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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

<u> </u>	For the	2013 cale	ndar year, or tax year beginni	ing 07/01	, 2013, ai	nd ending	06/30		, 20 14	
В	Check if	applicable	C Name of organization Portland	d Community College I	Foundation Inc		D	Employ	er identification numi	per
	Address	change	Doing Business As Portland (Community College Fo	oundation	_			93-0811291	
	Name ch	ange	Number and street (or P O. box it	f mail is not delivered to str	reet address)	Room/suite	E1	elepho	ne number	
	Initial reti	•	PO Box 19000						971-722-4382	
\exists	Terminat		City or town, state or province, c	ountry, and ZIP or foreign i	postal code					
\exists	Amended		Portland, OR 97280-0990				G	Gross re	eceipts \$ 2,81	17,701
\exists			F Name and address of principal of	fficer Richard Stenso	on				subordinates? Yes	
_	Applicati	on pending	PO Box 19000, Portland, OR						s included? Yes	_
	Tay ayar	npt status	501(c)(3) 501(4947(a)(1) or	527			see instructions)	
<u>. </u>	Website	•	p //www pcc edu/foundation/	(6) () (((1)36)(1)(0)	1347 (a)(1) 01 1		H(c) Group exe			
<u>у</u> К				ociation ☐ Other ►	I Vea	r of formatio				OR
	art	_		ociation other >	Lica	i or iornatio	1702	VI Otato	or legal definenc	<u> </u>
	_	Summ	escribe the organization's m	ingian or most signific	cont activities:	Cupper	of Dortland C	000001	unity College Stude	nts
•	1	•	=	iission or most signili	cant activities.	Suppor	i di Portiana C	ommu	inity Conege Stude	:1115
ဦ		and dep	artmental programs.							
Activities & Governance							: Ab Of	:0/ - £	to not consta	
ĕ	2		nis box ► 🗌 if the organization						its net assets.	
Ğ	3		of voting members of the go					3	l	21
တ်	4		of independent voting mem					4		21
ë	5		mber of individuals employe	-				5		0
૽ૣ	6		mber of volunteers (estimate					6		87
ĕ	7a		related business revenue fro					7a		0
	b	Net unre	elated business taxable incor	me from Form 990-T,	, iine 34	· · ·		7b		0
						ļ	Prior Year		Current Year	
0	8	Contribu	utions and grants (Part VIII, Ii	ine 1h)		· · _	1,9	93,106	2,60	06,648
롲	9	_	n service revenue (Part VIII, li			· · _				0
Revenue	10	Investm	ent income (Part VIII, column	1	77 <u>,631</u>	2	11,053			
Œ	11	Other re	venue (Part VIII, çolumn 🕍	mes 5, 6d, 86, 96,0	oc, and 11e) .	· · L	2:	23,752		0
	12	Total rev	venue-add lines 8 through 1	1 (must equal Part	I∖ column (A), lir	ne 12)	2,3	94,489	2,8	17,701
	13	Grants a	and similar amounts paid	of IX column (A), line	ş 1–3)	· · L	1,5	26,870	1,6	37,760
	14	Benefits	paid to or for members (Par	rt IX, column (A), lime	4)			0		0
ý	15	Salaries,	other compensation, employ	ee benefits (Part IX, co	oľumn (A), lines	5–10)		0		0_
Expenses	16a	Professi	ional fundraising fees (Part	X, column (A), line 11	le)	[0		0
ē	. b		ndraising expenses (Part IX,			05,185				
ŭ	17		xpenses (Part IX, column (A),			[3	10,564	3	23,088
	18		penses. Add lines 13-17 (mi			5) . [1,8	37,434	1,9	60,848
	19		e less expenses. Subtract lin	•			5	57,055	8	56,853
=							eginning of Curre	nt Year	End of Year	
Assets or	20	Total as	sets (Part X, line 16)			[10,6	48,816	12,3	77,084
Ass	21		Indiana (David V. Ivana 00)			🗀		76,742		43,145
Net	22		ets or fund balances. Subtra		0	🗀		72,074	T	33,939
_	art II		ature Block							
			jury, I declare that I have examined t	this return, including accor	mpanying schedule	s and staten	nents, and to the	best of	my knowledge and b	elief, it is
tr	ue, correc	ct, and com	plete Declaration of prepare tother	than officer) is based on al	I information of whi	ich preparer	has any knowled	ge		
_			The 1 Charles	Korneet	<i>t</i>	<u> </u>			1-14	
Si	gn	siz	mature of officer	Sunas			Date		·//	
	ere		,	r/ Coorotom						
• •			neryl Burgermeister, Treasure	17 Secretary	· -					-
_	····	1.	Type preparer's name	Preparer's signature		Da	te		PTIN	
P	aid	' ' ' ' '	And Probator of Intillo					Check self-en	if nployed	
	repare									
U	se On	עיי עיי	name •					EIN ►		
<u> </u>	ا مطاء بم		address •	ror chown above? (or	an instructions		Phone	no.	Yes	No
_			ss this return with the prepa		ee manuchons)			• •	Form 99	
F	or Paner	work Red	luction Act Notice, see the ser	parate instructions.		Cat. N	o. 11282Y		rom 98	/ U (2013)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 99							Page
Part l			of Program Service				
			hedule O contains a re le organization's missio		o any line in this	Part III	<u> </u>
1 '	-		d Community College St		monte		
	Suppo	10110111		duents and Depart	ments		
				_	_ 		
2		e organizati orm 990 or		ficant program se		year which were not listed on th	
	•		these new services on				☐ Yes 🗹 No
3					icant changes in	how it conducts, any progra	m
	service					· · · · · · · · · · · · · · · · · · ·	 ☐ Yes ☑ No
	If "Yes	," describe	these changes on Scho	edule O.			
4						ts three largest program service	
			n 501(c)(3) and 501(c)(4 s, and revenue, if any, f			ort the amount of grants and al	locations to others
	the tot	ai expenses	s, and revenue, it any, i	or each program s	service reported.		
4a	(Code:) (Expenses \$	996,922 including	grants of \$	996,922) (Revenue \$	502,030)
			or students enrolled at F			,,o,,,22	302,030)
		•			, ,		
4b	(Code:			728,411 including	_	640,838) (Revenue \$	1,509,989)
	Suppo	ort of Acader	mic Programs and Relate	ed Initiatives at Por	tland Community C	College	
4c	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)
	O1F		minon (December of C.)	and the C \			
4d	(Exper		rvices (Describe in Sch o including g	•	o) (Revenu	ue\$ 0)	
4e			rvice expenses >	1,725,33		0 /	
$\overline{}$		54.411. 50	2 4 2000 F	.,			

-aru	Checklist of Required Schedules		. т	
1 ,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	7	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		·
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	-
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1.0	1.00	, [',]"
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	v	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	V	V
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	<i>'</i>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	~
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	,	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20 a		20a	<u> </u>	~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		For	m 99 0	(2013)

				aye -
Part	Checklist of Required Schedules (continued)		Yes	- No
21 •	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	<i>v</i>	
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		~
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 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		~
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		~
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
С	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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	~	,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		~
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		,
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		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	V	
	To the state of th	1 30	1	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗆
10	Total the court of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
0-	reportable gaming (gambling) winnings to prize winners?	1c	~	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		├
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," enter the name of the foreign country: ►			
F-	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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	-
	gifts were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	1	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	<i>v</i>	
b	Did the organization roting the donor of the value of the goods of services provided?	70		
·	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		+
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter:]		1
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them.)			.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which]		
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	L		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,		for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
Section	Check if Schedule O contains a response or note to any line in this Part VI		· ·	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	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 . 1b21			
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		~
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		V
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6		V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7.		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		
	the year by the following:			
а	The governing body?	8a	1	1
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		i	ر ا
Sacti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 UB C	ode l	
36011	on b. Folicies (This Section B requests information about policies not required by the internal never	<u>uc o</u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		V
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,	1
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	V	ļ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
a	The organization's CEO, Executive Director, or top management official	15a	† 	
b	Other officers or key employees of the organization	15b	~	
16a		l		
	with a taxable entity during the year?	16a		V
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		ļ
Sect	ion C. Disclosure	1.00	!	<u>. </u>
17	List the states with which a copy of this Form 990 is required to be filed ► OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	s only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	е	
	organization: ► Mary Kalafatis, (971)722-4382			

-orm	aan	(2013)	

Part VII 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any relate	d org	aniz			ompe	nsa	ited any currer	t officer, director	r, or trustee.
		(C)								
(A)	(B)	Position (do not check more than on					one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe	rson	ıs both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Dick Stenson	o									
President	0	~					<u> </u>	0	0	0
Cheryl Burgermeister	0					İ	İ			
Secretary/ Treasurer	0	~	<u> </u>					0	0	0
Marion Levitan	0	ŀ							+	
Vice President	0	~	<u> </u>					0	0	0
Jeremy Brown	0									
Ex-officio	0	~						0	0	0
Janice Burger	0							,		
Trustee	0	~	<u> </u>					0	0	0
Thane Cleland	0									
Trustee	0	~	L		<u></u>		<u>L</u>	0	0	0
Mark Enger	0			1		}				
Trustee	0	~	<u> </u>				<u>L</u> .	0	0	0
Denise Frisbee	0									
Ex-Officio	0	~	<u> </u>				L	0	0	0
Michael Gentry	0									
Trustee	0	~	L				$oxed{oxed}$	0	0	0
Clare Hamill	0	1		1			1			
Trustee	0	~	<u> </u>					0	0	0
Max Lyons	0									
Trustee	0	~	<u>L</u>			<u> </u>		0	оо	0
Lionel Maldonado	0									
Trustee	0	V	<u>L</u>				<u> </u>	0	0	
J Brian Monihan	0	1	1	1		1	1	ì		1
Trustee	0	~	<u>L</u> _	<u> </u>				0	0	
Chris Neilsen	0									
Trustee	0	'				1		0	o	l 0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	,				•	C)					1		
,	(A)	(B)	(40.0	a. a.		ition	, than		(D)	(E)	1	(F)	
	Name and title	Average					than one is that		Reportable	Reportable	1	stimated	
		hours per					or/trust		compensation	compensation from related	n a	mount of	
		week (list any hours for	악둜	sul	₹	6	a'≌	Б	from the	organizations	cor	other npensatio	ın
		related	d five	E	Officer	e e	D Deg	Former	organization	(W-2/1099-MISC))	from the	
		organizations	ct a	ĝ	`	헕	8 8	٦	(W-2/1099-MISC)			ganızatıor nd related	
		below dotted	Individual trustee or director	흑		Key employee	ă					ganization	
			itee	Institutional trustee		"	Highest compensated employee				Ì		
Vanas	sa Nelson	0		-		-	8	_					
Truste		0	"						0		o		0
	a Palm	0							-		1		
Ex-Off		0	1						0		اه		0
Harve		0		ļ									
Truste		0	1						0		o		0
Jeff Va	an Raden	0											
Truste	e	0	"						0		o		0
Janet	Rash	0			İ			1					
Truste	е	0	1	ļ	<u> </u>	<u> </u>		$oxed{igspace}$	0		0		0
Barba	ra Raz	0	1					l					
Truste	· · · · · · · · · · · · · · · · · · ·	0	~	ļ	├	-	-	<u> </u>	0		0		0
Marty		0	1						0		0		0
	Trustee Alan Sprott		Ť		\vdash		 	 					
Truste	•	0	\ \r						0		o		0
	Watkins	0											
Ex-Off	icio	0	1						_0		0		0
Ron W	/ilkinson	0	1										
Truste	e	0	1	_		<u> </u>	<u> </u>		0		0		. 0
	Sub-total		<u></u>	<u> </u>		<u> </u>	L	_	0		0		0
C	Total from continuation sheets to Part	VII. Sectio	n A	•	•	•	• •	•					
d				·				•	0		0		0
-2	Total number of individuals (including bu					ted	abov	e) w		<u> </u>	-		
	reportable compensation from the organ							-, -		,			
												Yes	No
3	Did the organization list any former of							emį	ployee, or high	nest compensa			زا
	employee on line 1a? If "Yes," complete							•			· <u>[</u> 3	3	~
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	an \$	150	,000	07 /	f "Ye	es, "	complete Sci	nedule J for s	1		
_	Individual		•					•			. 4	·	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	. s		ا ـــر ــا
Section	on B. Independent Contractors	- 1 100, 0	30111p								. .	<u>, ,</u>	
1	Complete this table for your five highest	compensat	ted in	den	enc	lent	cont	ract	ors that receive	ed more than \$	100.000	of	
	compensation from the organization. Re year.												ax
	(A)	<u> </u>						Τ	(B)	-		(C)	.
Name and business address Des					Description of s	services	Comp	ensation					
								+					
								+					
						_		T		-			
				_				T					
2	Total number of independent contract							o t	hose listed ab	ove) who			
	received more than \$100,000 of compen	sation from	the c	orga	nıza	atior	1 >		0	}			

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
<u> </u>	•	Check ii Schedule O	contains a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, gi and similar amounts not inc	tributions) 1b 1c 1d 1d 1e ifts, grants,	0 0 244,776 0 709,096								
ontr	g	Noncash contributions includ		313,072								
	h	Total. Add lines 1a-1	T	Business Code	2,606,648							
Program Service Revenue	2a b c d											
ogra	f	All other program sen										
<u>ــة</u> ــ	<u>g</u> 3	Total. Add lines 2a-2 Investment Income			0							
	4 5	and other similar amount income from investmen Royalties	ounts) t of tax-exempt be	ond proceeds >	211,053 0 0	0 0 0	0 0 0					
	6a b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or Gross amount from sales of	0	(ii) Personal 0								
	b	assets other than inventory Less cost or other basis and sales expenses .										
	c d	Gain or (loss) Net gain or (loss) .		· · · · · · · · · · · · · · · · · · ·								
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reports See Part IV, line 18	244,776 ed on line 1c). a									
Oth		Less. direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	from fundraising aming activities.	events . ►								
	b c 10a	Less direct expenses Net income or (loss) f Gross sales of ir returns and allowance	from gaming act nventory, less	ivities ▶								
	b c	Less: cost of goods s Net income or (loss) 1 Miscellaneous F	sold b from sales of inv									
	11a b c											
	d e	All other revenue . Total. Add lines 11a-	 -11d		0			 -				
	12	Total revenue. See i			2,817,701	0	0					
								Form 990 (2013)				

Part IX	Statement of	† Functional	Expenses	

b Organizational consulting 36,392 0 7,642 28,7 c Planned Giving 3,598 0 0 0 3,5 d Annual Giving 12,743 0 0 0 12,7 e All other expenses 4,488 4,488 25 Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10 bot Part VIII.	Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete co	lumn (A).
Do not include amounts reported on lines 6b, 7b, 80, 9b, and 10b of Part VIII.	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10 bot Part VIII.		Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		
organizations in the United States. See Part IV, line 21 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 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation included above, to disqualified persons described in section 4958(c)(3)(B) 8 Person plan accrusis and contributions (include section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(3)(B) 9 Compensation of the section 4958(c)(B)(B) ompensation of	organizations in the United States. See Part IV, line 21 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 25. 4 Benefits paid to or for members . 5 Compensation of current officers, directors, trustees, and key employees . 6 Compensation of current officers, directors, trustees, and key employees . 7 Other salaries and wages . 8 Pension plan accrusals and contributions (include section 4958(c)(3)(8) . 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 Other salaries and wages . 9 O 0 9 O 0 9 Other salaries and wages . 9 O 0 9 O 0 9 Other salaries and wages . 9 O 0 9 O 0 9 O 0 9 Other salaries and wages . 9 O 0 9 O	Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A)	(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to individuals in the United States, See Part IV, line 22	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 6 Compensation of uncluded above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section	1					
the United States. See Part IV, line 22	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 6 Compensation not included above, to disqualified persons (as defined under section 4958(5)(6)) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(5)(6) and persons (as defined under section 4958(6) and persons (as defined under section 4958(6) and persons (astate for a fine and persons (as defined under section 4958(6)(6)			640,838	640,838		
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	3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2					
organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 4 Benefits paid to or for members	organizations, and individuals outside the United States. See Part IV, lines 15 and 16 0 0 0 4 Benefits paid to or for members 0 0 0 0 5 Compensation of current officers, directors, trustees, and key employees 0 0 0 6 Compensation not included above, to disqualified persons (as defined under section 4958((f)11) and persons described in section 4958(c)(3)(8) 0 0 0 7 Other salaries and wages 0 0 0 0 8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions) 0 0 0 9 Other employee benefits 0 0 0 0 10 Payroll taxes 0 0 0 0 11 Fees for services (non-employees): 0 0 0 0 12 Advertusing and promotion 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		the United States. See Part IV, line 22	996,922	996,922		
United States. See Part IV. lines 15 and 16 .	United States. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(8) Pension plan accruals and contributions (include section 401(f)) and 401(f) and 401(g) and	3					
### Benefits paid to or for members	### Benefits paid to or for members						
Compensation of current officers, directors, trustees, and key employees 0 0 0 0 0 0 0 0 0	Compensation of current officers, directors, trustees, and key employees		•	0	0		
trustees, and key employees	trustees, and key employees			0	0		
6 Compensation not included above, to disqualified persons (as defined under section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958() (3) (8) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Compensation not included above, to disqualified persons (as defined under section 4958(p(3)(8)) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5					
persons (as defined under section 4958(p(1)) and persons described in section 4958(c)(3)(8)	persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)B) . 0 0 0		* * *	0	0		
persons described in section 495(c)(3)(B)	Depresons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 0 0 11 Fees for services (non-employees): a Management b Legal 1 Cacounting 1 Lobbyring 1 Professional fundraising services. See Part IV, line 17 Investment management fees 1 Other (fill her 11g amount exceeds 10% of line 25, column (A) amount, list line 19g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Other (in 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 25, column (A) amount, list line 24e expenses on Schedule O.) 20 Depreciation, depletion, and amortization line 25, column (A) amount, list line 24e expenses on Schedule O.) 21 Danor Cultivation 22 Depreciation, depletion, and amortization line 25, column (A) amount, list line 24e expenses on Schedule O.) 22 Donor Cultivation 23 Donor Cultivation 24 Other expenses, Itemize expenses in line 24e. If line 25 column (A) amount, list line 24e expenses on Schedule O.) 25 Donor Cultivation 26 Other expenses in line 24e. If line 25, column (A) amount, list line 24e expenses on Schedule O.) 26 Donor Cultivation 27 Donor Cultivation 28 Donor Cultivation 29 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Other expenses 10 Othe	6					
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8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions) 0	_		· · · · · · · · · · · · · · · · · · ·			
section 401 (k) and 403(b) employer contributions) 9 Other employee benefits	Section 401(k) and 403(b) employer contributions O			. 0	0		
9 Other employee benefits	9 Other employee benefits	8					
10	10	_			· •		
Tees for services (non-employees): a Management	11 Fees for services (non-employees): a Management				-		_
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b Legal	b Legal						
c Accounting 77,791 77,791 77,791 d Lobbying 0 0 0 e Professional fundraising services. See Part IV, line 17 1 1 1 f Investment management fees 32,715 32,715 32,715 g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g axeness on Schedule O.) 0 0 0 12 Advertising and promotion 0 0 0 0 0 13 Office expenses 287 287 287 11 11 11 formation technology 0 <t< td=""><td>C Accounting</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	C Accounting						
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Foundation Investment management fees 32,715 32,7	Investment management fees			0		0	
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(A) amount, list line 11g expenses on Schedule O.)	(A) amount, list line 11g expenses on Schedule O.)			32,715	=	32,/15	
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Payments of travel or entertainment expenses for any federal, state, or local public officials 0	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Int	17		}··		_ 	
19 Conferences, conventions, and meetings	19 Conferences, conventions, and meetings	18					
19 Conferences, conventions, and meetings . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19 Conferences, conventions, and meetings .		for any federal, state, or local public officials	ol		o	
20	20 Interest 0 0 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 87,573 87,573 23 Insurance 7,161 7,161 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.) 0 0 a Donor Cultivation 60,094 0 0 b Organizational consulting 36,392 0 7,642 c Planned Giving 3,598 0 0 d Annual Giving 12,743 0 0 e All other expenses 4,488 4,488	19	Conferences, conventions, and meetings .				
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Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Donor Cultivation	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Donor Cultivation	24				İ	
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a Donor Cultivation 60,094 0 0 60,0 b Organizational consulting 36,392 0 7,642 28,7 c Planned Giving 3,598 0 0 0 3,5 d Annual Giving 12,743 0 0 0 12,7 e All other expenses 4,488 4,488 25 Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1	a Donor Cultivation 60,094 0 0 b Organizational consulting 36,392 0 7,642 c Planned Giving 3,598 0 0 d Annual Giving 12,743 0 0 e All other expenses 4,488 4,488						
b Organizational consulting 36,392 0 7,642 28,7 c Planned Giving 3,598 0 0 0 3,5 d Annual Giving 12,743 0 0 0 12,7 e All other expenses 4,488 4,488 25 Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	b Organizational consulting 36,392 0 7,642 c Planned Giving 3,598 0 0 d Annual Giving 12,743 0 0 e All other expenses 4,488 4,488		(A) amount, list line 24e expenses on Schedule O.)				
C Planned Giving 3,598 0 0 3,5 d Annual Giving 12,743 0 0 12,7 e All other expenses 4,488 4,488 25 Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	C Planned Giving 3,598 0 0 d Annual Giving 12,743 0 0 e All other expenses 4,488 4,488				0	0	60,094
d Annual Giving 12,743 0 0 12,7 e All other expenses 4,488 4,488 25 Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	d Annual Giving 12,743 0 0 e All other expenses 4,488 4,488		· ·			7,642	28,750
e All other expenses 4,488 4,488 25 Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	e All other expenses 4,488 4,488	_	<u> </u>				3,598
Total functional expenses. Add lines 1 through 24e 1,960,848 1,725,333 130,330 105,1 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs			-		0		<u>1</u> 2,74 <u>3</u>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	25 LDIZI BUDGUDDZI PYDPBSPS ADD IIDPS I IDPOUDD 249 L	_					
organization reported in column (B) joint costs	1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,			1,960,848	1,725,333	130,330	105,185
		26					
	from a combined educational campaign and		from a combined educational campaign and				
fundraising solicitation. Check here following SOR 98.2 (ASC 958, 720)	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		tundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 1 763,016 Savings and temporary cash investments 2 2 4,297,071 3,663,803 3 3 672,952 924,685 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net Inventories for sale or use 8 R 7,161 9 8,182 q Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1.246.333 10b 130,156 10c 364,504 Less: accumulated depreciation 881,829 5,541,476 11 11 Investments—publicly traded securities 6,652,894 12 12 Investments—other securities, See Part IV, line 11 . . . 13 13 Investments - program-related. See Part IV, line 11 . . . 14 14 15 15 Other assets. See Part IV, line 11 16 12,377,084 Total assets. Add lines 1 through 15 (must equal line 34) . . . 10,648,816 16 17 17 Accounts payable and accrued expenses 156,547 189,402 18 18 5,100 19 40,300 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 13,443 15,095 25 Total liabilities. Add lines 17 through 25 176,742 26 243,145 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,039,086 1,437,875 28 28 5,325,123 6,327,170 29 29 4,107,865 4,368,894 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 10,472,074 33 12,133,939 Total liabilities and net assets/fund balances 34 12,377,084 10,648,816 Form 990 (2013)

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3b

Form 990 (2013)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						E	mployer ic	lentificatio	n number	
Portland Community	College Foundation	Inc						93-08	11291	
Part I Reason	for Public Cha	rity Status (All orga	nization	s must c	omplete	this par	t.) See i	nstructio	ns.	
The organization is n	ot a private founda	ition because it is: (Fo	r lines 1	through 1	1, check	only one	box.)			
		hes, or association of			ed in sec	tion 170(b)(1)(A)(i).		
2 A school de	scribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)						
		spital service organiza								
		on operated in conjunc	ction with	n a hospit	al descri	bed in se	ction 176	D(b)(1)(A)	(iii). Ente	r the
	ame, city, and stat									
	tion operated for (b)(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit d	escribed in
7 🗌 An organiza	tion that normally	nment or governmenta receives a substantia ((A)(vi). (Complete Par	l part of					nit or fron	n the ger	neral public
8 A communit	y trust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)					
receipts fro support fro	m activities relate m gross investme	receives: (1) more that d to its exempt functi ent income and unrel lifter June 30, 1975. Se	ions-su lated bus	bject to d siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 33	31/3% of its
10 An organiza	tion organized and	operated exclusively	to test fo	or public s	safetv. Se	ee sectio	n 509(a)(4).		
11 An organization	ation organized ar f one or more put	nd operated exclusive olicly supported organ	ely for th	ne benefit described	t of, to d in sect	perform t ion 509(a	the funct i)(1) or se	ions of, ection 50	9(a)(2). S	
		describes the type of								
a ☐ Type		_ ,,		•	_		• •		•	ntegrated
•	oundation manage	that the organization ers and other than one			•				•	•
		a written determinatio	on from	the IRS t	that it ie	a Type	I Type	II or Tvr	مد ااا جدید	norting
_	n, check this box					a Type	i, type	ii, Oi iyk		porting \square
•	·	he organization accer	oted anv	aft or co	ntributio	n from a	nv of the		• • •	· . ⊔
following pe		no organization accep	prod diriy	9 0. 0.		/// // d	, 0	•		
(i) A perso	n who directly or i	indirectly controls, eith					describe	d in (iı) aı	nd 11g(i)	Yes No
		on described in (i) abo	-						11g(ii	
	-	a person described in							11g(iii	
	-	on about the support								<u>'1</u>
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the orga	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S.?	, ,	nt of monetary upport
			Yes	No	Yes	No	Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										
		<u> </u>			 		 	 	-	

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,202,457	2,417,208	2,607,520	1,993,106	2,232,776	11,453,067
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2,202,437	2,417,200	2,007,520	1,770,100		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	663,555	756,513	777,796	714,527	763,361	3,675,752
4	Total. Add lines 1 through 3	2,866,012	3,173,721	3,385,316	2,707,633	2,996,137	15,128,819
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	2,333,342					
	shown on line 11, column (f)						136,656
6	Public support. Subtract line 5 from line 4.	j				<u> </u>	14,992,163
	on B. Total Support				4 11 22 12		10 T 1 1
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,866,012	3,173,721	3,385,316	2,707,633	2,996,137	15,128,819
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	107,402	121,979	135,963	177,631		542,975
9	Net income from unrelated business activities, whether or not the business is regularly carried on	_					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			l.,			15,671,794
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	- 501(-)(0)
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				• • • • •	· · · · ·	· · · ·
	on C. Computation of Public Suppo			4 1 (0)			05.44.0/
14	Public support percentage for 2013 (line					15	95 66 % 94.98 %
15 40-	Public support percentage from 2012 Sc 331/3% support test—2013. If the organi	nedule A, Part	II, line 14 .		 d lina 14 is 331		hack this
iba	box and stop here . The organization qua	zation did not ilifiee as a nubl	icly supported	organization	u IIIIe 14 18 00	/3 /0 OI IIIOI'E, C	. > 🔽
_	331/3% support test—2012. If the orga				r 16a and line		
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganızation .		. ▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts- facts-and-circu	and-circumsta	inces" test, chi st. The organiz	eck this box ai ation qualifies	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization in supported organization.	tion meets the neets the "fact	e "facts-and-c s-and-circums	rcumstances" tances" test. T	test, check ti The organization	his box and st on qualifies as a	op here. a publicly
18	supported organization	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	ck this box and	see
	instructions	· · · · ·		<u> </u>	<u> </u>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

C = -4:	- A Dublic Current	under the te	sts listed beit	Jw, piease co	ompicio i ait		
	on A. Public Support				1 1 2 2 2 2	4) 2242	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees					İ	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the					٠.	
	organization's tax-exempt purpose			<u>.</u> .			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				,		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				_	l	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						1
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975					<u> </u>	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1	1			
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L		1	1	<u> </u>	504/ 1/2
14	First five years. If the Form 990 is for the						
C4	organization, check this box and stop he		<u> </u>		· · · ·	• • • •	· · · • 📙
	on C. Computation of Public Suppor			10 (0)		45	0/
15 16	Public support percentage for 2013 (line	• • •	-				<u>%</u>
16 Secti	Public support percentage from 2012 Sci on D. Computation of Investment In			<u> </u>		16	%
17	Investment income percentage for 2013 (w line 12 cel	.mn (fl)	17	
18	Investment income percentage for 2013 (Investment income percentage from 2012)		• •	-		18	<u>%</u> %
	331/3% support tests—2013. If the organ						
19a	17 is not more than 331/3%, check this box						
L	331/3% support tests – 2012. If the organiz		-	•		_	_
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_		· · · · · · · · · · · · · · · · · · ·	· · ·	_
20	Titale loundation. If the organization of	I THE CHECK E	CON OIL IIIIE 14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHOCK THIS DOX	and see mant	20110110 F 🔲

	rm 990 or 990-EZ) 2013 Page
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Portland Community College Foundation Inc. 93-0811291 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$

b Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collections of A	Art, Historical 1	Treasures, o	r Other Similar As	sets (continued)
3 ,	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	k any of the	following that are a s	ignificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange	programs	
b	☐ Scholarly research		e 🗌 Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organizat XIII.	tion's collections a	ind explain how t	hey further th	e organization's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				
Part	Complete if the organization 990, Part X, line 21.	_	' to Form 990, F	Part IV, line 9	, or reported an am	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?				ns or other assets no	ot
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:	A	mount
С	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21? .			☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been pr	ovided in Part XIII .	
Par						
	Complete if the organization	•		,		· · · · · · · · · · · · · · · · · · ·
		(a) Current year	(b) Prior year	(c) Two years t	pack (d) Three years back	k (e) Four years back
1a	Beginning of year balance	5,561,659	5,072,663	4,921	,431 3,799,34	1 3,043,394
ь	Contributions	242,000	130,686	291	321,35	0 448,618
С	Net investment earnings, gains, and					
	losses	985,654	551,036		5,393 961,37	· · · · · · · · · · · · · · · · · · ·
d	Grants or scholarships	185,154	157,503	129	91,40	0 47,649
е	Other expenditures for facilities and programs	ا				
		0	0	†		0 0
f	Administrative expenses End of year balance	0 (404.150	35,223		7,270 69,23	
g 2	End of year balance	6,604,159	5,561,659		· · - · · · · · · · · · · · · · · · · ·	3,799,341
a	Board designated or quasi-endowme	•	5 %	j, coluitiii (a)) i	neid as.	
b	Permanent endowment	95 %	3 70			
C	Temporarily restricted endowment	- - :				
•	The percentages in lines 2a, 2b, and 2		0%.			
За	Are there endowment funds not in th			at are held an	nd administered for th	ne
	organization by:	·	•			Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organ					3b
4	Describe in Part XIII the intended uses		n's endowment f	unds.		
Par	VI Land, Buildings, and Equip Complete if the organization		" to Form 990, F	Part IV, line 1	1a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investment)	her basis (b) Cost	or other basis other)	(c) Accumulated depreciation	(d) Book value
	Land	_	o	0		0
b	Buildings		0	0	0	0
c	Leasehold improvements		0	ol	0	0
d	Equipment		0	1,246,333	881,829	364,504
e	Other		0	0	0	0 1,001
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90. Part X. colum	n (B). line 10(c		364.504

•	(a) Description of society as astronomy		m 990, Part IV, line		
•	(a) Description of security or category (including name of security)	,	(b) Book value		thod of valuation I-of-year market value
Financia	I derivatives				
Closely-	held equity interests				
Other					
A)					
B)					<u>. </u>
C)					
D) E)					
E)					
F)					·—·-·
G) H)					
	(b) must equal Form 990, Part X, col (B) line 12.)				
art VIII	Investments - Program Related			I	
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 1
	(a) Description of investment		(b) Book value		thod of valuation d-of-year market value
)					
<u> </u>					
)					
)					
)			<u> </u>		
<u>) </u>					
)					
tal (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			1	
	(b) must equal Form 990, Part X, col (B) line 13.) ►				
ial. (Column Part IX	Other Assets.	wered "Yes" to For	m 990 Part IV lin	e 11d. See Form	990. Part X. line 1
	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	n 990, Part X, line 1
Part IX	Other Assets. Complete if the organization ans	wered "Yes" to For a) Description	m 990, Part IV, lin	e 11d. See Form	
Part IX	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
Part IX	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
Part IX	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
)))))	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
))))))))	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
)))))))))))	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
))))))))))))	Other Assets. Complete if the organization ans		m 990, Part IV, lin	e 11d. See Form	
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Part IX (1) (2) (3) (4) (5) (6) (7) (3) (9) (otal. (Col	Other Assets. Complete if the organization ans (a) Description	m 990, Part IV, lin	e 11d. See Form	
Part IX (1) (2) (3) (4) (5) (6) (7) (3) (9)	Other Assets. Complete if the organization ans (umn (b) must equal Form 990, Part X, or Other Liabilities.	col. (B) line 15.)			(b) Book value
)))))))))))))))))))	Other Assets. Complete if the organization ans (umn (b) must equal Form 990, Part X, or Other Liabilities. Complete if the organization ans	col. (B) line 15.)			(b) Book value
)))))))))))))))))) otal. (Col	Other Assets. Complete if the organization ans (umn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.	col. (B) line 15.)			(b) Book value
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Part IX)))))))) tal. (Col Part X) Federal) Split in	Other Assets. Complete if the organization ans (umn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	col. (B) line 15.)			(b) Book value
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Part IX)))))))) part X Part X Part X Split in))	Other Assets. Complete if the organization ans (a) umn (b) must equal Form 990, Part X, or Other Liabilities. Complete if the organization ans line 25. (a) Description of liability Income taxes	col. (B) line 15.)			(b) Book value
Part IX))))))))) part X) Federal () Split in ())	Other Assets. Complete if the organization ans (a) umn (b) must equal Form 990, Part X, or Other Liabilities. Complete if the organization ans line 25. (a) Description of liability Income taxes	col. (B) line 15.)			(b) Book value
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Part IX () () () () () () () () () () () () ()	Other Assets. Complete if the organization ans (a) umn (b) must equal Form 990, Part X, or Other Liabilities. Complete if the organization ans line 25. (a) Description of liability Income taxes	col. (B) line 15.)			(b) Book value
Part IX))))))))))))))))))	Other Assets. Complete if the organization ans (a) umn (b) must equal Form 990, Part X, or Other Liabilities. Complete if the organization ans line 25. (a) Description of liability Income taxes	col. (B) line 15.) swered "Yes" to Fol			(b) Book value

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	· <u> </u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	·Total revenue, gains, and other support per audited financial statements	1	4,386,074
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	The street	
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.)		
е	Add lines 2a through 2d	2e	1,568,373
3	Subtract line 2e from line 1	3	2,817,701
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 0		
b	Other (Describe in Part XIII.)		
С	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	2,817,701
	A DI LEY COLL AND A COLL AND A SACOLET		
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	•
Par	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Return	•
Par 1		1	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	, , , , , , , , , , , , , , , , , , , 	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 第 2	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 第 2	2,724,209
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 (基) (基)	2,724,209 763,361
1 2 a b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	2,724,209 763,361
1 2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e 3	2,724,209 763,361
1 2 a b c d e 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e 3	2,724,209 763,361
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e 3	763,361 1,960,848
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e 3	2,724,209 763,361 1,960,848

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.

Schedule D, Part V, Line 4 - Endowment Funds are held to generate income to be used for student scholarships and to support programs at Portland Community College

Schedule D, Part XI, Line 2d - Change in Split Interest Agreements \$2,838

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding 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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Departn Internal	nent of the Treasury Revenue Service	▶ Information ab		ttach to Form		990-EZ. Instructions is at www	v.irs.aov/form990.	Open to Public Inspection
	of the organization			000 01 000			Employer identifi	
Portla	and Community (College Foundation	Inc				93	-0811291
Par	Fundrai	sing Activities.	Complete if th	e organiza	ation answ	ered "Yes" to F	orm 990, Part IV,	line 17.
Ган	Form 99	0-EZ filers are n	ot required to	complete	this part.			
1	Indicate wheth	er the organizatio	n raised funds t	hrough any	of the follo	wing activities. C	heck all that apply.	
а	☐ Mail solicit	ations		е [Solicitati	on of non-governi	ment grants	
b	Internet an	d email solicitation	ns	f [] Solicitati	on of government	grants	
С	Phone soli	citations		g [] Special f	undraising events	•	
d	☐ In-person :	solicitations						
2a							icers, directors, trus	
	or key employ	ees listed in Form	990, Part VII) o	r entity in c	onnection v	with professional f	undraising services	? 🔲 Yes 🗌 No
b					draisers) pi	ursuant to agreem	ents under which t	he fundraiser is to b
	compensated	at least \$5,000 by	the organization	n.				
	(i) Name and addre	oo of maluuduol		(iıi) Dıd fun	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	(i) Name and addre		(ii) Activity	custody c	or control of outlons?	from activity	fundraiser listed in	(or retained by) organization
		<u> </u>					col (i)	
				Yes	No	1		
1								
2								
3				1		1		
4						1		
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5						1		
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Toto								

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	(a) Event #1	(b) Event #2	(c) Other events	(A) T-1-1
	Golf Tournament	Gala	0	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	col (c))
Gross receipts	137,355	262,854		400,20
Less: Contributions	0.	_0		
line 2)	137,355	262,854		400,20
Cash prizes	0	0		
Noncash prizes	0	0		
Rent/facility costs	12,000	10,000		22,00
Food and beverages	17,572	55,000		72,57
Entertainment	0	О		
Other direct expenses .	18,881	41,980		60,86
				155,43
Gaming. Complete if the	organization answer			reported more
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses .				
Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	d lines 2 through 5 in co	olumn (d)		
Direct expense summary. Ad				
Direct expense summary. Ad Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	Less: Contributions . Gross income (line 1 minus line 2)	(event type)	Gross receipts 137,355 262,854	(event type) (event type) (total number)

Schedu	le G (Form 990 or 990-EZ) 2013	e 3
11 12	Does the organization operate gaming activities with nonmembers?	No No
13	Indicate the percentage of gaming activity operated in:	••
а		%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
15a	revenue?	No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	
	Name ►	
	Address ► ·	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Description of services provided ►	
	□ Director/officer □ Employee □ Independent contractor	
17 a	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	

SCHEDULEI (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 93-0811291 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (G) Portland Community College Foundation Inc 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization (1) Sch I, Stmt 1 Part Part II (12) N <u>N</u> ල 3 3 9 E 8 6 9 Ê

Schedule I (Form 990) (2013)

Cat. No 50055P

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. Schedule I (Form 990) (2013)

Part III Grants an

1 Educational Scholarships 958 3 4 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.
L		200 lb 0	A. College		

Schedule I, Part I, Line 2 - Grants to assist various educational programs within Portland Community College

Schedule I (Form 990) (2013)

Schedule I, Part IV, Statement 1

Portland Community College Foundation Inc 93-0811291

Form Schedule I

Page 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Portland Community College	93-0575187	640,838	27,631
	PO Box 19000			
	Portland, OR 97280-0990			
IRC code section				
Method of valuation	FMV based on donor estimate when received			
Desc. of Non-Cash Asst.	equipment used in educational programs			
Purpose of grant	Assist in various educational programs at the college			

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

29

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Employer identification number

Portland Community College Foundation Inc. 93-0811291 Types of Property (c) (a) (d) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art-Works of art Art-Historical treasures . . . 3 Art - Fractional interests . . . 4 Books and publications . . . Clothing and household goods 6 Cars and other vehicles . . . 20,000 appraisal 7 Boats and planes 287,386 appraisal 8 Intellectual property Securities - Publicly traded . . 9 10 Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate-Residential . . . 16 Real estate-Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . 24 Archeological artifacts 25 Other ▶ () 26 Other ► (27 Other ► (28 Other ▶ (

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		- V
ь 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	~	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		,
ь 33	If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

93-0811291

Portland Community College Foundation Inc

Form 990, Part VI, Section B, Line 11b - A draft of the 990 is circulated to the governing body for review via email a week before the 990 is filed

Form 990, Part VI, Section B, Line 12c - Officers and directors are required to disclose conflicts of interest and abstain from voting on related issues

Form 990, Part VI, Section B, Line 15 - Compensation is determined by the personnel department of Portland Community College, a related governmental entity

Form 990, Part VI, Section C, Line 19 - All documents are available at PCC Foundation Office

Form 990, Part XI, Line 9 - In Kind Supporting Services \$ -763,361 Net Change in Fair Value of Split Interest Agreements \$2,838