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Form **990**

OMB No 1545-0047 2016

Open to Public Inspection

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.

Α	For the 2	016 calend	dar year, or tax year beginning , 2016, and ending			,	
В	Check if app	licable	C		D Employe	er identifi	ication number
	Address	s change	LLOYD B.I.D., INC.		93-1	12883	83
	Name o	:hange	700 NE MULTNOMAH #340		E Telepho		
	Initial re	-	PORTLAND, OR 97232		503-	-242-	.0084
	H	rn/terminated			303	242	0004
	H-						400 005
	\vdash	ed return		(-) le 11- e	G Gross re		
	Applica	tion pending		• •	a group return		
_			SAME AS C ABOVE	Are a. If 'No,	ll subordinates ,' attach a list	ıncluded (see ınstr	vuctions) Yes No
<u> </u>	Tax-exem		501(c)(3) X 501(c) (6) (Insert no.) 4947(a)(1) or 527				
J	Website	e: > N/	А	(c) Group	exemption nu	mber ►	
K	Form of o	rganization	Corporation Trust Association Other ► L Year of formation	1	M s	tate of leg	gal domicile
Pa	irt I	Summar	y				
<u> </u>	1 Brie	efly descri	be the organization's mission or most significant activities SEE SCHEDU	ILE O			
a.	1						
Governance	- -						
E							
Š	2 Che	eck this bo	if the organization discontinued its operations or disposed of more	e than 2	25% of its r	net ass	 ets.
ğ	3 Nur	mber of vo	iting members of the governing body (Part VI, line 1a)		1	3	11
৺	4 Nur	mber of in	dependent voting members of the governing body (Part VI, line 1b)		Ţ	4	
ë: :	5 Tot		of individuals employed in calendar year 2016 (Part V, line 2a)		. [5	0
Activities &	6 Tot		of volunteers (estimate if necessary) .		[6	0
¥			ed business revenue from Part VIII, column (C), line 12		. [7a	0.
	b Net	unrelated	business taxable income from Form 990-T, line 34			7b	O.
,					Prior Year		Current Year
60	1		and grants (Part VIII, line 1h)		74,6		71,599.
Revenue			rice revenue (Part VIII, line 2g)		353,1	71.	357,979.
. eke	1		come (Part VIII, column (A), lines 3, 4, and 7d)		6	41.	<u>657.</u>
Œ	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			_	
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		428,4	65.	430,235.
	1		milar amounts paid (Part IX, column (A), lines 1-8) 유문인티사님이		241,2	22.	285,043.
	14 Ber	nefits paid	to or for members (Part IX, column (A), line 4)	13			
	15 Sal	aries, othe	er compensation, employee benefits (Part IX, column (A)[jines]5;[0]][][]	P			
Expenses	16a Pro	fessional	fundraising fees (Part IX, column (A), line 11e)				
Ē			sing expenses (Part IX, column (D), line 25) OGDEN, UT			-3/4	
찣					<u> </u>		
	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> 153,0</u> :		144,975.
	I	=	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		394,2		430,018.
		venue less	expenses. Subtract line 18 from line 12 .		34,2		217.
5 S				Beginni	ng of Current		End of Year
Net Assets Fund Balan	20 Tot		(Part X, line 16)		449,9		449,418.
2 4 B	21 Tot		s (Part X, line 26)		20,7	92.	20,082.
2,5	22 Net	t assets or	fund balances. Subtract line 21 from line 20		429,1	19.	429,336.
Pa	art II	Signatur	e Block				
Und	er penalties o	of perjury, I de	ectare that I have examined this return, including accompanying schedules and statements, and to the reg (other than officer) is based on all information of which preparer has any knowledge	best of r	ny knowledge a	and behef	, it is true, correct, and
com	plete Declara	ation of prepa	rer (other than officer) is based on all information of which preparer has any knowledge		,		, , , , , ,
			MM / MM =				
Sig	an	Signatu	e of difficer	D	ate 1	,	
He	re	► H	ENRI A. ASHEDRATTI CHAIRMAN		711.	14/1	4
		Type di	print name and title				
		Print/Type p	preparer's name Preparer's signature Date	T^{-}	Check X	If P	TIN
D-	:4	מזכמאטה	K. GONZALES, CPA	./1~	self-employe	~	00012994
Pa Pr	eparer	Firm's name		// }	Jon chiploye	<u></u>	00014334
	e Only	Firm's addre			Firm's EIN .	. 75 ^	000100
	y	rimis addre	1000 1121 1121 1121 1121 1121		Firm's EIN		980128
1/-	u the IDC	dias: := 11	PORTLAND, OR 97213		Phone no	(503)	412-3636
			is return with the preparer shown above? (see instructions)			<u> </u>	X Yes No
BA	A FOR Pa	perwork R	deduction Act Notice, see the separate instructions.	0113L 11	/16/16	-	Form 990 (2016)

Form	990 (2016)	LLOYI	B.I.D.	, INC	•						93-	12883	83		age 2
Par			of Prograi			•									
			dule O conta			note to	any line	e in this F	Part III			<u> </u>		:	X
1	-		rganızatıon' -	s missior	า.										
	SEE_SCH	EDOTE C)												
	Did the ora:	anization un	dertake any	cianifican	at program	CODUCE	s during t	the year w	thich were r	not listed or	the prior				
2	Form 990		-	Significan	it program	SCIVICE	.s during t	ille year w	MICH WEIE I	iot iistea oi	r the prior	П	Yes	ΙV	No
		- · · · · · · · · · · · · · · · · · · ·	se new servi	ices on S	Schedule (Ω.		•	•	•			,63		140
3							t change	s in how	it conducts	s, anv proc	ram services?		Yes	x	No
•			e changes	_			3-			, 5	,,	Ц		1	
4	Describe th	ne organiza	ation's progr	am servi	ice accom	plishm	ents for e	each of its	s three larg	gest progra	am services, as	measur	red by	exper	ses
	Section 50	1(c)(3) and	1501(c)(4) of for each pro	organizati	ions are r	required	to repo	rt the ame	ount of gra	ints and al	locations to oth	ers, the	total e	expens	ses,
	(Code) (Expenses	\$			ncluding i	grants of	\$) (Revenue	\$			
	SEE_SCH	EDULE (
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4 0	(Code:						_	grants of) (Revenue	\$)
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40	Other prog	ram servic	es (Describe	e in Sche	edule O)		SEF	SCHE	DULE O						
	(Expenses				ıncludıng	grants) (Rever	nue \$)	
4 6	Total prog	ram service	e expenses	>			0.								

Form 990 (2016) LLOYD B.I.D., INC.

Part IV | Checklist of Required Schedules

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

Form 990 (2016) LLOYD B.I.D., INC.

Partily Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	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		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
I	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 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	•	j	•
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_X_
	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		_ <u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	İ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
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		_ <u>X</u> _
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	35a		X
ı	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2016)

Pa.	Check if Schedule O contains a response or note to any line in this Part V		_		
_	Check if Concard C Contains a responde of field to any mile in the case.	 		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b 0			
,	c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	reportable gaming	1 c		X
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			*
	b If at least one is reported on line 2a, did the organization file all required federal employmen		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		2	- 7	. :
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a financial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: ▶			() .	\$ W/V
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)		Z	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ıx year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6a	_	х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).		e të		, 1
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	partly for goods and	7 a		L.X.
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	${f c}$ Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	was required to file	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	<u>. 12</u>		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring		انک	
	organization have excess business holdings at any time during the year?	•	8	3.	\$ 20
	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966? .	· 	9 a 9 b		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	15011:	90		· v
	Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	11 a			
	-				
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	A ()		Ľ.
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of		12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		.31	
	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> 4.18</u>
	a is the organization licensed to issue qualified health plans in more than one state?		13a		W. F. W.
	Note. See the instructions for additional information the organization must report on Schedu	ile 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	13b			
_	c Enter the amount of reserves on hand	13c		X	L.
14	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Λ

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

14 b

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 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. 1 b 11 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O Х 7 a 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 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O S 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O . Х Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official 15 a X b Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records LINDSAY WALKER 700 NE MULTNOMAH, #340 PORTLAND OR 97232 503-236-6441

_				_	_	-	
Form '	990	(2016)	T.T.OYD	Β.	Ι.	D.	. TNC

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Page 7

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

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	thar Is	n one s both	box, an c ector	unle: fficer trust		on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOHN SULLIVAN	11									
DIRECTOR	0	X			<u>L</u> .			0.	0.	0.
(2) DAVID SLAWSON	11	[ł					
DIRECTOR	0	X						0.	0.	0.
(3) TERRY GOLDMAN	11	ļ				li				
DIRECTOR	0	X			L_	 		0.	0.	<u> </u>
(4) SCOTT CRUICKSHANK	1	_]				
DIRECTOR	0	X	\sqcup					0.	0.	0.
(5) TERI WALLACE	1					1 1				
DIRECTOR		X	Ш	_		\vdash		0.	0.	<u> </u>
(6) CHRIS OXLEY	11							_		
DIRECTOR	0	X			<u> </u>	1		0.	0.	<u>0.</u>
(7) PETER COGSWELL	1_1	٠.							_	
DIRECTOR	0	X	<u> </u>	_	_			0.	0.	0.
(8) SCOTT BOLTON	1	}				1 1		_	_	
DIRECTOR	0	X	-			1		0.	0.	<u> </u>
(9) BOB DYE	11	١						_	_	
DIRECTOR	0	X	H	<u> </u>		 		0.	0.	0.
(10) HENRY A. ASHFORTH III	1	}			İ	} }				
CHAIRMAN	0	├	Ш	X	-	├ ─-		0.	0.	0.
(11) WADE LANGE		-		,,	İ					
TREASURER	0	├	-	X	-	-	_	0.	0.	0.
(12)		}								
(13)										
(14)										
		<u> </u>	L	<u> </u>	L			L		

	(B)			((
(A) Name and title	Average hours per week	box	, unle	check ess pe	erson	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)							-			
<u>(18)</u>							-			
<u>(19)</u>					-		-			
(20)						_				
(21)										-
(22)										
(23)				1						
(24)										
(25)										
1 b Sub-total		—		Ь—	L	ļ	>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						>	0.	0.	0.
2 Total number of individuals (including but not limited	to those I	ısted	abo	ve) v	who	recei	ved			
 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such that the organization and related organizations greated such individual. 	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual									
Section B. Independent Contractors										. 5 X
Complete this table for your five highest compensation from the organization Report compensation.	sation for	the c	alen	it co idar	ntra year	ctors endi	tha ing v	with or within the or	ganization's tax year	
(A) Name and business address (B) Description of services (C) Compensation										
Total number of independent contractors (including the \$100,000 of compensation from the organization).		ited t	o the	ose	liste	d abo	ve)	who received more	than	

_			Check if Schedule C	contains	a resp	onse or note to a	any line in this Part	VIII		. Г
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants	lar Amounts	Ċ	 Federated campaigns Membership dues Fundraising events Related organizations 		1 a 1 b 1 c 1 d				,	312-314
Contributions, Gifts, Grants	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f					71,599				
<u>0</u>	-	n	Total. Add lines 1a-1f	•	-1	Business Code	71,599			
Program Service Revenue		2 a b	FEES AND ASSES	SMENTS	 	Business Code	357,979	357,97	9.	
ēΖi	l	d						<u></u>		
SE		е					 	<u> </u>		
<u> </u>	1	f	All other program servi	ce revenue	: 	_	 -	 		
Ę		g	Total. Add lines 2a-2f				357,979.			
	:	3	Investment income (inc	luding divi	dends	, interest and	331,313			
	١.	4	other similar amounts)				657.			657.
	4		Income from investmen Royalties	it of tax-ex	empt	bond proceeds. •				
	'	,	Noyanies	(ı) Rea		(ii) Personal	7 * 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	1	3 a	Gross rents	(1) 1100		(ii) Fersonal	-			
			Less rental expenses			 	-			
			Rental income or (loss)		·	 				
		ď	Net rental income or (lo	oss)			_ 			
	7	7 a	Gross amount from sales of	(ı) Securi	ties	(II) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses Gain or (loss)		··					
	Ì		Net gain or (loss)							
41	,					_	· · · · · · · · · · · · · · · · · · ·			
nge L	ľ	а	Gross income from function (not including \$	iraising ev	ents					
Š			of contributions reported	on line 1	c)					
æ	ĺ		See Part IV, line 18		а					
Other Reven			Less: direct expenses		. b					
δ	1		Net income or (loss) fro		,	rents ►				
	9	а	Gross income from gam See Part IV, line 19	ııng actıvıtı	es.					
	1		Less: direct expenses		a h	<u> </u>				
			Net income or (loss) from	m gaming	ا ت activit	ies •				
			Gross sales of inventory							N. 15
			and allowances		. a					
			Less: cost of goods sold		b					
}		С	Net income or (loss) from		inven					
	11	<u>а</u>	- Wiscensileons Revenue		-+	Business Code		<u> </u>		
		b.			-		<u> </u>			
Ì		c ·				 -			 	
		d Ž	All other revenue						 	
	1		「otal. Add lines 11a-11d			▶				<u> </u>
	12	1	otal revenue. See instri	uctions .		<u> </u>	430,235.	357,979.	0.	
ЗАА						TEEA	0109L 11/16/16		<u>ÿ.1</u>	Form 990 (2016)

Part.IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (C) (D) Program service Management and Fundraising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 285,043 285,043 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0. 0. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management . **b** Legal 75,000 75,000 c Accounting 1,525 1,525 **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12,149. 12,149 Advertising and promotion 13 Office expenses Information technology 15 Royalties Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings 94 94 Interest 21 Payments to affiliates Depreciation, depletion, and amortization Insurance $2,10\bar{2}$ 2,102 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.) * RESEARCH - DISTRICT ADVOCACY 25,500 25,500 b NEIGHBORHOOD BRND & DVLPMNT 16,250 16,250 c <u>DISTRICT_IMPROVEMENTS</u> 12,053 12,053 d BANK CHARGES **252** 252 e All other expenses 50 50 25 Total functional expenses. Add lines 1 through 24e 430,018. 409,745 20,273 0. **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 434,911 434,418. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 15,000 15,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10 a** Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10 a 750 **b** Less: accumulated depreciation 10b 750 100 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related, See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 449,911 16 449,418 Accounts payable and accrued expenses 17 17 18,750 18 18 Grants payable 18,750. Deferred revenue 19 19 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 2,042 1,332 Total liabilities. Add lines 17 through 25 20,792 26 20,082 Organizations that follow SFAS 117 (ASC 958), check here and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. ㅎ Capital stock or trust principal, or current funds 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 429,119 32 429,336. Set 33 33 Total net assets or fund balances 429,119. 429,336. 34 Total liabilities and net assets/fund balances 449,911 34 449,418. Form 990 (2016) BAA

Form 990 (2016) LLOYD B.I.D., INC.	93-1288383	Page I
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI	·	
1 Total revenue (must equal Part VIII, column (A), line 12) .	. 1	430,235.
2 Total expenses (must equal Part IX, column (A), line 25)	2	430,018.
3 Revenue less expenses. Subtract line 2 from line 1	3	217.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	429,119.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities .	. 6	
7 Investment expenses .	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	429,336.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
<u> </u>		Yes No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	reviewed on a	
b Were the organization's financial statements audited by an independent accountant?		2 b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	separate	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audīt,	2 c
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?		3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit	3 b
BAA		Form 990 (2016

SCHEDULĖ D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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 2016

Department of the Treasury Internal Revenue Service Name of the organization

	LLOYD B.I.D., INC.				93-1288383	
Par	Organizations Maintaining Dono	r Advised Funds or Otl	ner Similar Fu	nds or Acc		
	Complete if the organization ansi	wered 'Yes' on Form 990	0, Part IV, line	6.		
		(a) Donor advised	funds	(b) F	unds and other acc	counts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year) .					
4	Aggregate value at end of year .					
5	Did the organization inform all donors and dor are the organization's property, subject to the			onor advised	funds Yes	☐ No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writ of the donor or donor adviso	ing that grant fun or, or for any other	ds can be use r purpose con 	ed only Iferring Yes	No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 99	0, Part IV, line	· 7.		
1	Purpose(s) of conservation easements held by	the organization (check all t	hat apply)			
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation	of a historical	ly important land a	rea
	Protection of natural habitat		Preservation	of a certified l	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation coi	ntribution in the for	m of a conserv	vation easement on t	the
				i H	leld at the End of t	he Tax Year
a	Total number of conservation easements			2 a		
Ŀ	Total acreage restricted by conservation ease	ments .	•	2 b		
C	: Number of conservation easements on a certi	fied historic structure included	d in (a)	2 c		
c	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, a	and not on a histo	ric 2 d		
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished	, or terminated by t	he organization	n during the	
4	Number of states where property subject to conse	rvation easement is located >				
5	Does the organization have a written policy re and enforcement of the conservation easemer		ng, inspection, ha	ndling of viola	ations, Yes	□No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violation	s, and enforcing co	nservation eas	sements during the y	ear
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, an	d enforcing conser	vation easeme	ents during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the r	equirements of se	ection 170(h)(4	^{4)(B)(ı)}	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	conservation easements in its	revenue and exper	nse statement.	and balance sheet.	and ounting for
Par	till Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' on Form 99	Treasures, or 0, Part IV, line	Other Sim	ilar Assets.	
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	on, or research in f	nue statemer urtherance of p	nt and balance sheep public service, provide	et works of le,
t	If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items.	or public exhibition, education, o	oort in its revenue or research in furthe	statement ar erance of publi	nd balance sheet ward service, provide the	orks of art, e
	(i) Revenue included on Form 990, Part VIII,	line 1	•		► \$	
	(ii) Assets included in Form 990, Part X	•			► \$	
2	if the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other sim 116 (ASC 958) relating to the	ular assets for finar ese items:	ncial gain, prov	vide the following	
a	Revenue included on Form 990, Part VIII, line	1 .			► \$	
L	Accets included in Form 990 Part X				►¢	

Schedule D (Form 990) 2016 LLOYI				93-128		Page 2
Part III Organizations Maintai	ning Collections	of Art, Histo	rical Treasures, o	r Other Similar Ass	sets (cont	inued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check a	ny of the following that a	ire a significant use of its	collection	
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather the					Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on Form	990, Part X,	ne organization an line 21.	iswered Yes on Fo	orm 990, F	art IV,
1 a is the organization an agent, trus on Form 990, Part X?	stee, custodian or oth	ner intermediary	for contributions or oth	ner assets not included	Yes	□No
b If 'Yes,' explain the arrangement	ın Part XIII and com	plete the follow	ng table			Ш
					Amount	
c Beginning balance .				1 c		
d Additions during the year			•	1 d		
e Distributions during the year				. 1 e		
f Ending balance				1 f		
2a Did the organization include an a	mount on Form 990,	Part X, line 21,	for escrow or custodia	I account liability?	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII Check h	nere if the explar	nation has been provide	ed on Part XIII		
Part V Endowment Funds. C	omplete if the or	ganization an	swered 'Yes' on Fo	orm 990, Part IV, II	ne 10.	
	(a) Current year	(b) Prior year				years back
1 a Beginning of year balance.						
b Contributions .						
c Net investment earnings, gains, and losses						
d Grants or scholarships		*				
e Other expenditures for facilities					<u> </u>	
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current year	end balance (lin	ne 1g, column (a)) held	as		
a Board designated or quasi-endowm	ent >	%				
b Permanent endowment ►	ે	 _				
c Temporarily restricted endowmer	nt ►	%				
The percentages on lines 2a, 2b, ai	nd 2c should equal 100	0%				
3a Are there endowment funds not in t	the nossession of the c	vaanization that a	are hold and administered	d for the		
organization by	the possession of the o	rgariization that e	are nela ana administere	a for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations.					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizations lis	ted as required	on Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the organiz	ation's endowme	ent funds		<u> </u>	
Part VI Land, Buildings, and						
Complete if the organ		'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	30, Part X	, line 10.
Description of property		t or other basis	(b) Cost or other	(c) Accumulated	(d) Book	<u> </u>
bescription of property	(ir	vestment)	basis (other)	depreciation	(u) Door	· value
1 a Land			 :			
b Buildings						
c Leasehold improvements.						
d Equipment			1,750.	1,750.		0.

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

e Other

Schedule **D** (Form 990) 2016

Part VII Investments — Other Securities.		N/A
), Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C) (D)		
(E)		
(F)		
<u>`Ġ</u>		-
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		BERRY STREET
Part VIII Investments – Program Related.	N/ 1 E 00/	N/A
(a) Description of investment	(b) Book value	O, Part IV, line 11c. See Form 990, Part X, line 13.
	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(4)		
(5)		
(6)		47
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)	NT / 7	CARTILLA CARRELLA CAR
Complete if the organization answered	N/A 'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3) (4)		
(5)		-
(6)		· · · · · · · · · · · · · · · · · · ·
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column (b)	2) lino 15)	
Part X . Other Liabilities.	5) IIIIe 13).	
Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED EXPENSES (3)	1,33	2.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) (11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 1,33	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo		
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote by		

Schedula D	(Form	990) 2016	TTOVD	R	Т	ח	TNC

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Part.XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ıe per Return. N∕A
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a	.
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants .	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d .		2 e
3 Subtract line 2e from line 1		. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		<u>^</u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b	L	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 12) .	5
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return. N/A
Complete if the organization answered 'Yes' on Form		
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d	L—-L—	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b .		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4: Part IV lines 1h ai	nd 2h Part V

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

BAA

(h) Purpose of grant or assistance SUSTAINABILITY Open to Public Inspection OMB No 1545-0047 2016 TO SUPPORT TO ACHIEVE VITALITY **Employer identification number** X Yes DISTRCT Part II* Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on GOALS 93-1288383 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance SEE PART IV (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 。 0 (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 156,090. 128,953. (c) IRC section (if applicable) Part 1.3 General Information on Grants and Assistance 93-1146337 45-5114020 (b) EIN 1 (a) Name and address of organization or government 700 NE MULTINOMAH # 340 PORTLAND, OR 97232 PORTLAND, OR 97232 (2) LLOYD ECODISTRICT 2203 LLOYD CENTER Department of the Treasury Internal Revenue Service LLOYD B.I.D. Name of the organization SCHEDULE I GO LLOYD Ξ¦ 0 €¦ ତ୍ର (6) E;

Schedule 1 (Form 990) (2016)

TEEA3901L 11/03/16

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ·3 Enter total number of other organizations listed in the line 1 table

2

Schedule I (Form 990) (2016) LLOYD B. I.D., INC.

Parille Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

call of additional space is necessi	מכר וא ווכרמכמי				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
m					
4					
5					
9					
7					
PartiV Supplemental Information. Provide the information	de the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	n required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION SELECTS AND AWARDS GRANTS BASED ON THE GRANTEE'S ABILITY TO

CONTRIBUTE TO PROGRAM SUCCESS AND ACCOMPLISH THE GRANT PURPOSE.

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.

► Attach to Form 990 or 990-EZ.

2016

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Department of the Treasury Internal Revenue Service

► 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

93-1288383

Employer identification number

LLOYD B.I.D., INC

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

TO FUND SUPPLEMENTAL TRANSPORTATION MANAGEMENT, DISTRICT ATTORNEY PROSECUTION, AND JOB DEVELOPMENT SERVICES WITHIN THE DISTRICT. SIGNIFICANT ACTIVITIES OF THE ORGANIZATION HAVE FOCUSED ON PUBLIC SAFETY, TRANSPORTATION ACCESS, LANDSCAPE BEAUTIFICATION, ECONOCMIC DEVELOPMENT, AND DISTRICT ADVOCACY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO FUND SUPPLEMENTAL TRANSPORTATION MANAGEMENT, DISTRICT ATTORNEY PROSECUTION, AND JOB DEVELOPMENT SERVICES WITHIN THE DISTRICT. SIGNIFICANT ACTIVITIES OF THE ORGANIZATION HAVE FOCUSED ON PUBLIC SAFETY, TRANSPORTATION ACCESS, LANDSCAPE BEAUTIFICATION, ECONOCMIC DEVELOPMENT, AND DISTRICT ADVOCACY.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

MULTNOMAH COUNTY DISTRICT ATTORNEY - NEIGHBORHOOD DA PROGRAM

FUNDS ARE RECOMMENDED TO SUPPORT THE CONTINUATION OF THE NEIGHBORHOOD DISTRICT
ATTORNEY PROGRAM, ORIGINALLY ESTABLISHED IN 1990. THIS PROGRAM REPRESENTS A
LONG-STANDING PARTNERSHIP BETWEEN THE B.I.D., MULTNOMAH COUNTY AND CITY OF PORTLAND
POLICE BUREAU. THIS PROGRAM NOT ONLY REPRESENTS COMMUNITY POLICING AND COMMUNITY
PROSECUTION AT ITS BEST BUT THE LLOYD DISTRICT PROGRAM HAS ALSO BECOME A NATIONAL
MODEL FOR HOW COMMUNITIES, PROSECUTORS AND LAW ENFORCEMENT CAN WORK SUCCESSFULLY TO
ELIMINATE SERIOUS PUBLIC SAFETY AND LIVABILITY ISSUES. THE TOTAL BUDGET FOR 2014-15
WAS \$407,577. IN 2015, THE B.I.D. CONTRIBUTED \$45,000 IN AGREEMENT WITH THE PORTLAND
POLICE BUREAU TO SUPPORT A PORTION OF OFFICE COSTS.

THE NEIGHBORHOOD DA PROGRAM AUGMENTS AND SYNERGIZES THE NEARLY \$2.5 MILLION THAT DISTRICT PROPERTY OWNERS AND MANAGERS INVEST IN PRIVATE SECURITY SERVICES IN THE

Employer identification number 93-1288383

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

FOR COORDINATION OF SERVICES TO BENEFIT THE ENTIRE DISTRICT. THIS COORDINATION HAS BEEN FACILITATED THROUGH THE LLOYD DISTRICT'S NEIGHBORHOOD DA OFFICE.

THE NEIGHBORHOOD DA WORKS DIRECTLY WITH LLOYD STAKEHOLDERS TO HELP PROPERTY OWNERS,
MANAGERS, BUSINESSES AND RESIDENTS FEEL SAFE AND SECURE IN THEIR HOMES AND THEIR
PLACE OF WORK. THE DISTRICT CONTRIBUTES 50% OF THE COST OF THE DISTRICT ATTORNEY AND
A PORTION OF OFFICE EXPENSES. SOME ACTIVITIES WITHIN THE PROGRAM INCLUDE:

- A STRONG PARTNERSHIP HAS BEEN FORGED AND IS REGULARLY MAINTAINED BETWEEN THE DA'S OFFICE, PROPERTY OWNERS AND MANAGERS, RESIDENTS, TRI MET AND IT'S POLICE DIVISION, PRIVATE SECURITY PROVIDERS, PORTLAND PARKS DEPARTMENT, ODOT, CITY OF PORTLAND CRIME PREVENTION AND THE PORTLAND POLICE BUREAU WITH THE INTENTION TO IDENTIFY PUBLIC SAFETY THREATS EARLY, SEEK OUT SOLUTIONS AND DIMINISH THE THREATS AS THEY EMERGE IN THE DISTRICT.
- THE NEIGHBORHOOD DA CONVENES AND FACILITATES MONTHLY LLOYD DISTRICT PUBLIC SAFETY COMMITTEE MEETINGS. ATTENDEES INCLUDE LOCAL LAW ENFORCEMENT, SECURITY PROVIDERS, AREA RESIDENTS AND OTHER INTERESTED MEMBERS OF BOTH PUBLIC AND PRIVATE SECTORS. THIS GROUP ACTIVELY ADDRESSES THE "ISSUES OF THE DAY" AND RESOLVES THEM IN A COMMUNAL EFFORT THE ON-GOING COMMUNICATION BETWEEN MEMBERS OF THIS GROUP HAS EFFECTIVELY TRANSFORMED THE WAY THAT THE LLOYD DISTRICT ADDRESSES PUBLIC SAFETY AND LIVABILITY ISSUES.
- . ON-GOING IMPLEMENTATION AND MAINTENANCE OF STRATEGIES THAT TARGET ABERRANT STREET BEHAVIOR AND GRAFFITI OCCURRING IN THE DISTRICT.
- . WORKED TO ADD THE LLOYD DISTRICT TO CITY COUNCIL'S DRUG IMPACT AREA INITIATIVE AS A

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PREVENTIVE MEASURE AGAINST DRUG DEALING. CONVICTION FOR ANY DRUG OFFENSE ANYWHERE IN THE CITY IS NOW GROUNDS FOR THE STATE TO SEEK A CONDITION OF PROBATION THAT RESTRICTS THE CONVICTED PERSON FROM ENTRY TO THE LLOYD DISTRICT.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

GO LLOYD:

THE LLOYD DISTRICT HAS CREATED AN EFFECTIVE TRANSPORTATION MANAGEMNET ASSOCIATION,
GO LLOYD, WHICH HAS EVOLVED TO SERVE AS A NATIONAL MODEL FOR DISTRICT BASED ACCESS
MANAGEMENT. THE PROGRAM IS BEST RECOGNIZED FOR ITS ORGANIZING EFFORTS FOR TRANSIT,
BIKE AND WALKING PROGRAMS IN THE DISTRICT. HOWEVER, GO LLOYD ALSO PROVIDES A
COMPREHENSIVE PROGRAM OF BUSINESS TO BUSINESS OUTREACH, INDIVIDUALIZED TRIP PLANNING
ASSISTANCE TO EMPLOYES AND RESIDENTS, EDUCATIONAL PROGRAMS AND COMMUNITY EVENTS.

TRANSIT:

AS PART OF THE UNIVERSAL PASS PROGRAM, THE ORGANIZATION DISTRIBUTED APPROXIMATELY 5,000 COMMUTE CHOICES SURVEYS, ANALYZED DATA, AND COMPILED REPORTS FOR MEMBER BUSINESSES. 30 UNIVERSAL PASS CONTRACTS WERE RENEWED AND 4,911 PASSES SOLD. THE ORGANIZATION ALSO SOLD MORE THAN 1,900 FARE INSTRUMENTS THROUGH THE COMMUTER CONNECTION STORE.

SUCCESSFULLY NEGOTIATED A NEW RATE FOR 2015-2016 UNIVERSAL ANNUAL TRANSIT PASS PROGRAM.

MAINTAINED AN EMPLOYEE USE OF TRANSIT USE AT 21% OF COMMUTE TRIPS (FOR ALL BUSINESS)
AND 35% FOR UNIVERSAL PASSES; INCREASED BICYCLE AND PEDESTRIAN COMMUTES; HELPED FUND

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

PEDESTRIAN SAFETY AND IMPROVEMENTS; INCREASED AWARENESS OF DISTRICT TRANSIT OPTIONS;
CONNECTED WITH DISTRICT BUSINESSES AND PROVIDED OUTREACH SERVICES AND IMPROVED
COMMUNICATIONS; ANALYZED DATA FOR PLANNING AND IMPROVED SERVICES; REDUCED EMISSIONS
FOR IMPROVED AIR QUALITY.

BICYCLES:

OUR BIKE COMMITTEE WORKS TO ACHIEVE A 10% BICYCLING MODE SPLIT BY SUPPORTING THE LLOYD CYCLING COMMUNITY AND MOTIVATING EMPLOYEES AND RESIDENTS TO COMMUTE BY BIKE.

DURING 2016: BIKE MODE SPLIT WENT UP TO 7% FROM 2% IN 1997.

WE REGULARLY PURCHASE NEW BIKE PARKING SPACES AT NEIGHBORHOOD BUSINESS.

WE HOSTED AT LEAST 20 EDUCATION AND ENCOURAGEMENT EVENTS, INCLUDING SERVICE STATIONS, REPAIR WORKSHOPS, AND BIKE BREAKFASTS. ALTOGETHER WE REACH MORE THAN 400 PEOPLE RIDING BIKES.

WE HELD OUR ANNUAL BIKE TO WORK DAY PARTY IN OREGON SQUARE, WITH 20 VENDORS AND MORE THAN 130 ATTENDEES.

WE STARTED PLANNING FOR THE UPDATED MULTNOMAH STREETSCAPE PLAN.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PROGRAM ENHANCEMENT:

THE LLOYD ECODISTRICT STRIVES TO ACHIEVE SUSTAINABILITY GOALS BY WORKING DIRECTLY

Employer identification number

93-1288383

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WITH BUSINESSES, RESIDENTS AND ORGANIZATIONS IN THE DISTRICT TO COLLABORATE ON PROJECTS IN THE AREAS OF TRANSPORTATION, WATER, ENERGY AND WASTE. THE LLOYD ECODISTRICT IS DESIGNED TO ENHANCE THE REPUTATION OF THE LLOYD DISTRICT AS AN APPEALING PLACE TO WORK, LIVE AND DO BUSINESS WHILE GROWING THE LLOYD ECODISTRICT AS THE MOST SUSTAINABLE LIVING AND WORKING DISTRICT IN NORTH AMERICA.

MAJOR ACCOMPLISHMENTS OF 2016:

COMPLETED A MID-POINT REVIEW OF THE GROUNDBREAKING ENERGY ACTION PLAN.

- 12.2% REDUCTION IN BUILDING ENERGY USE SINCE 2010.
- 250,000SF OF 300,000SF SOLAR PANELS INSTALLED.
- NEW BUILDINGS PERFORMING BETWEEN 11-30% BETTER THAN CODE.
- LAUNCHED THE WASTE REDUCTION ACTION PLAN, A MAJOR COMMUNITY PLANNING EFFORT
 TO ESTABLISH OUR 2035 GOAL TO BECOME A ZERO WASTE COMMUNITY.
- ESTABLISHED LIVABLE LLOYD AS WAY TO ENGAGE RESIDENTS OF THE NEIGHBORHOOD.
- COMPLETED THE FIRST PROJECT IN THE LED ADVANTAGE MEMBER PROGRAM!
- SPONSORED THE FIRST "LIGHTS OUT LLOYD" EVENT WITH PORTLAND AUDUBON SOCIETY TO PROMOTE AWARENESS OF BIRD SAFETY DURING SEASONAL MIGRATION PATTERNS.
- ACHIEVED 100% COMPLIANCE WITH CITY OF PORTLAND'S COMMERCIAL BUILDING ENERGY
 TRACKING REQUIREMENTS FOR BUILDINGS OVER 50,000 SQUARE FEET, 87% FOR
 BUILDINGS OVER 20,000 SQUARE FEET.
- INSTALLED OUR FIRST POLLINATOR PLANTERS IN THE NATION'S FIRST POLLINATOR BIKEWAY CORRIDOR.
- EXPANDED OUR PARTNERSHIPS WITH CITY REPAIR, PORTLAND AUDUBON SOCIETY, AND LLOYD DISTRICT COMMUNITY ASSOCIATION.
- PILOTED A PROGRAM TO PROVIDE ELECTRIC BIKES AS TRAVEL OPTION TO BUILD A

Employer identification number 93-1288383

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HEALTHIER, LESS STRESSED, LESS CONGESTED NEIGHBORHOOD.

- SECURED \$150,000 TO BE ABLE TO CONTINUE OUR ENERGY EFFICIENCY AND WASTE REDUCTION WORK FOR 3 YEARS.

PEDESTRIAN:

TOGETHER, WITH GO LLOYD:

THE PEDESTRIAN COMMITTEE WORKS TO MAKE WALKING IN LLOYD SAFE, FUN, EASY, AND INTERESTING.

DURING 2016: WE HELPED INCREASE THE WALKING MODE TO 3.2%.HOSTED 12 GUIDED WALKS ATTENDED BY MORE THAN 85 PEOPLE. WE MAINTAINED SEVEN "INSPIRATION STATIONS" -- OUR VERSION OF POETRY POSTS, FILLED WITH WORDS AND PICTURES BY LLOYD RESIDENTS AND EMPLOYEES. WE UPDATED MANY OF OUR WALKING MAPS, INCLUDED A COUPON IN THE SUSTAINABILITY ONE TO GREEN ZEBRA GROCER. WE LAUNCHED AN ANTI-LITTER CAMPAIGN WITH POSTERS, FLYERS AND IDEAS FOR RESIDENTS AND EMPLOYEES TO HELP STAMP OUT LITTER.

WE ORGANIZED THREE "TRASH MOBS" WITH 52 VOLUNTEER REGISTRATIONS. MORE THAN 45 BAGS
OF GARBAGE AND COUNTLESS CIGARETTE BUTTS WERE COLLECTED.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE LLOYD B.I.D. HAS A BOARD OF DIRECTORS CONSISTING OF 11 VOTING MEMBERS. THESE MEMBERS WERE APPOINTED BY THE MAYOR OF PORTLAND.

Name of the organization

LLOYD B.I.D., INC.

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION IS IN THE PROCESS OF DEVELOPING A FORMAL FORM 990 REVIEW PROCESS. FOR THE 2016 FILING, THE CUSTODIAN OF THE BOOKS WILL BE PROVIDED A DRAFT TO REVIEW PRIOR TO FINAL SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION IS PLANNING ON ADOPTING A CONFLICT OF INTEREST POLICY, AS WELL AS A

WHISTLE BLOWER, AND DOCUMENT RETENTION AND DESTRUCTION POLICY IN THE NEAR FUTURE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES IT'S ARTICLES OF INCORPORATION, ANY AMENDMENTS OR RESTATEMENTS TO THE ARTICLES, AND ITS MOST RECENT THREE YEARS OF THE FORM 990 AVAILABLE TO THE PUBLIC FOR INSPECTION AND COPYING UPON REQUEST. THE LLOYD B.I.D. HAS DETERMINED THAT IT IS NOT IN ITS BEST INTEREST TO MAKE ANY ADDITIONAL DOCUMENTS OR INFORMATION AVAILABLE TO THE PUBLIC.