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DLN: 93492318038214

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

Short Form

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the

IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at <u>www.irs.gov/form990</u>.

Internal Revenue Service For the 2013 calendar year, or tax year beginning 07-01-2013 and ending 06-30-2014 Check if applicable C Name of organization D Employer identification number WORKING WATERFRONT COALITION Address change 45-2596909 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 200 SW MARKET STREET STE 190 Initial return Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return PORTLAND, OR 97201 Number Application pending Check ► ✓ If the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶ www.workingwaterfrontportland.org **J Tax-exempt status**(check only one)? 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527 K Form of organization Corporation Trust Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 2 3 3 53,800 Membership dues and assessments 4 4 Investment income 1 Gross amount from sale of assets other than inventory 0 Revenue Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 53,801 Grants and similar amounts paid (list in Schedule O) . . . 10 10 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 28,494 13 Occupancy, rent, utilities, and maintenance 14 14 15 69 15 Printing, publications, postage, and shipping 22,915 16 Other expenses (describe in Schedule O) 16 51,478 **Total expenses.** Add lines 10 through 16 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 2,323 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 51,753 Other changes in net assets or fund balances (explain in Schedule O) 20

Net assets or fund balances at end of year Combine lines 18 through 20

20

54.076

Check if the organization used	Schedule O to respond to	any question in this P	art II	<u></u>	<u> </u>
		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments				22	56,929
23 Land and buildings				23	
24 Other assets (describe in Schedule O			51,753	24	10,300
25 Total assets			51,753	25	67,229
26 Total liabilities (describe in Schedule	0)			26	13,153
27 Net assets or fund balances (line 27 of	f column (B) must agree wi	th line 21)	51,753	27	54,076
Check if the organization used What is the organization's primary exempt ADVOCATE FOR POLICIES THAT PROTE	Schedule O to respond to	any question in this P	· —	(c)	Expenses equired for section 501 (3) and 501(c)(4) anizations and section
Describe the organization's program service measured by expenses. In a clear and conducted, and other relevant information for	e accomplishments for eac cise manner, describe the r each program title	ch of its three largest services provided, the	number of persons		47(a)(1) trusts, nonal for others)
28 ADVOCATE FOR PUBLIC POLICIES T ECONOMIC SUSTAINABILITY OF PORTI			,	28a	
30 (Grants \$) If the	s amount includes foreign	·	·	29a 30a	
31 Other program services (describe in Sci (Grants \$) If thi	s amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .			32	
Part IV List of Officers, Directors, Tru Check if the organization used					
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o lans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		<u>Г</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Νo
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of relephone no	<u>(50</u>	3)220-	2041
	Located at 🕨 200 SW MARKET STREET STE 190 PORTLAND, OR ZIP + 4	97	7201	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	.,	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<u>►</u> Γ
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		Νo
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

							Page 4
						Yes	No
	ganization engage, directly s for public office? If "Yes,"			ehalf of or in opposition to	L		No
	ection 501(c)(3) orga	-					
ar	l section 501(c)(3) orga id 51		•			s for li	nes 50
Ch	eck if the organization use	d Schedule O to respond t	o any question in this P	art VI		<u></u>	<u></u>
						Yes	No
	ganızatıon engage ın lobbyı omplete Schedule C, Part I		tion 501(h) election in		. 47		
48 Is the org	anızatıon a school as descr	ribed in section 170(b)(1)(A)(11)? If "Yes," comple	ete Schedule E .	. 48		
19a Did the or	ganızatıon make any transf	ers to an exempt non-char	ıtable related organızat	ion?	. 49a		
b If"Yes," v	vas the related organization	n a section 527 organizatio	on?		. 49b		
50 Complete	this table for the organizati	on's five highest compens	ated employees (other	than officers, directors, tr	ustees a	nd key	
	s) who each received more			1			- mount
(a) Name an	d title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	of othe		l amount ensatior
IONE							
f Total nu	mber of other employees pa	aid over \$100,000 .			▶		
51 Complete	this table for the organizati	ion's five highest compens	ated independent contr	actors who each received	more th	an \$10	0,000
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen		n If there is none, enter "I	None "	ractors who each received (b) Type of service		an \$10 Compen	
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen	sation from the organizatio	n If there is none, enter "I	None "				
of compen (a IONE d Total nu	sation from the organizatio) Name and business addre	n Ifthere is none, enter "I ess of each independent co	None " pontractor over\$100,000	(b) Type of service			
of compen (a IONE d Total nu 52 Did the	sation from the organizatio	n Ifthere is none, enter "I ess of each independent co ess of each independent co contractors each receiving	ontractor over \$100,000 1 501(c)(3) organizatio	(b) Type of service ▶ ns and 4947(a)(1)		Compen	sation
of compen (a IONE d Total nu 52 Did the	sation from the organizatio Name and business addre Mare and business addre mber of other independent organization complete Sche	n Ifthere is none, enter "I ess of each independent co ess of each independent co contractors each receiving	ontractor over \$100,000 1 501(c)(3) organizatio	(b) Type of service ▶ ns and 4947(a)(1)		Compen	sation
d Total nu 52 Did the nonexer	sation from the organizatio Name and business addre Mare and business addre mber of other independent organization complete Sche	n Ifthere is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service	(c) (Yesest of my	sation
d Total nu 52 Did the nonexer nowledge and b nowledge.	sation from the organization Name and business address mber of other independent organization complete Schempt charitable trusts must and organization.	n Ifthere is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service	(c) (Yesest of my	sation
d Total nu 52 Did the nonexer ander penalties on the converge and benowledge.	mber of other independent organization organization complete Schampt charitable trusts must be feeling, it is true, correct, and contact the correct of the correct organization complete Schampt charitable trusts must be feeling, it is true, correct, and contact the correct of the correct organization complete Schampt charitable trusts must be feeling, it is true, correct, and contact the correct of the corre	n Ifthere is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service ns and 4947(a)(1)	(c) (Yesest of my	sation
d Total nu 52 Did the nonexer nder penalties on the nowledge and benowledge.	sation from the organizatio Name and business addre mber of other independent organization complete Sche mpt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and constants.	n Ifthere is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service	(c) (Yesest of my	sation
d Total nu 52 Did the nonexer inder penalties on the nowledge and benowledge.	sation from the organizatio Name and business addre mber of other independent organization complete Schonpt charitable trusts must and perfect, it is true, correct, and complete, it is true, correct, and complete is true, correct, and correct, an	n Ifthere is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000	(b) Type of service	(c) (Yesest of my	sation
d Total nu 52 Did the nonexer Inder penalties on owledge and benowledge. Sign lere	mber of other independent organization of other independent organization complete Schapt charitable trusts must of perjury, I declare that I have lief, it is true, correct, and contact i	n If there is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, inclu omplete. Declaration of prep	ontractor over \$100,000	(b) Type of service	(c) (c)	Yesest of my	sation
d Total nu 52 Did the nonexer Inder penalties of nowledge and benowledge.	mber of other independent organization of other independent organization complete Schempt charitable trusts must be selected, it is true, correct, and complete, it is true, correct, and complete of officer of the selected	n If there is none, enter "I ess of each independent co contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, inclu omplete. Declaration of prep	ontractor over \$100,000	(b) Type of service Instant 4947(a)(1) Edules and statements, and a list based on all information of list based on all information	(c) C	Yesest of my	sation

Additional Data

Software ID: 13000170

Software Version: 2013v3.1

EIN: 45-2596909

Name: WORKING WATERFRONT COALITION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SUSIE LAHSENE Vice President	5 0 0	0		
JENNIFER HUDSON President	5 0 0	0		
DEBBIE DEETZ SILVA SEC/TREAS	5 0 0	0		
ALAN SPROTT PAST PRESIDENT	5 0 0	0		
ELLEN WAX Executive Dir	10 00	0		

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As Filed Data -

DLN: 93492318038214

OMB No 1545-0047

2013

Open to Public

Inspection

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.

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

Name of the organization WORKING WATERFRONT COALITION

Employer identification number

45-2596909

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$7
Other Expenses 1005	Travel \$279
Other Expenses 1007	Conferences, Conventions, and Meetings \$61
Other Expenses 1	MANAGEMENT SERVICES \$10465
Other Expenses 2	ADMINISTRATIVE SERVICES \$7500
Other Expenses 3	DONATIONS \$2000
Other Expenses 4	PROMOTIONS \$1375
Other Expenses 5	LICENSES AND FEES \$900
Other Expenses 6	WEBSITE EXPENSE \$228
Other Expenses 7	COMMUNICATIONS \$100
Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$10300
Other Assets 1	FUNDS HELD BY PBA - Beginning \$51753 FUNDS HELD BY PBA - Ending \$0
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$13153
FORM 3115 CHANGE IN ACCOUTING METHOD	THE ORGANIZATION HAS ADOPTED THE ACCRUAL METHOD OF ACCOUNTING FOR 2013 FOR BOTH ITS BOOKS AND TAX RETURN REPORTING THE METHOD USED IN PRIOR YEARS AND ON ITS 2012 FORM 990EZ WAS TH E CASH METHOD THE ORGANIZATION FEELS THAT THE ACCRUAL METHOD MORE CLEARLY REFLECTS THE IN COME AND EXPENSE OF THE ORGANIZATION THERE WERE NO RECEIVABLES OR PAYABLES THAT WOULD HAV E BEEN ACCRUED AT JUNE 30, 2013, THUS NO SECTION 481 ADJUSTMENT IS REQUIRED FOR THIS ACCOU

Form **3115**

Application for Change in Accounting Method

OMB No 1545-0152

Department of the Treasury Internal Revenue Service	.	.			
Name of filer (name of parent corporation if a WORKING WATERFRONT COALITION	consolidated group) (see instructions	ldentification number 45-2596909	er (see instructions)		
		Principal business actives 813000	vity code number (see inst	ructioi	ns)
Number, street, and room or suite no If a PO	box, see the instructions	Tax year of change be	gins (MM/DD/YYYY) 07	7-01-2	2013
200 SW MARKET STREET STE 190		Tax year of change en	ids (MWDD/YYYY) 06	5-30-2	2014
City or town, state, and ZIP code		Name of contact perso	n (see instructions)		
PORTLAND, OR 97201		CHANN NOUN			
Name of applicant(s) (if different than filer) are WORKING WATERFRONT COALITION	nd identification number(s) (see instructi	ons) I D No 45-2596909	Contact person's telepho (503) 220-2041	ne nu	mber
If the applicant is a member of a consoli			·		
If Form 2848, Power of Attorney and Dec	•	•	for when Form 2848 is r	equir	ed),
check this box		•	ate box to indicate the	tvpe	
••		1	od change being reque		
☐ Individual ☐ Corporation	Cooperative (Sec 1381) Partnership	(see instructions)			
Controlled foreign corporation	S corporation	□ Donrocustion or A	m ortization		
(Sec 957)	Insurance co (Sec 816(a))	Depreciation or A			- 1
10/50 corporation (Sec 904(d)(2)(E))	, , , , , , , , , , , , , , , , , , , ,	Financial Institution	ts and/or Financial Activ	illes (JΙ
Qualified personal service	Other (specify)	Other (specify)	0113		
corporation (Sec 448(d)(2))		Outer (specify)			
Exempt organization Enter Code sec	tion ► 501(C)(6)				
Caution: To be eligible for approval of the re to the taxpayer or to the taxpayer's requested (including its instructions), as well as any off The taxpayer must attach all applicables	d change in method of accounting Thi her information that is not specifically supplemental statements reques	s includes all information requested	requested on this Form 3	115	
Part I Information For Automatic				Yes	No
1 Enter the applicable designated automatic Enter only one designated automatic published by the IRS. If the requeste check "Other," and provide both a dechange. See instructions	c accounting method change numed change has no designated auto	ber, except as provided matic accounting meth	d for in guidance nod change number,		
►(a) Change No <u>122</u> (b) Other ☐ Descr	iption ►				
2 Do any of the scope limitations desc unavailable for the applicant's reque	sted change? If "Yes," attach an e	xplanation			X
Note: Complete Part II below and then F		ign E of this form (if ap _l	olicable).	V	No.
Part II Information For All Reque3 Did or will the applicant cease to en		thich the requested cha	ango rolatos, or	Yes	No
terminate its existence, in the tax year	= =		=		Х
If "Yes," the applicant is not eligible t	to make the change under automa	itic change request pro	cedures		
4a Does the applicant (or any present of	or former consolidated group in wi	nich the applicant was a	a member during		
the applicable tax year(s)) have any			_		X
If "No," go to line 5					
b Is the method of accounting the app		•			
or any present or former consolidate year(s)) either (i) under consideration	· ·		e applicable tax		X
year(3)) entirer (i) under consideration	Signature (see instru	·	<u> </u>		
Under penalties of perjury, I declare that I have knowledge and belief, the application contains a (other than applicant) is based on all informatio	examined this application, including acc all the relevant facts relating to the appli	companying schedules and cation, and it is true, correc	ct, and complete Declaration	of my of pr	eparer
File r ****** 2014-11-1	4		than filer/applicant) 0383937		
Signature and date WORKING WATERFRONT COALITION		Signature of individual pro	eparing the application and	date	
Name and title (print or t	ype)	Name of individual prepari	ng the application (print or	type)	

Name of firm preparing the application

Pa	rt II	Information For All Requests (continued)	Yes	No
4c	Is the	e method of accounting the applicant is requesting to change an issue pending (with respect to either the		
		cant or any present or former consolidated group in which the applicant was a member during the applicable		
		ear(s)) for any tax year under examination (see instructions)?		Х
d		e request to change the method of accounting being filed under the procedures requiring that the operating		
		on director consent to the filing of the request (see instructions)?		Х
		s," attach the consent statement from the director		
е		e request to change the method of accounting being filed under the 90-day or 120-day window period? .		Х
		s," check the box for the applicable window period and attach the required statement (see instructions)		
	⊢ 90	day		
f	If you	answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	year(s) under examination		
	Nam	 ; ;		
		a copy of this Form 3115 been provided to the examining agent identified on line 4f?		Х
5a		the applicant (or any present or former consolidated group in which the applicant was a member during		.,
		pplicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		Х
		s," enter the name of the (check the box)		
	•	hone number, and the tax year(s) before Appeals and/or a Federal court		
L	Nam	e ▶ Telephone number ▶ Taxyear(s) ▶ a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified	 	
Ŋ		a copy of this Form 3 i is been provided to the Appeals officer and/or counser for the government identified ne		Х
r		e method of accounting the applicant is requesting to change an issue under consideration by Appeals		
Ŭ		or a Federal court (for either the applicant or any present or former consolidated group in which the applicant		
		a member for the tax year(s) the applicant was a member) (see instructions)?		Х
		s," attach an explanation		
6		applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
		h a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d)		
		ear(s) during which the applicant was a member that is under examination, before an Appeals office, and/or		
	befor	re a Federal court		
7	If, for	federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
		tnership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
	cons	ideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax		
	returr	n of a partner, member, or shareholder of that entity?		Х
		s," the applicant is not eligible to make the change		
8a		the applicable revenue procedure (advance consent or automatic consent) state that the applicant does		
		eceive audit protection for the requested change (see instructions)?		X
		s," attach an explanation		
эа		the applicant, its predecessor, or a related party requested or made (under either an automatic change		
	-	edure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		V
L		uding the year of the requested change)?		Х
a		s," for each trade or business, attach a description of each requested change in method of accounting		
r	-	iding the tax year of change) and state whether the applicant received consent application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
·	_	ed and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	_	planation		
l 0 a		the applicant, its predecessor, or a related party currently have pending any request (including any		
		urrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		Х
b		s," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
		of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
		e request(s)		
11		e applicant requesting to change its overall method of accounting?	Х	
	If "Yes	s," check the appropriate boxes below to indicate the applicant's present and proposed methods of		
		unting Also, complete Schedule A on page 4 of this form		
		ent method: ☐ Cash ☐ Accrual ☐ Hybrid (attach description)		
	Prop	osed method: ☐ Cash		

			-900
Pa	rt II Information For All Requests (continued)	Yes	No
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of		
	accounting and also changing to a special method of accounting for one or more items, attach a detailed and		
_	complete description for each of the following The item(s) being changed		
	The applicant's present method for the item(s) being changed		
	The applicant's proposed method for the item(s) being changed		
	The applicant's present overall method of accounting (cash, accrual, or hybrid)		
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal		
	business activity code for each. If the applicant has more than one trade or business as defined in		
	Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the		
	goods and services provided by each trade or business and any other types of activities engaged in that		
	generate gross income, the overall method of accounting for each trade or business, and which trade or		
4.4	business is requesting to change its accounting method as part of this application or a separate application		
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions	×	
	If "No," attach an explanation	ļ	
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization,		
	merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing		
	of the year under section 381(b)(1)?		Х
b	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying		
	the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of		
	distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to		
	the change(s) requested in this application		
	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		X
1 /	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories		
	subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change		
	1st preceding 2nd preceding 3rd preceding 3rd preceding		
	year ended mo yr year ended mo yr year ended mo yr		
	\$ \$		
Pa	rt III Information For Advance Consent Request	Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or		
	other published guidance as an automatic change request?		X
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent		
	request procedures		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a		
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's		
	situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either		
	a discussion of the contrary authorities or a statement that no contrary authority exists		
20	Attach a copy of all documents related to the proposed change (see instructions)		
	Attach a statement of the applicant's reasons for the proposed change		
	If the applicant is a member of a consolidated group for the year of change, do all other members of the		
	consolidated group use the proposed method of accounting for the item being changed?		
	If "No," attach an explanation		
	Enter the amount of user fee attached to this application (see instructions) > \$		
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)		
			ļ
	rt IV Section 481(a) Adjustment	Yes	No
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the		
	applicant to implement the requested change in method of accounting on a cut-off basis rather than a section		
25	481(a) adjustment? Enter the section 481(a) adjustment, Indicate whether the adjustment is an increase (+) or a decrease (-) in		X
۲3	Enter the section 481(a) adjustment Indicate whether the adjustment is an increase (+) or a decrease (-) in		
	Income • \$ Attack a summary of the computation and an explanation of the		I
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show		
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show		

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P	art IV Section 481(a) Adjustment	Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?		Х
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?		X
<u> </u>	chedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be complete	4 <i>)</i>	
	art I Change in Overall Method (see instructions)	u)	
	Enter the following amounts as of the close of the tax year preceding the year of change If none, state "None " Also,		
'	attach a statement providing a breakdown of the amounts entered on lines 1a through 1g		
	Amo	unt	
i	a Income accrued but not received (such as accounts receivable)		NONE
ı	b Income received or reported before it was earned (such as advanced payments). Attach		
	a description of the income and the legal basis for the proposed method	I	NONE
(c Expenses accrued but not paid (such as accounts payable)		NONE
(d Prepaid expenses previously deducted		NONE
(e Supplies on hand previously deducted and/or not previously reported		NONE
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.	-	NONE
9	g Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment		NONE
ı	h Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an		
	increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment		
	amount on Part IV, line 25		0
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	able, a ed wh ith the t l, line	en s 1a
P	art II Change to the Cash Method For Advance Consent Request (see instructions)		
1	plicants requesting a change to the cash method must attach the following information A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and ma and supplies used in carrying out the business An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations	terials	

Schedule B-Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev Proc 2004-34, 2004-1 C B 991, attach the following information
- a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34
- **b** If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev Proc 2004-34
- c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8 03(2) (a)-(f) of Rev Proc 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5, attach the following
- a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)
- b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1 451-5(b)(1)(ii)
- d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Schedule C-Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a Adescription of the types of products produced by the applicant If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Proc 2008-52 (or its successor)

Schedule D-Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8) 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change If the applicant is a construction contractor, attach a detailed description of its construction activities b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ┌ Yes ┌ No If line 2b is "No," attach an explanation c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost d If line 2c is "No." is the applicant requesting to use the exempt-contract percentage-of-completion If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? | Yes | No b If "Yes," explain the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods 4 To determine a contract's completion factor using the percentage-of-completion method a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)? b If line 4a is If "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1 460-5(c))? 5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8) 1 Attach a description of the inventory goods being changed 2 Attach a description of the inventory goods (if any) NOT being changed Yes | No 3a Is the applicant subject to section 263A? If "No," go to line 4a b is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? Inventory Not Inventory Being Changed Being Changed 4a Check the appropriate boxes below Identification methods Proposed method Present method Specific identification FIFO Other (attach explanation) Valuation methods Cost or market, whichever is lower Retail cost **b** Enter the value at the end of the tax year preceding the year of change . . . 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions) a Copies of Form(s) 970 filed to adopt or expand the use of the method b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method c Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev

Part III

Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
25	`		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

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Pa	rt III Method of Cost Allocation (see instructions) (continued)		
Se	ction C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is	requesting to ch	ange its
me	thod for these costs)		
		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs)		
Sc	nedule E-Change in Depreciation or Amortization (see instructions)		
Not und and 1 2	collicants must provide this information for each item or class of property for which a change is respective. See the List of Automatic Accounting Method Changes in the instructions for information refer sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. do not file Form 3115 with refer section revocations (see instructions). Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii) Is any of the depreciation or amortization required to be capitalized under any Code section (e 263A)? If "Yes," enter the applicable section Has a depreciation, amortization, or expense election been made for the property (e.g., the elections 168(f)(1), 179, or 179C)? If "Yes," state the election made	egarding automatespect to certain g, section ction under	Tes No Yes No Yes No Yes No Yes No
k	To the extent not already provided, attach a statement describing the property being changed type of property, the year the property was placed in service, and the property's use in the applicance-producing activity of the property is residential rental property, did the applicant live in the property before renting is the property public utility property?	cant's trade or b	usiness or Yes
	To the extent not already provided in the applicant's description of its present method, attach a the property is treated under the applicant's present method (e.g., depreciable property, invent under Regulations section 1 162-3, nondepreciable section 263(a) property, property deduction	ory property, sup le as a current e	oplies expense, etc)
6	If the property is not currently treated as depreciable or amortizable property, attach a statement proposed change to depreciate or amortize the property	nt of the facts su	pporting the
7	If the property is currently treated and/or will be treated as depreciable or amortizable property, information for both the present (if applicable) and proposed methods	provide the follo	wing
а	The Code section under which the property is or will be depreciated or amortized (e.g., section	168(g))	
b	The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset depreciate or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, for former section 168 (ACRS), an explanation why no asset class is identified for each asset for been identified by the applicant	r each asset de	preciated under
C	The facts to support the asset class for the proposed method		
d	The depreciation or amortization method of the property, including the applicable Code section	n (e g , 200% de	clining balance

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed

method under section 168(b)(1))

f The applicable convention of the property

e The useful life, recovery period, or amortization period of the property

TY 2013 Computation of section 481(a) adjustment statement

Name: WORKING WATERFRONT COALITION

EIN: 45-2596909

Software ID: 13000170

Software Version: 2013v3.1

Computation: THERE WERE NO RECEIVABLES OR PAYABLES THAT WOULD HAVE

BEEN ACCRUED AT JUNE 30, 2013, THUS NO SECTION 481 ADJUSTMENT IS REQUIRED FOR THIS ACCOUNTING METHOD

CHANGE.

TY 2013 Trade or Business Statement

Name: WORKING WATERFRONT COALITION

EIN: 45-2596909

Software ID: 13000170

Software Version: 2013v3.1

Description: APPLICANT IS A TAX EXEMPT ORGANIZATIN UNDER IRC SECTION

501(C)(6)AND ADVOCATES FOR PUBLIC POLICIES THAT PROTECT

AND PROMOTE ENVIRONMENTAL, SOCIAL AND ECONOMIC

SUSTAINABILITY OF PORTLAND'S HARBOR

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

Name of the organization Employer identification number Working Waterfront Coalition 45-2596909 01. Description of other expenses (Part I, line 16) Description Amount Corporate Filing Fee 50 Administrative support - PBA 6,000 Career Expo 1,200 Web hosting 228 02. Description of other assets (Part II, line 24) Category Beginning of Year End of Year Funds Held by PBA 49,005 51,753