Form **990**

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. 2014, and ending For the 2014 calendar year, or tax year beginning 6/01 , 2015 D Employer identification number Check if applicable: CITY CLUB OF PORTLAND Address change 93-0140220 901 SW WASHINGTON ST Telephone number Name change PORTLAND, OR 97205 Initial return 503-228-7231 Final return/terminated Amended return **G** Gross receipts \$ 786,971 Application pending | F Name and address of principal officer: H(a) Is this a group return for subordinates MIKE MARSHALL Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.PDXCITYCLUB.ORG H(c) Group exemption number ► X Corporation Trust Other ► L Year of formation: 1916 Form of organization: M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities: TO INFORM ITS MEMBERS AND THE COMMUNITY IN PUBLIC MATTERS AND TO AROUSE IN THEM THE REALIZATION OF THE Governance OBLIGATIONS OF CITIZENSHIP Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 જ Number of independent voting members of the governing body (Part VI, line 1b). 16 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary)..... 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12... 7a 0. **b** Net unrelated business taxable income from Form 990-T. line 34..... 0. **Current Year Prior Year** Contributions and grants (Part VIII, line 1h)..... 607,412. 465,468. Program service revenue (Part VIII, line 2g) <u>149</u>,093. 170,430. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... 9,980. 8,545. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 6,086. 584. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 630,627 786,971. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 300,527 274,308. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 5,000 1,000. **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 288,591 419,248. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 594,118 694,556. Revenue less expenses. Subtract line 18 from line 12..... 36,509 92,415. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 097,180 1,183,208. 21 44,818 14,628. 22 Net assets or fund balances. Subtract line 21 from line 20..... 1,052,362 1,168,580. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here MIKE MARSHALL EXECUTIVE DIR Type or print name and title. Print/Type preparer's name Preparer's signature P00959389 KRIS OLIVEIRA, CPA self-employed **Paid** Preparer ► KERN & THOMPSON, LLC Use Only Firm's EIN ► 93-1157146 Firm's address 1800 SW FIRST AVENUE, SUITE 410 PORTLAND, OR 97201 (503) 222-3338

May the IRS discuss this return with the preparer shown above? (see instructions).....

Yes

Par		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	IOD THE BUILDY BUILD
	TO INFORM ITS MEMBERS AND THE COMMUNITY IN PUBLIC MATTERS AND TO AROUND THE COMMUNITY IN PUBLIC MATTERS AND THE COMMUNITY AND THE COMMUNITY IN PUBLIC MATTERS AND THE COMMUNITY IN PUBLIC MATTERS AND THE COMMUNITY AND THE COMU	JSE IN THEM THE
	REALIZATION OF THE OBLIGATIONS OF CITIZENSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_
_	Form 990 or 990-EZ?	Yes X No
	If 'Yes,' describe these new services on Schedule O.	[163 A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes X No
Ū	If 'Yes,' describe these changes on Schedule O.	i i i i i i i i i i i i i i i i i i i
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers, the total expenses,
	and revenue, if any, for each program service reported.	
	(O) (F) (A) (F) (A) (F)	<u> </u>
4 a	(Code:) (Expenses \$ 256,107. including grants of \$) (Revenue)	
	FRIDAY FORUMS: CITY CLUB'S 40+ FRIDAY FORUMS REACHED OVER 10,000 LIV	
	A WEEKLY RADIO AUDIENCE OF ABOUT 15,000 ON OREGON PUBLIC BROADCASTING	
	ADDITION, CIVIC-MINDED CITIZENS FIND THE FORUMS ON KPBS AM RADIO, PO	
		CITY CLUB ALSO
	HELD MORE THAN 100 ADDITIONAL SMALL PROGRAMS TO INFORM MEMBERS AND TO	HE LOBUTE ON
	CIVIC AFFAIRS.	
	(Only) (Figure 5 157 140 including months 6) (December 1	
4 D	(Code:) (Expenses \$157,149. including grants of \$) (Revenue	
	MEMBERSHIP SERVICES: 52 WEEKLY BULLETINS PUBLISHED AND EMAILED IN OR 1,900 MEMBERS ABOUT UPCOMING ACTIVITIES AND ISSUES OF PUBLIC IMPORTAL	
		N-LINE MEMBERSHIP
	DIRECTORY MAINTAINED. 12 MEMBER WELCOME EVENTS HELD TO PROVIDE OPPO	
	MEMBERS TO LEARN HOW TO GET INVOLVED WITH CLUB PROGRAMS AND MISSION	
	MEMBERS 10 LEARN NOW 10 GET INVOLVED WITH CLOD PROGRAMS AND MISSION	<u> </u>
4 c	: (Code:) (Expenses \$ 108,708. including grants of \$) (Revenue	e \$ 7,500.)
. •	RESEARCH & ADVOCACY: PUBLISHED 9 BALLOT MEASURE STUDIES, 2 MAJOR RE	. ,
	UNDERTOOK 4 MORE, AND ADVOCATED FOR THE RECOMMENDATIONS OF 9 RESEARCH	
	REPORTS WERE DISTRIBUTED TO CITY CLUB MEMBERS, LEGISLATORS, AND INTE	RESTED PERSONS
	ACROSS THE STATE. THE WEBSITE OFFERS AN ARCHIVE OF 1,000 RESEARCH R	
	SINCE 1920.	
4 d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	e Total program service expenses ► 521, 964	

Form 990 (2014) CITY CLUB OF PORTLAND 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	Χ	
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	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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	
!	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 b		Х
•	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		Х
•	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	Х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	Х	
	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		Х
	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		Х
	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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
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		Х
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Χ
-	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) CITY CLUB OF PORTLAND Part IV 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 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 a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf '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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form **990** (2014)

Form 990 (2014) CITY CLUB OF PORTLAND Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check it Schedule C Contains a response of note to any line in this fact.			
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	Χ	
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 2a 6			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter 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, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a 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 10 b			
11 Section 501(c)(12) organizations. Enter:			
a 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.)			
12 a 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			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
a 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			
c Enter the amount of reserves on hand	14.		X
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b Form	990 /	(2014)
ILLA0103L 03/20/14	. 0111	550	()

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 Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. 16 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 . . . 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?....SEE.SCHEDULE.Q..... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O a The governing body?.... 8 a Χ X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 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?..... Χ 10 a 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?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 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 Χ 12b to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X 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?..... Χ 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 OR 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. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 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:

PORTLAND OR 97205 503-228-7231

CITY CLUB OF PORTLAND 901 SW WASHINGTON ST

Part VII 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.

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	thar	one l both	box, an o	unles	eck mo s perso and a ee)	re on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per 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)	(W-2/1099-MISC)	from the organization and related organizations
(1) KAREN KERVIN	10_									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(2) DAVID QUISENBERRY	5_									
SECRETARY	0	X		Χ				0.	0.	0.
(3) PETER RICOY	5							_		_
TREASURER	0	Χ		Χ				0.	0.	0.
(4) GREG MACPHERSON	8									•
PRESIDENT ELECT	0	Χ		Χ	Ш			0.	0.	0.
(5) JOHN HORVICK	4	37		37				0	0	0
PAST PRESIDENT	0	Χ		Χ	Ш			0.	0.	0.
(6) ROBERT ALDISERT	2	37						0	0	0
GOVERNOR (7) ERIC ZIMMERMAN	2	Χ			Н			0.	0.	0.
	0	Х						0.	0.	0.
(8) DAVID THOMPSON	2	Λ						0.	0.	0.
GOVERNOR	0	Х						0.	0.	0.
(9) SEL NUTOR	2	Λ						0.	0.	<u> </u>
GOVERNOR	0	Х						0.	0.	0.
(10) ELANA PIRTLE-GUINEY	2	- 21						0.	0.	<u> </u>
GOVERNOR	0	Χ						0.	0.	0.
(11) KOURTNEY NELSON	2								• • •	
GOVERNOR	0	Х						0.	0.	0.
(12) NICOLE MAHER	2									
GOVERNOR	0	Χ						0.	0.	0.
(13) JAZZMIN REECE	2									
GOVERNOR	0	Χ						0.	0.	0.
(14) ZEKE SMITH	2									
GOVERNOR	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Tre		Key	Em			es, a	and	d Highest Com	pensated Emp	loyee	S (conti	inued)
	(B)			(C	•							
(A)	Average hours	(do	not c	heck	more	than	one h an	(D)	(E)	_	(F)	
Name and title	per week					or/trus	tee)	Reportable compensation from	Reportable compensation from	amo	stimated unt of ot	her
	(list any hours	or c	Insti	Officer	Кеу	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	1	npensation	
	for related	individual or director		<u>e</u>	em.	nest Noye	3			ar	ganization nd relate	d
	organiza - tions	হ ন	ma		Key employee	com				org	anizatio	115
	below dotted	individual trustee or director	nstitutional trustee		ee	pens						
	line)	Ф	99			Highest compensated employee						
AE) TAROVA DIOV												
(15) LATOYA FICK	2	v						0	0			0
GOVERNOR (16) ANITA YAP	2	Х						0.	0.			0.
GOVERNOR	2	X						0.	0.			0.
(17) GREG WALLINGER	40	21						0.	<u> </u>			<u> </u>
EX DI 2/15-5/15	10-			Χ				0.	0.			0.
(18) MIKE MARSHALL	40											
EX DI 5/15-PRES	10-	1		Χ				0.	0.			0.
(19) SAMUEL F ADAMS	40											
EXECUTIVE DIR.	0			Χ				79,021.	0.		12,0	058.
(20)												
(21)												
(22)												
(23)												
(23)		-										
(24)												
<u></u>	1	1										
(25)												
	1	•										
1 b Sub-total								79,021.	0.	12,058.		
c Total from continuation sheets to Part VII, Secti							•	0.	0.			0.
d Total (add lines 1b and 1c)							•	79,021.	0.		12,0)58.
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who i	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0											T.,	
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru	stee. Ial	, key	em	nploy	/ee,	or h	nighest compensat	ted employee	3		Х
•												71
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	r reportab er than \$1	1e co 50,0	mpe 00?	ensa <i>If '</i> }	ition <i>(es'</i>	and com	otn blet	er compensation in e Schedule J for	rom			
such individual						'				. 4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye.	e comper	satio	n fro	om :	any	unre	late	ed organization or	individual	. 5		v
Section B. Independent Contractors	s, comple	16 30	JIIEU	uie	J 101	Suc	πρ	erson		. 3		X
1 Complete this table for your five highest comper	sated inde	epen	dent	COL	ntrac	ctors	tha	it received more th	nan \$100,000 of			
compensation from the organization. Report comper	nsation for	the c	alend	dar <u>y</u>	year	endii	ng v	vith or within the or	ganization's tax year			
(A) (B) (B) (A) Name and business address Description of services Comp								Compe	C) ensatic	n		
Traine and business due								Bosciption	71 301 11003	Compo	71150110	
2 Total number of independent contractors (including	but not lim	ited t	o tho	se I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	D											

		Check if Schedule O contains a response of	r note to any	Ine in this Part VI	III		
				(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	b c d e f	Fundraising events	370, 455. 4, 900.				
	- "		ness Code	607,412.			
ž	2.			1.60 000	160,000		
ě	Z a h	FRIDAY FORUM 9000		162,930.	162,930.		
충	C	RESEARCH_TRAINING 9000	99	7,500.	7,500.		
ž	4						
တ္တ	u						
Program Service Revenue		All other program service revenue					
ဥ်		Total. Add lines 2a-2f	•	170 420			
о.				170,430.			
	3	Investment income (including dividends, inter other similar amounts)		8,545.			8,545.
	5	Royalties					
			i) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
	d	Net gain or (loss)	▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
æ		See Part IV, line 18 a					
ē	b	Less: direct expenses b					
둦		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.					
		Gross sales of inventory, less returns					
	ıva	and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory.					
			ness Code				
	11 a	OTHER EVENTS 9000	99	538.	538.		
		MISCELLANEOUS INCOME 9000		46.	330.		46.
	c	117001111111111111111111111111111111111	, ,	40.			40.
	-	All other revenue					
		Total. Add lines 11a-11d	•	584.			
		Total revenue. See instructions	L.	786, 971	170.968.	0	8.591
				100.711	1/4.700	1.1	0-171

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.....

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	113,915.	66,361.	27,285.	20,269.
6	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.	
7					0.
	<u> </u>	126,689.	102,629.	19,012.	5,048.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,130.	6,248.	529.	353.
9	Other employee benefits	14,264.	12,156.	1,265.	843.
10	Payroll taxes	12,310.	9,972.	1,847.	491.
11	Fees for services (non-employees):	12/010.	373721	2/01/1	171.
	Management				
Ŀ	Legal				
	: Accounting	2,655.		2,655.	
	Lobbying	400.	400.	2,000.	
	Professional fundraising services. See Part IV, line 17	1,000.	400.		1,000.
	Investment management fees	7,792.		7,792.	1,000.
	Other, (If line 11g amt exceeds 10% of line 25, column		62.052	i	F 606
10	(A) amount, list line 11g expenses on Schedule 0)SCH. O		63,953.	12,182.	5,686.
	Advertising and promotion.	17,162.	17,162.	15 010	
13	·	74,223.	49,317.	17,319.	7,587.
14	Information technology	6,500.	1,625.	4,875.	
15	Royalties	F.4. 01.0	0.6.405	10.010	F 610
16	Occupancy	54,910.	36,485.	12,812.	5,613.
17	Travel.	880.		880.	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,016.		11,016.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,555.	9,006.	3,163.	1,386.
23	Insurance	5,019.	3,335.	1,171.	513.
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.)				
a	EVENT_EXPENSES	128,797.	128,797.		
	BROADCAST_FEES	14,518.	14,518.		
c					
c					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	694,556.	521,964.	123,803.	48,789.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			57,505.	1	185,972.
	2	Savings and temporary cash investments			85,020.	2	70,094.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,599.	4	10,905.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	s. Complete				
	_			5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	d contributing tary employees' of Schedule L		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			5,141.	9	8,410.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	112,963.			
	b	Less: accumulated depreciation		92,113.	34,404.	10 c	20,850.
	11	Investments — publicly traded securities			,	11	.,
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			898,511.	15	886,977.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,097,180.	16	1,183,208.
	17	Accounts payable and accrued expenses	25,318.	17	14,628.		
	18	Grants payable		18			
	19	Deferred revenue		<u> </u>	19,500.	19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqual	ified persons.		22	
	23	Secured mortgages and notes payable to unrelated th		 -		23	
	24	Unsecured notes and loans payable to unrelated third		 -		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			44,818.	26	14,628.
(A)		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
ğ		lines 27 through 29, and lines 33 and 34.	'-	_			
a	27	Unrestricted net assets		-	437,544.	27	182,621.
Ba	28	Temporarily restricted net assets.		<u> </u>	94,893.	28	275,690.
P	29	Permanently restricted net assets			519,925.	29	710,269.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	' ^				
9	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equipm	ent func	L T		31	
As	32	Retained earnings, endowment, accumulated income,	or other	r funds		32	
fet	33	Total net assets or fund balances			1,052,362.	33	1,168,580.
	34	Total liabilities and net assets/fund balances			1,097,180.	34	1,183,208.

BAA Form 990 (2014)

BAA

Form **990** (2014)

-	ATT OF THE PROPERTY OF THE PRO	,,,,,	<u> </u>				<i>,</i> -
Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.				<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1		78	6,9	71.
2	? Total expenses (must equal Part IX, column (A), line 25)	[2		69	4,5	56.
3	Revenue less expenses. Subtract line 2 from line 1		3		9	2,4	$\overline{15.}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	1	,05	2,3	62.
5	Net unrealized gains (losses) on investments		5			3,8	
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							
	column (B))		10	1	,16	8,5	80.
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						. \square
					1	/es	No
1	Accounting method used to prepare the Form 990: Cash X 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?				2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:	viewed	d on a	1			
	Separate basis Consolidated basis Both consolidated and separate basis						
-	b Were the organization's financial statements audited by an independent accountant?			;	2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both:	eparat	е				
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,			2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?				3 a		Χ
I	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.	d audit	:		3 h		

TEEA0112L 05/28/14

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.

► 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.

OMB No. 1545-0047 2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

CII	Y CLUB OF PORTLAND					93-014022	0		
Par	I Reason for Public Cha	arity Status (All o	rganizations must o	comple	te this	part.) See instruct	ions.		
The o	organization is not a private found	dation because it is: (For lines 1 through 11,	check o	nly one	box.)			
1	A church, convention of church	nes, or association of c	hurches described in sect	tion 1 <mark>70</mark> (b)(1)(A)(i).			
2	A school described in section	n 170(b)(1)(A)(ii). (At	tach Schedule E.)						
3	A hospital or a cooperative h	nospital service organ	ization described in sec	ction 170)(b)(1)(A	\)(iii).			
4	A medical research organiza	ition operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's		
	name, city, and state:		·				·		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pub	olic described		
8	A community trust described	l in section 170(b)(1)((A)(vi). (Complete Part I	l.)					
9	An organization that normally from activities related to its ex investment income and unre June 30, 1975. See section	empt functions – subje Iated business taxabl	ct to certain exceptions, a le income (less section	and (2) n	o more t	than 33-1/3% of its suppo	ort from gross		
10	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
11									
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b	management of the supporting must complete Part IV, Sect	organization vested in ions A and C.	the same persons that c	ontrol or	manage	the supported organization	on(s). You		
С	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d		rated. A supporting ord	nanization operated in cor	nection	with its	supported organization(s)	that is not		
е	Па	ation received a writt	en determination from	the IRS					
	Enter the number of supported								
	Provide the following information	3							
9	(i) Name of supported	(ii) EIN	1 ,	G.A.	a tha	(v) Amount of monetary	(vi) Amount of other		
	organization	(ii) Liiv	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	331,707.	342,875.	352,835.	465,468.	607,412.	2,100,297.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	331,707.	342,875.	352,835.	465,468.	607,412.	2,100,297.
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 shown on line 11, column (f)						36,848.
6	Public support. Subtract line 5 from line 4						2,063,449.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	331,707.	342,875.	352,835.	465,468.	607,412.	2,100,297.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,931.	8,275.	7,773.	9,980.	8,545.	56,504.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	185.	327.	222.	10.	46.	790.
11	Total support. Add lines 7 through 10						2,157,591.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	728,552.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶
Sec	tion C. Computation of Bul	alic Support D	orcontogo				
	Public support percentage for 20						95.64%
	Public support percentage from 2					<u> </u>	96.66%
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization d qualifies as a pub	lid not check the I licly supported or	oox on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, (check this box
t	33-1/3% support test — 2013. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box blicly supported or	on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	test, check this tion qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	VI how the▶
18	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions >

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.)

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees							
	received. (Do not include any 'unusual grants.')							
2	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's tax-exempt purpose							
3	Gross receipts from activities							
3	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							_
	organization's benefit and either paid 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							_
7 a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
	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.							
	Add lines 7a and 7b							
	Public support (Subtract line							
	7c from line 6.)							
	tion B. Total Support		T	T	T		_	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6							
10 a	a Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from							
	similar sources							
	Unrelated business taxable income (less section 511							
	taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
10	regularly carried on							
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in							
12	Part VI.)	 						
13	10c, 11 and 12.)							
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 5	01(c)(3)	
Sac	organization, check this box and							
	etion C. Computation of Pul Public support percentage for 20			ne 13 column (f)	\		15	 %
	Public support percentage from 2						16	
	tion D. Computation of Inv						10	-0
<u> </u>	Investment income percentage f				ımn (f))		17	
18	Investment income percentage f	•	• •	-			18	%
	a 33-1/3% support tests – 2014. If							
	is not more than 33-1/3%, check 33-1/3% support tests — 2013. If	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organ	ization	
	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ne organization qu	nalifies as a public	ly supported	d organiz	ation
20	Private foundation. If the organize		•		·		-	_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
ŀ	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)					
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No		
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
	gover	ning body of a supported organization?	11a				
k	A fam	nily member of a person described in (a) above?	11b				
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c				
Sec	tion I	B. Type I Supporting Organizations		1			
1	Did th	disasters, trustees, or mambership of any or mare supported examinations have the newer to regularly appoint.		Yes	No		
'	or ele Part \ If the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in IVI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1				
2	that c	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such					
	benei suppo	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2				
Sec		C. Type II Supporting Organizations					
				Yes	No		
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	1				
Sec		orting organization was vested in the same persons that controlled or managed the supported organization(s)	•				
500	tion i	b. All Type III Supporting Organizations		Yes	No		
				103	140		
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the					
	organ	organization's governing documents in effect on the date of notification, to the extent not previously provided?					
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2				
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played					
		s regard	3				
Sec	tion I	E. Type III Functionally-Integrated Supporting Organizations					
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):					
á	ı 🗌 т	the organization satisfied the Activities Test. Complete line 2 below.					
ŀ	, \Box T	the organization is the parent of each of its supported organizations. Complete line 3 below.					
C	: 🔲 т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).				
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No		
ā	suppo organ respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the order organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted					
	subst	tantially all of its activities.	2a				
ŀ	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the					
9		nization's involvement	2b				
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i> ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of					
ć	each	of the supported organizations? Provide details in Part VI	3a				
ŀ	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b				

Pa 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ovembei	20, 1970. See instruct	ions. All
Sec	other Type III non-functionally integrated supporting organizations must complete ction A — Adjusted Net Income	Section	(A) Prior Year	(B) Current Year (optional)
1		1		(орионат)
	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
		5		
	- Programme and the second sec	3		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3		3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte	grated	Type III supporting or	ganization

BAA Schedule **A** (Form 990 or 990-EZ) 2014

Par	t v Type III Non-Functionally integrated 509(a)(3) Su	ipporting Organiza	itions (continuea)							
Sec	tion D — Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt pur									
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.									
3	Administrative expenses paid to accomplish exempt purposes of su									
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions									
7	Total annual distributions. Add lines 1 through 6									
8										
9	Distributable amount for 2014 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014						
1	Distributable amount for 2014 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)									
3	Excess distributions carryover, if any, to 2014:									
а										
b										
С										
d										
е	From 2013									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2014 distributable amount									
i	Carryover from 2009 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f									
4	Distributions for 2014 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2014 distributable amount									
	Remainder. Subtract lines 4a and 4b from 4									
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).									
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7	Excess distributions carryover to 2015. Add lines 3j and 4c									
8	Breakdown of line 7:									
а										
b										
С										
d	Excess from 2013									
	Excess from 2014									

BAA

Schedule **A** (Form 990 or 990-EZ) 2014

Part VI 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).

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2014		2013		2012		2011		2010
OTHER INCOME TOTA	46. 46.	\$ \$	10. 10.	\$ \$	222. 222.	\$ \$	327. 327.	\$ \$	185. 185.

Schedule B (Form 990, 990-EZ, or 990-PF)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2014

Employer identification number

OMB No. 1545-0047

CITY CLUB OF PORTLAND		93-0140220
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X = 501(c)(3) (enter number) of	rganization
	4947(a)(1) nonexempt charitable	e trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private founda	tion
	4947(a)(1) nonexempt charitable	e trust treated as a private foundation
	501(c)(3) taxable private foundar	tion
Check if your organization is covered by the	e General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the	e General Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 99	0-EZ, or 990-PF that received, during the	year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Con	nplete Parts I and II. See instructions for	determining a contributor's total contributions.
Special Rules		
For an organization described in section under sections 509(a)(1) and 170(b)(1)(A)	n 501(c)(3) filing Form 990 or 990-EZ tha (vi) that checked Schedule A (Form 990 or 9	t met the 33-1/3% support test of the regulations 990-EZ), Part II, line 13, 16a, or 16b, and that
received from any one contributor, duri	ng the year, total contributions of the great	ater of (1) \$5,000 or (2) 2% of the amount on (i)
Form 990, Part VIII, line III, or (ii) Form	1 990-EZ, lille 1. Complete Parts I and II.	
For an organization described in section	n 501(c)(7), (8), or (10) filing Form 990 or	^{990-EZ} that received from any one contributor,
during the year, total contributions of m	ore than \$1,000 <i>exclusively</i> for religious, ty to children or animals. Complete Parts	charitable, scientific, literary, or educational
parposes, or io. and provenies or or ac-		, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For an organization described in section	n 501(c)(7), (8), or (10) filing Form 990 or	990-EZ that received from any one contributor,
		, but no such contributions totaled more than
• •	re the total contributions that were receive tee any of the parts unless the General R	ed during the year for an <i>exclusively</i> religious,
	ritable, etc., contributions totaling \$5,000	11 2

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1**

Name of organization
CITY CLUB OF PORTLAND

Employer identification number

93-0140220

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>80,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Complete Part II for noncash contributions.)

1 to

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 of Part II

Name of organization
CITY CLUB OF PORTLAND

BAA

Employer identification number

93-0140220

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Ş	
	<u> </u>	'	

1 to

1 of Part III

Name of organization
CITY CLUB OF PORTLAND

Employer identification number 93-0140220

or (10 the fol contrib) that total more than \$1,000 for the lowing line entry. For organizations co	ne year from any one contribute empleting Part III, enter the total of (Enter this information once. See is space is needed.	cations described in section 501(c)(7), (8 or. Complete columns (a) through (e) and f exclusively religious, charitable, etc., instructions.)
(a) lo. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		-	
N/A			
		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
<u> </u>			
(a) lo. from Part I	(b) (c) Purpose of gift Use of gift		(d) Description of how gift is held
	Transferee's name, address	Relationship of transferor to transferee	
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held		
		(e) Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee			

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

	xy Tax) (see instructions), the Section 501(c)(4), (5), or (6) o	en rganizations: Complete Part III.				
Name	of organization			Employer identifica	ation number	
	TY CLUB OF PORTLAND			93-014022		_
		rganization is exempt under section			zation.	
	'	organization's direct and indirect political o	, ,			
	·					_
						_
_	•	rganization is exempt under section	. , , , ,			_
1		ise tax incurred by the organization under		•		÷
2		ise tax incurred by organization managers				
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No	0
					Yes No	0
	b If 'Yes,' describe in Part IV.					_
		rganization is exempt under section				_
	,	pended by the filing organization for section	•	·		_
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 52	7 exempt ▶\$		
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	► \$		
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No	o
5	Enter the names, addresses organization made payments	and employer identification number (EIN) s. For each organization listed, enter the a	of all section 527 pol	itical organizations to w	which the filing	
	amount of political contribution	s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						_
(2)						
(3)						
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

	the evacuimetics	ic evenet under ce	otion E01/o\/2\ and	Hilad Farm E760 (ale	otion under
Part II-A Complete if section 501(the organization (h)).	n is exempt under se	ction 50 i(c)(3) and	1 111ea Form 5/68 (e16	ection under
A Check ► if the filin	ng organization belong	s to an affiliated group (and	list in Part IV each affili	ated group member's name	,
<u> </u>		I share of excess lobbying			
B Check ► if the filing	ng organization ched	cked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pul	olic opinion (grass roots lo	bbying)		
, , ,		egislative body (direct lobb	, ,,	2,912.	
	•	nd 1b)		2,912.	0.
	•			682,852.	
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)		685,764.	0.
		ount from the following tal		127,865.	
If the amount on line 1e, col		The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	·		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		01.066	
•	•	of line 1f)		31,966.	0.
		, enter -0		0.	0.
		line 1h or line 1i, did the org			0.
section 4911 tax for this	s year?				Yes No
		4 Vaar Avaraniaa Bariad I			
			Jnder Section 501(h)		
(Som	ne organizations tha	t made a section 501(h) el s below. See the instructi	ection do not have to		
(Som	ne organizations tha column	t made a section 501(h) el	ection do not have to ons for lines 2a throug	gh 2f.)	
Calendar year (or fiscal year beginning in)	ne organizations tha column	t made a section 501(h) el s below. See the instructi	ection do not have to ons for lines 2a throug	gh 2f.)	(e) Total
Calendar year (or fiscal	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	gh 2f.) iod (d) 2014	
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	gh 2f.) iod	(e) Total 127,865.
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	gh 2f.) iod (d) 2014	127,865.
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	(d) 2014 127,865.	127,865. 191,798.
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	gh 2f.) iod (d) 2014	127,865.
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	(d) 2014 127,865.	127,865. 191,798.
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	(d) 2014 127, 865.	127,865. 191,798. 2,912.
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount	ne organizations tha column Lobb	t made a section 501(h) el s below. See the instructi ying Expenditures During	ection do not have to ons for lines 2a throug 4-Year Averaging Per	(d) 2014 127, 865. 2, 912. 31, 966.	127,865. 191,798. 2,912. 31,966.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).	(a)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	`	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.' 1 Dues, assessments and similar amounts from members.	Part I	, or se II-A, I	ection 50 ine 3, is	01(c)	

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

ADDITIONAL INFORMATION

CITY CLUB ENGAGES IN VOLUNTEER-DRIVEN RESEARCH INTO MATTERS OF COMMUNITY IMPORTANCE, AND THEN ADVOCATES ON BEHALF OF ITS POSITIONS. SOME OF THAT ADVOCACY INVOLVES PUBLISHING RESEARCH STUDY REPORTS, HOLDING PUBLIC FORUMS TO PRESENT RESULTS, AND OUTREACH TO POLICYMAKERS ON RECOMMENDATIONS. LOBBYING EXPENSES COMPRISE A PORTION

OF THE COMPENSATION OF THE RESEARCH AND POLICY DIRECTOR, THE STAFF MEMBER Part IV | Supplemental Information (continued)

ADDITIONAL INFORMATION (CONTINUED)

COORDINATING THIS ACTIVITY, AND EXPENSES RELATED TO PUBLICIZING BALLOT MEASURE RECOMMENDATIONS IN THE STATE VOTERS PAMPHLET.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	CITY CLUB OF PORTLAND		93-0140220	
Par	t Organizations Maintaining Donor Advised Funds or Other Similar Fur	nds or Acc		
· ui	Complete if the organization answered 'Yes' to Form 990, Part IV, line	6.		
	(a) Donor advised funds	(b) F	unds and other ac	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 donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	onor advised	funds Yes	□No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant function for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	ds can be us purpose co	ed only nferrina	
	impermissible private benefit?		·····Yes	No
Par				
	Complete if the organization answered 'Yes' to Form 990, Part IV, line	7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
			lly important land	area
		of a certified	historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	m of a conser	vation easement on	the
	last day of the tax year.		Held at the End of	the Tay Vear
	Total number of conservation easements.		ieiu at tile Liiu oi	ille Tax Teal
	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 history structure listed in the National Register	ric 2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►		on during the	
4	Number of states where property subject to conservation easement is located >			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	_ ndlina of viol	lations.	
·	and enforcement of the conservation easements it holds?			No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements •	during the yea	ar	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements durin ▶\$	ig the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section 170(h)(4)(B)(ii)?	ction 170(h)	(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that describes the control of the control of the control of the organization of the control of the c	se statement lescribes the	, and balance sheet organization's acc	and counting for
D	conservation easements. t Organizations Maintaining Collections of Art, Historical Treasures, or	Othor Sin	milar Assats	
Par	Complete if the organization answered 'Yes' to Form 990, Part IV, line	8.		
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reversart, historical treasures, or other similar assets held for public exhibition, education, or research in full in Part XIII, the text of the footnote to its financial statements that describes these items.	nue stateme urtherance of	nt and balance she public service, prov	eet works of de,
ł	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	erance of pub	lic service, provide t	vorks of art, he
	(i) Revenue included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historical treasures, or other similar assets for finan amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-		
	Revenue included in Form 990, Part VIII, line 1			
ŀ	Assets included in Form 990, Part X		▶\$	

Part III Organizations Maintair	ling Collections	of Art, Historica	i ireasures, or C	otner Similar Ass	eτs (<i>c</i>	ontinu	iea)
3 Using the organization's acquisition, items (check all that apply):	accession, and other r	records, check any of	the following that are	a significant use of its o	collectio	n	
a Public exhibition		d Loan or exc	change programs				
b Scholarly research		e Other					
c Preservation for future genera	tions	<u> </u>					
4 Provide a description of the organiza Part XIII.	tion's collections and	explain how they furth	er the organization's e	exempt purpose in			
5 During the year, did the organizati to be sold to raise funds rather that	an to be maintained	as part of the organi	zation's collection?.		Yes	<u>L</u>	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. (Complete if the o 990, Part X, line	rganization ansv 21.	vered 'Yes' to For	m 990), Part	: IV,
1 a Is the organization an agent, trusto	ee, custodian, or oth	er intermediary for c	ontributions or other	assets not included		Г	
on Form 990, Part X? b If 'Yes,' explain the arrangement in					Yes	L	No
b it les, explain the arrangement	II Fait Aili ailu comp	nete the following tal	DIC.		Amoun	+	
c Beginning balance					Amoun	· ·	
d Additions during the year							
e Distributions during the year							
f Ending balance				16			
2a Did the organization include an an					Yes	Г	No
b If 'Yes,' explain the arrangement in						<u> </u>	
Part V Endowment Funds. Co	mnlete if the org	anization answe	red 'Ves' to Forn	n 990 Part IV line	<u>a 10</u>		
Lindowinent i dilds. 90	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		Four year	s hack
1 a Beginning of year balance	898,511.	830,175.	746,407		(0)		728.
b Contributions	1,100.	8,250.	7,000	34,951.			815.
_	1,100.	0,230.	7,000	34,331.		45,	010.
c Net investment earnings, gains, and losses	28,965.	99,074.	115,315	-53,431.		134.	051.
d Grants or scholarships	==,===			33, 131,			
e Other expenditures for facilities							
and programs	37,157.	35,868.	34,549	32,316.		27,	987.
f Administrative expenses	4,442.	3,120.	3,998			3,	614.
g End of year balance	886,977.	898,511.	830,175	746,407.		800,	993.
2 Provide the estimated percentage	,	, .	column (a)) held as	::			
a Board designated or quasi-endowment		<u>.12</u> %					
b Permanent endowment ►	80.0 7 %						
c Temporarily restricted endowment							
The percentages in lines 2a, 2b, a	nd 2c should equal 1	00%.					
3 a Are there endowment funds not in the	e possession of the or	ganization that are he	ld and administered for	or the	r		т
organization by:						Yes	No
(i) unrelated organizations					3a(i)	X	
(ii) related organizations					3a(ii)		X
b If 'Yes' to 3a(ii), are the related or	-	•			3b		
4 Describe in Part XIII the intended		tion's endowment fu	nds. SEE PART	XIII			
Part VI Land, Buildings, and E							
Complete if the organiz	ation answered '	Yes' to Form 990	0, Part IV, line 1	1a. See Form 990), Part	t X, Iir	ie 10.
Description of property		or other basis (b) Cost or other	(c) Accumulated	(d)	Book va	alue
	(inv	restment)	basis (other)	depreciation			
1 a Land							
b Buildings							
c Leasehold improvements			10,492.	10,492.			0.
d Equipment			102,471.	81,621.		20	<u>,850.</u>
e Other		000 5 ();	(D) // 15 :				
Total. Add lines 1a through 1e. (Column	ı (a) must equal Forn	n 990, Part X, colum	n (B), line 10c.)			2.0	,850.

BAA Schedule **D** (Form 990) 2014

Part VII		- Other Securities.		N/A	
				, Part IV, line 11b. See Form 99	
(a) Desc	ription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	f-year market value
(1) Financ	ial derivatives				
(2) Closely	/-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(D) (E)					
(F)					
(G)					
(H)					
<u>(l)</u>					
		90, Part X, column (B) line 12.) 🕨	-		
Part VIII	Investments -	- Program Related.	1.1\\\ 000	N/A	00 Deal V Bas 12
				, Part IV, line 11c. See Form 99	
	(a) Description of	investment type	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	nn (h) must saual Form (90, Part X, column (B) line 13.) •			
Part IX	Other Assets.	50, Fart X, Column (B) line 15.7	1		
I alt IX	Complete if the	e organization answered	d 'Yes' to Form 990	, Part IV, line 11d. See Form 99	00, Part X, line 15.
	·	(a) De	scription		(b) Book value
	EFICIAL INTE	REST ASSETS HELD B	Y OTHER		886,977.
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co			(D) /: 15)	•	006 077
	lumn (b) must equa	al Form 990, Part X, column (B), IINE 15.)		886,977.
Part X	Other Liabilitie	es.			886,977.
Part X	Other Liabilitie Complete if the or	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	886,977.
	Other Liabilitie Complete if the ord (a) Descrip	es.			886,977.
(1) Fede	Other Liabilitie Complete if the or	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5) (6)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5) (6)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilitie Complete if the ord (a) Descrip	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11		886,977.
(1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilitie Complete if the ord (a) Descrip ral income taxes	es. ganization answered 'Yes' to F	orm 990, Part IV, line 11 (b) Book value		886,977.
(1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Colum 2. Liability fo	Other Liabilitie Complete if the organization (a) Descrip ral income taxes on (b) must equal Form 9 r uncertain tax positions.	ganization answered 'Yes' to F tion of liability 190, Part X, column (B) line 25.)	(b) Book value		liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	802,982.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	23,803.
3 Subtract line 2e from line 1	3	779,179.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	7,792.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	786,971.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	686,764.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	686,764.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	7,792. 694.556.

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.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

Part XIII Supplemental Information.

THE OREGON COMMUNITY FOUNDATION MANAGES OUR TWO ENDOWMENT FUNDS AND DISTRIBUTES TWO PAYMENTS FROM EACH FUND TO CITY CLUB DURING THE FISCAL YEAR (FOUR PAYMENTS TOTAL). THE PURPOSE OF THE ENDOWMENTS IS TO PROVIDE CITY CLUB WITH A SOURCE OF NEVER-ENDING ANNUAL INCOME THROUGH THE PRESERVATION OF THE FUND BASE. DISTRIBUTIONS ARE BASED ON THE FUNDS' INVESTMENT EARNINGS. DISTRIBUTIONS FROM THE GENERAL ENDOWMENT FUND ARE DIRECTED TO OFFSET OUR GENERAL EXPENSES. DISTRIBUTIONS FROM THE RESEARCH ENDOWMENT

FUND ARE DIRECTED TO OFFSET OUR EXPENSES DIRECTLY RELATED TO OUR RESEARCH PROGRAMS

Schedule **D** (Form 990) 2014

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CITY CLUB OF PORTLAND

Employer identification number 93-0140220

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THERE IS A NEW MEMBERSHIP CLASS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER MEMBERS ARE VOTING MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY
ALL MEMBERS ARE EQUAL AND HAVE ONE VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

ALL MEMBERS ARE EQUAL AND HAVE ONE VOTE. THE BYLAWS DICTATE DECISIONS THAT MUST BE

APPROVED BY MEMBERS.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS
THERE WAS NO COMMITTEE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
IN THE CURRENT YEAR.

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

THE TREASURER AND FINANCE COMMITTEE REVIEW THE 990 BEFORE FILING.

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

ALL GOVERNORS OF THE BOARD ARE EXPECTED TO REPORT THEIR POTENTIAL CONFLICTS OF

INTEREST. KNOWLEDGE OF SUCH CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE AS

THEY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF GOVERNORS RECEIVED DATA FROM AN INDEPENDENT NON-PROFIT RESOURCE WITH REGARD TO COMPETITIVE PAY STRUCTURES FOR NON-PROFIT EXECUTIVE DIRECTORS IN OUR GEOGRAPHIC REGION. WE REVIEWED AND UPDATED THE COMPENSATION PACKAGE FOR OUR EXECUTIVE DIRECTOR BY USING INDEPENDENT DATA AS A BENCHMARK.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization	Employer identification number
CITY CLUB OF PORTLAND	93-0140220

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
PROFESSIONAL SERVICES AND MISC TOTAL	81,821.	63,953.	12,182.	5,686.
	\$ 81,821.	\$ 63,953.	\$ 12,182.	\$ 5,686.