

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: PORTLAND RELOCATION COUNCIL. D Employer identification number: 20-8842641. E Telephone number: 916-941-7970. F Group Exemption Number. H Check if the organization is not required to attach Schedule B. Accounting Method: X Cash. Website: PORTLANDRELOCATIONCOUNCIL.COM. Tax-exempt status: 501(c)(3) X 501(c)(6). Form of organization: X Association.

Form of organization: X Association. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 67,551.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Revenue: 1 Contributions, gifts, grants, and similar amounts received (28,825); 2 Program service revenue including government fees and contracts (21,094); 3 Membership dues and assessments (6,400); 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a); 6 Gaming and fundraising events: 6a Gross income from gaming (attach Schedule G if greater than \$15,000) (6,857); 6b Gross income from fundraising events (not including \$ 6,825 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) (4,375); 6c Less: direct expenses from gaming and fundraising events (14,692); 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) (-3,460); 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a); 8 Other revenue (describe in Schedule O); 9 Total revenue (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8) (52,859). Expenses: 10 Grants and similar amounts paid (list in Schedule O) (7,000); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses (describe in Schedule O) (37,812); 17 Total expenses (Add lines 10 through 16) (44,812). Net Assets: 18 Excess or (deficit) for the year (subtract line 17 from line 9) (8,047); 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (8,298); 20 Other changes in net assets or fund balances (explain in Schedule O) (0); 21 Net assets or fund balances at end of year (Combine lines 18 through 20) (16,345).

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2019)

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2022 FEB 15

SCANNED

Revenue

Expenses

Net Assets

POSTMARK SEE SCHEDULE RECEIVED MAY 07 2021 MAY 10 2021 CINCINNATI SERVICE CENTER SEE SCHEDULE O

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Input box for Part II question

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Input box for Part III question

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Table with 5 columns: Line number, Description, Amount, Foreign grants checkbox, and Label (28a-32). Rows 28-32 describe program services and expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Input box for Part IV question

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists officers like Wendy Sanman, Katie Rudnick, etc.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

Table with columns Yes and No, containing checkboxes and 'X' marks for various questions 33 through 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	MICHAEL JAMES, TREASURER <small>Type or print name and title</small>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check self-employed if	PTIN
	WENDY CAMPOS	<i>Wendy Campos</i>	04/09/21		P00448102
	Firm's name ▶ MOSS ADAMS LLP	Firm's address ▶ 805 SW BROADWAY STE 1200 PORTLAND, OR 97205		Firm's EIN ▶ 91-0189318	Phone no. 503-242-1447

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

PORTLAND RELOCATION COUNCIL

Employer identification number
20-8842641

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: JOIN

GRANTEE ADDRESS: 1435 NE 81ST AVE, SUITE 100 PORTLAND, OR 97213

DATE OF GIFT: 12/31/19

AMOUNT GIVEN: 6,000.

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: MOVE FOR HUNGER

GRANTEE ADDRESS: 4 HENDRICKSON AVE, SUITE 4 RED BANK, NJ 07701

DATE OF GIFT: 07/11/19

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CREDIT CARD FEES	2,017.
MEETING EXPENSES	31,690.
INSURANCE	1,237.
OFFICE EXPENSE	2,350.
LICENSES & FEES	50.
BANK CHARGES	174.
MISCELLANEOUS	294.
TOTAL TO FORM 990-EZ, LINE 16	37,812.

Name of the organization PORTLAND RELOCATION COUNCIL	Employer identification number 20-8842641
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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PORTLAND RELOCATION

COUNCIL IS DEDICATED TO BRINGING VALUE TO THE CORPORATE AND REGIONAL RELOCATION COMMUNITY AND THE CHARITIES WE SUPPORT.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PRC EDUCATION EVENTS - THE PORTLAND RELOCATION COUNCIL

(PRC) HOLDS TWO HALF-DAY EDUCATION AND NETWORKING EVENTS

PER YEAR, WITH REGISTRATION OPEN TO ALL MEMBERS AND

GUESTS. MEETINGS INCLUDE PRESENTATIONS FROM INDUSTRY EXPERTS,

NETWORKING, ACTIVITIES THAT SUPPORT OUR CHARITABLE ORGANIZATION, AND A

SOCIAL HOUR AFTER THE MEETING.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

NETWORKING AND SOCIAL RESPONSIBILITY EVENTS - PRC HOLDS

OCCASIONAL NETWORKING EVENTS, AN ANNUAL MEMBERSHIP

APPRECIATION EVENT, AND VOLUNTEER OPPORTUNITIES FOR OUR

CHARITABLE ORGANIZATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

