ated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent f	from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)					1b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)					1c		No
d Loans or loan guarantees to or for related organization(s)					1d		No
e Loans or loan guarantees by related organization(s)					1e		No
f Dividends from related organization(s)					1f		No
g Sale of assets to related organization(s)					1 g		No
h Purchase of assets from related organization(s)					1h		No
i Exchange of assets with related organization(s)					1 i		No
j Lease of facilities, equipment, or other assets to related organ	ızatıon(s)				1j	Yes	
k Lease of facilities, equipment, or other assets from related org	ganızatıon(s)				1k		No
I Performance of services or membership or fundraising solicitat	tions for related organization(s)				11		No
m Performance of services or membership or fundraising solicitat	tions by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets w	uth related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)					10	Yes	
p Reimbursement paid to related organization(s) for expenses					1 p		No
q Reimbursement paid by related organization(s) for expenses					1q	Yes	
$m{r}$ O ther transfer of cash or property to related organization(s)					1r		No
${f s}$ Other transfer of cash or property from related organization(s)	1				1s		No
2 If the answer to any of the above is "Yes," see the instructions	- 6 6						
(a)	s for information on who must complete t	(b)	(c)	(d)			
Name of other organization		Transaction type (a-s)	Amount involved	Method of determining am	ount II	nvolved	
1) PORTLAND BUSINESS ALLIANCE CHARITABLE INSTITUTE		В	76,620	COST			
2) PORTLAND BUSINESS ALLIANCE CHARITABLE INSTITUTE		0	204,500	COST			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 32-0016048

Name: PORTLAND BUSINESS ALLIANCE

Schedule R (Form 990) 2012

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Part VII Supplemental Information

	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
ĺ	Identifier	Return Reference	Explanation						
•			-						