# 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)

OMB No. 1545-0047

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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A	For the	2016 calen	dar year, or t	ax year beg	inning 6	/01	, 2016,	and ending	5/3	31	,	2017	
В	Check if a	applicable:	С							D Employ	er identi	fication number	
	Addı	ress change	CITY CLU	JB OF PO	RTLAND				İ	93-	01402	220	
	Nam	ne change	901 SW W						· ·	E Telepho	ne numb	er	
	Initia	al return	PORTLANI	), OR 97	205				ļ	503	-228-	-7231	
	Final	return/terminated							İ				
	Ame	ended return							1	<b>G</b> Gross r	eceipts \$	<b>5</b> 82	2,647.
	Appl	lication pending	F Name and a	ddress of princip	pal officer: .TI	JLIA MEIER	?	1	I(a) Is this a	group retur	n for sub		137
			SAME AS	C ABOVE				ļi	H(b) Are all : If 'No,' a	subordinates	included	1? Yes	
ī	Tax-ex	empt status	X 501(c)(3)	501(c) (		(insert no.)	4947(a)(1) or	527	It 'No,' a	attach a list.	(see inst	ructions) —	
J			W.PDXCIT		<del></del>	` <u>`</u>	1 (	<del></del>	H(c) Group e	exemption nu	ımber ►		
K		of organization:	X Corporation		Association	Other -	Ly	ear of formatio	<del></del>			egal domicile: 0	 R
	art I	Summar			7.0000.000	04,01			1010	,		gar dominion O	
		Briefly descri	be the organi	zation's mis	sion or mos	st significant ac	tivities:TO	TNFORM	TTS ME	MBFBS	ΔMD	דעד	
	1 7					TO AROUS							
Activities & Governance	}		ONS OF C			7 10 1800	<u> </u>			1111011			
na	-		3 11 2 1 2 .	======									. – – – –
S/e	2 0	check this bo	ox ► if th	ne organizati	ion disconti	nued its operat	ions or dispo	sed of mor	re than 25	5% of its	net ass	sets.	
Ğ	3 N					(Part VI, line					3		17
တ္	4 1		•	_	_	overning body (					4		17
iŧi	5 T					year 2016 (Pa					5		10
햕	6     7- T			•	_	/)					6 7a		220
⋖						n 990-T, line 34					7a 7b		0.
	B 1	let unrelated	business ta	table income	C HOITI OITI	1 330-1, line 3-				rior Year	76	Current \	0.
	<b>8</b> C	Contributions	and grants (	Part VIII lin	e 1h)					558,2	03		3,615.
ne	1		-							161,2			5,587.
Revenue	1	-		•		, 4, and 7d)						7,445.	
Be	1					8c, 9c, 10c, ar				10/0	23.		, 110.
	12 ⊤	otal revenue	e – add lines	8 through 1	1 (must equ	ual Part VIII, co	olumn (A), lin	ie 12)		730,2	75.	582	2,647.
	<b>13</b> G	arants and si	milar amoun	ts paid (Part	t IX, columr	(A), lines 1-3	)						
	14 B	Benefits paid	to or for mei	mbers (Part	IX, column	(A), line 4)							
	<b>15</b> S	alaries, othe	er compensat	ion, employ	ee benefits	(Part IX, colun	nn (A), lines	5-10)		292,3	84.	200	0,203.
ses	16a P	Professional fundraising fees (Part IX, column (A), line 11e)											•
Expenses	l		sing expenses					9,992.					
Ä			· .	•		nne <i>23)</i> 1d, 11f-24e)				FO4 ^	F0	405	7 005
	1	•	•			t IX, column (A				504,3			7,025.
	l .				•	e 12				796,7			7,228.
- 0		revenue less	expenses. C	ubtract fire	16 110111 1111	6 12			<del></del>	-66,4	-	End of Y	4,581.
Net Assets or Fund Balances	20 T	ntal assets (	Part X line	16)						g of Curren , 124, C			5,306.
Page Bals	21 T		, .	•					<del> </del>	65,8			7,857.
E et	22 N		•	•		n line 20			1		-		
	irt II	Signatur		55. Oubtract	11116 21 1101	11 11116 20			1	<u>,058,1</u>	09.]	1,03	7,449.
Processors.	<u> </u>										11. 12	6.31.1.1.	
com	er penaitie plete. Decl	s of perjury, i de laration of prepa	rer (other than of	ficer) is based o	n all information	accompanying sche n of which preparer	has any knowled	ients, and to tr ge.	ne best of my	y knowleage	and belie	er, it is true, correc	ct, and
			AA	767	$\sqrt{7}$								
Sig	ın	Signatu	e of officer		17				Dat	te			
He	re	ттт		' U	U				FYFCII	TIVE I	TD		
	. •	Type or	print name and t	itle		<del></del>			EAECO	111/11	<u> </u>		
			reparer's name		Preparer's	signature -		Date		Check 2	ζ if F	PTIN	
D-	id		LIVEIRA,	CPA	the	Man		10-23-1	- 1	self-employe	- 1	P00959389	<b>a</b>
Pa	ıa eparer			& THOME	PSON. LI			1-00				. 00,55,50.	
	e Only						410			Firm's FIN	► 02-	1157146	
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May	the IR	S discuss th				ove? (see inst	ructions)	<del></del>				X Yes	No
1714	,	- 4100400 [11	10 (0111 11111	Propure	J							1441 103	1 110

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	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		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, VIII, IX, or X as applicable.			
•	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	 
. 1	bigodithe 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? If 'Yes,' complete Schedule D, Part VII.	11 b		X
(	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		X
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	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		Х
1	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	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	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	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X

Form 990 (2016) CITY CLUB OF PORTLAND

Part IV Checklist of Required Schedules (continued)

		<u> </u>	Yes	No
20	Da Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	2 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>b</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	<b>a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	ς.	X
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		X
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):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	ļ	X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
29	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		X
30		29		
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	, , , , , , , , , , , , , , , , , , , ,	31		Х
32	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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	:	Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BA	<b>A</b> :	Form	. 990 (	(2016)

# Form 990 (2016) 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			. [
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 10			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	L	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 Q</i>	3 b		
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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
	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).			
а	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	X	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			17
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	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		1
	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	C	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	-	
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	1/1-		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 a		
ΔΔ	TEFANIORI 11/16/16		990	(2016)

Form 990 (2016) CITY CLUB OF PORTLAND		93-0140220	Pa	age 6
Part VI Governance, Management, and Disclosure For each a 'No' response to line 8a, 8b, or 10b below, describe Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in the second sec	e the circumstances, proce	esses, or changes	in	_
Section A. Governing Body and Management	iis Fait Vt			
Section A. Governing Body and management			Yes	No
1 a Enter the number of voting members of the governing body at the end of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Sc b Enter the number of voting members included in line 1a, above, who are	hedule O. e independent 1 b	17	163	140
2 Did any officer, director, trustee, or key employee have a family relationship officer, director, trustee, or key employee?SEE.SCHEDULE.O		2	Х	
3 Did the organization delegate control over management duties customarily per of officers, directors, or trustees, or key employees to a management c	ompany or other person?	ervision 3		X
4 Did the organization make any significant changes to its governing doct since the prior Form 990 was filed?				Х
5 Did the organization become aware during the year of a significant dive	rsion of the organization's assets	s? <b>5</b>		X
6 Did the organization have members or stockholders?SEESCHE	OULE O	6	X	
7 a Did the organization have members, stockholders, or other persons who had members of the governing body?SEE.SCHEDULE.O	the power to elect or appoint one or	r more 7 a	Х	
<b>b</b> Are any governance decisions of the organization reserved to (or subject stockholders, or persons other than the governing body?	ct to approval by) members, SEI	E SCH 0 7b	Х	
8 Did the organization contemporaneously document the meetings held or written the following:  SEE SCHEDULE O		-		
_ · · · · g · · · · g · · · · g · · · ·			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?.		<u>8</u> b		_X_
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, organization's mailing address? <i>If 'Yes,' provide the names and address</i>	ses in Schedule O	9		Х
Section B. Policies (This Section B requests information abou	t policies not required by t	he Internal Reven		de.)
			Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		10 a		X
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of operations are consistent with the organization's exempt purposes?				
11 a Has the organization provided a complete copy of this Form 990 to all members of its gover	ning body before filing the form?	11 a		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to				
12a Did the organization have a written conflict of interest policy? If 'No,' go			Х	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose to conflicts?	annually interests that could give ris	se		Х
c Did the organization regularly and consistently monitor and enforce compliants Schedule O how this was doneSEE. SCHEDULE. O		12c	1	
13 Did the organization have a written whistleblower policy?		13	X	
14 Did the organization have a written document retention and destruction	policy?	14	X	
15 Did the process for determining compensation of the following persons includ persons, comparability data, and contemporaneous substantiation of the	e a review and approval by indeper e deliberation and decision?	ndent		
a The organization's CEO, Executive Director, or top management official	. SEE . SCHEDULE .O	15a	X	
<b>b</b> Other officers or key employees of the organization		15b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see inst	ructions).			
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a jot taxable entity during the year?	int venture or similar arrangeme			Х
<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the participation in joint venture arrangements under applicable federal tax organization's exempt status with respect to such arrangements?	law, and take steps to safeguard	I the 16b		
Section C. Disclosure				
17 List the states with which a copy of this Form 990 is required to be filed ▶	_ <u>OR</u>			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 for public inspection. Indicate how you made these available. Check all that a	pply.		ı availa	ble
Own website Another's website X Upon re	quest Other <i>(explain ir</i>	Schedule 0)		
Describe in Schedule O whether (and if so, how) the organization made its governing document the public during the tax year.  SEE SCHEDULE O				
20 State the name, address, and telephone number of the person who possesse	s the organization's books and reco	ords: ►		

# 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 per	than	one both dir	box, an o ector	unles officer truste		(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	<b>(F)</b> 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	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(1)	KOURTNEY NELSON	10										
	PRESIDENT	0	X		X			0.	0.	0.		
(2)	FELISA HAGINS	10										
	SECRETARY	0	X		Х			0.	0.	0.		
(3)	DAVID THOMPSON	10								-		
	TREASURER	0	X		Х			0.	0.	0.		
(4)	SEL NUTOR	10										
	PRESIDENT-ELECT	0	X		Х			0.	0.	0.		
(5)	GREG MACPHERSON	10							-			
	PAST PRESIDENT	0	X		X		1 1	0.	0.	0.		
(6)	SHARON VANSICKLE ROBBINS	5										
	GOVERNOR	0	X					0.	0.	0.		
(7)	COLIN JONES	5										
	GOVERNOR	0	X					0.	0.	0.		
(8)	KAROL COLLYMORE	5										
	GOVERNOR	0	X				1 1	0.	0.	0.		
(9)	MARY MACPHERSON	5										
	GOVERNOR	0	X					0.	0.	0.		
(10)	ELANA PIRTLE-GUINEY	5										
	GOVERNOR	0	X					0.	0.	0.		
(11)	LESLIE JOHNSON	5										
	GOVERNOR	0	X					0.	0.	0.		
(12)	NICOLE MAHER	5										
	GOVERNOR	0	X					0.	0.	0.		
(13)	ELI WALL	5										
	GOVERNOR	0	X					0.	0.	0.		
(14)	LISA WATSON	5										
	GOVERNOR	0	X					0.	0.	0.		
						$\overline{}$						

Part VII Section A. Officers, Directors, Tru	ictoos	Kov	Fn	anle	01/0	05 3	nc	Highest Com	pensated Fr		Continued)
Fait VII Section A. Officers, Directors, Tit	(B)	Ney		<u> </u>	C)	C5, a	1110	Trighest Com	pensateu En	ployed	3 (continueu)
<b>(A)</b> Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	cer a	Pos check ess po	sition more erson direct	ha is or employee	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MISC)	arr s co	(F) Estimated oount of other impensation from the reganization and related reganizations
-	<u> </u>	<u> </u>				8	_			<b></b>	<del></del>
(15) ANTONIO LARA GOVERNOR	_ <u>5</u> _	X						0.	C		0.
(16) JUAN MARTINEZ  GOVERNOR	<u>5</u>	X						0.	0		0.
(17) ALLISON TIVNON GOVERNOR	_ <u>5</u> _	X						0.	·		0.
(18) JULIA MEIER EXECUTIVE DIR.	<u> 40</u> _	**		Х				0.			0.
(19) MIKE MARSHALL TO 10/16 FORMER EXEC DIR	$-\frac{40}{0}$			Х				83,384.	C		5,065.
(20)					ļ						
(21)											
(22)											
(23)										-	
(24)											
(25)											
1 b Sub-total							- '	83,384.	C	·	5,065.
c Total from continuation sheets to Part VII, Section of Total (add lines 1b and 1c)						_	• •	0. 83,384.	C		0.
d Total (add lines 1b and 1c)							ed i				5,065. on
from the organization 0  3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h individu	stee,	, key	y en	nploy	yee, o	 or h	ighest compensate	ed employee	3	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 50,0	mp∈ 00?	ensa If '\	tion <i>es,</i>	and o	othe olet	er compensation f te Schedule J for	rom 	4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	satio	n fr	om lule	any <i>J fo</i>	unrela r such	ate	d organization or i	ndividual	5	X
Section B. Independent Contractors  1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated inde	epen	den	t co	ntra	ctors	tha	t received more th	an \$100,000 of		
(A) Name and business add								( <b>B)</b> Description o			(C) ensation
Total number of independent contractors (including be \$100,000 of compensation from the organization).		ited to	o tha	ose I	isted	d abov	l e) v	who received more t	han		

# Form 990 (2016) CITY CLUB OF PORTLAND 93-0140220 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (C) Unrelated business revenue (D) Revenue excluded from tax under sections 512-514 (A) Total revenue ıtions, Gifts, Grants er Similar Amounts 1a 1 a Federated campaigns...... **b** Membership dues..... 1 b 185,278 1 c c Fundraising events..... d Related organizations..... 1 d e Government grants (contributions).... 1 e f All other contributions, gifts, grants, and

Contribut and Othe	•	similar amounts not included	above 1 f	273,337.				
nto d	ç	Noncash contributions included	d in lines 1a-1f: \$					
မှု င	h	Total. Add lines 1a-1f	· · · <u>· · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·	458,615.			
iue				Business Code				
Program Service Revenue	2 a	FRIDAY FORUM_		900099	116,587.	116,587.		
å.	b	) <b></b>						
Vić.	C							
Ser	d	 		<u> </u>				
am	е	· 		 	ļ			
og.		All other program service		L				
<u>a</u>	g	Total. Add lines 2a-2f			116,587.			
	3	Investment income (incother similar amounts).	luding dividend	ls, interest and ▶	7 445			7 115
	4	Income from investmen			7,445.			7,445.
	5	Royalties	•	•				
	•	1109411103	(i) Real	(ii) Personal				
	6 a	Gross rents		<del>-   </del>				
		Less: rental expenses		+		*		
		Rental income or (loss)						
		Net rental income or (lo	oss)					
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory						
	b	Less: cost or other basis and sales expenses						
j	c	Gain or (loss)		<del></del>				
		Net gain or (loss)	L					
		Gross income from fund						
Other Revenue	oa	(not including\$	_					
ě		of contributions reported	d on line 1c).					
ď		See Part IV, line 18		a				
<u>ē</u>		Less: direct expenses						
ಕ	C	Net income or (loss) fro	om fundraising	events				
	9 a	Gross income from gam See Part IV, line 19	ning activities.	a				
		Less: direct expenses						
	С	Net income or (loss) fro	om gaming activ	vities				
	10 a	Gross sales of inventory and allowances	y, less returns	2				
	h	Less: cost of goods sold						
		Net income or (loss) fro						
ŀ		Miscellaneous Revenu		Business Code				
ŀ	11 a							
İ	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d	d					
	12	Total revenue. See inst	ructions	<u></u> <u></u>	582,647.	116,587.	0.	7,445.
BAA				TEE	A0109L 11/16/16			Form <b>990</b> (2016)

## Part IX Statement of Functional Expenses

	not include amounts reported on lines	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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			200	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	53,172.	28,202.	12,485.	12,485.
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
7	Other salaries and wages	0. 116,756.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)		76,526.	31,615.	8,615.
_	èmployer contributions)	1,302.	261.	911.	130.
9 10	Other employee benefits	13,219.	8,562.	3,555.	1,102.
10	Payroll taxes	15,754.	9,612.	4,170.	1,972.
	Fees for services (non-employees):				
	a Management			<del></del>	
	Accounting.	2 020		2 020	
	Lobbying.	2,830.	F 200	2,830.	
	Professional fundraising services. See Part IV, line 17	5,200.	5,200.		
	Investment management fees	7 110		7 110	
	Other. (If line 11g amount exceeds 10% of line 25, column	7,118.	<del></del>	7,118.	
	(A) amount, list line 11g expenses on Schedule 0.\$CH. ( Advertising and promotion	186,643. 430.	142,454.	13,189. 430.	31,000.
13	Office expenses	37,786.	28,969.	5,038.	3,779.
14	Information technology	19,812.	15,189.	2,642.	1,981.
15	Royalties				
16	Occupancy	65,498.	50,215.	8,733.	6,550.
17	Travel	1,068.		1,068.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,113.		7,113.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,662.	4,341.	755.	566.
23	Other expanses Itemize expanses not	4,706.	3,608.	627.	471.
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	138,797.	137,456.		1,341.
	BROADCAST FEES	14,362.	14,362.		
C					
c	- 1				
•	All other expenses				
	Total functional expenses. Add lines 1 through 24e	697,228.	524,957.	102,279.	69,992.
26 BAA	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)				Form <b>990</b> (2016)
DAA		TEEA0110L 11	/16/16		FOITH <b>330</b> (2016)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X...... (B) (A) End of year Beginning of year 42,292. 191,664 1 Savings and temporary cash investments ..... 2 80,273. 70.164. Pledges and grants receivable, net ..... 3 Accounts receivable, net ..... 29,587 4 49,851. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 6 Notes and loans receivable, net ..... 7 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges..... 9,738 9 5,483 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10 a 69,208 **b** Less: accumulated depreciation..... 10 b 10 c 65,586. 9,284 3,622. Investments – publicly traded securities ...... 11 12 Investments – other securities. See Part IV, line 11..... 12 Investments — program-related. See Part IV, line 11..... 13 Intangible assets ..... 14 14 15 Other assets. See Part IV, line 11..... 15 873,785. 813,604 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 1,124,041 1,055,306. Accounts payable and accrued expenses..... 17 17 60,617 17,277. 18 Grants payable ..... 18 Deferred revenue..... 19 19 5,255 580. 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25..... 26 26 65,872 17,857. Organizations that follow SFAS 117 (ASC 958), check here X and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 146,445 82,131. 28 Temporarily restricted net assets ..... 196,455 28 235,049. Permanently restricted net assets..... 715,269 29 720,269. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances..... 33 33 1,058,169 1,037,449. Total liabilities and net assets/fund balances ..... 34 34 1,124,041 1,055,306. BAA Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets			
f	Check if Schedule O contains a response or note to any line in this Part XI			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		647.
2	Total expenses (must equal Part IX, column (A), line 25)	2	697,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,058,	
5	Net unrealized gains (losses) on investments	5		861.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,037,	449.
Pal	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>	
			Yes	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?		2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te		
	Separate basis Consolidated basis Both consolidated and separate basis			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.			
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	X
Ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b	1
BAA			Form <b>990</b>	(2016)

TEEA0112L 11/16/16

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

Open to Public Inspection

Name of the organization Employer identification number CITY CLUB OF PORTLAND 93-0140220 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter 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 government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... **g** Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) **(E)** 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.)

360	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	352,835.	465,468.	607,412.	558,203.	458,615.	2,442,533.
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	352,835.	465,468.	607,412.	558,203.	458,615.	2,442,533.
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)						148,257.
6	Public support. Subtract line 5 from line 4						2,294,276.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	352,835.	465,468.	607,412.	558,203.	458,615.	2,442,533.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,777.	9,990.	8,591.	10,829.	7,445.	44,632.
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.)						0.
	Total support. Add lines 7 through 10					The Transfer of the Control of the C	2,487,165.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)				738,468.
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 to	ax year as a section	n 501(c)(3)	▶□
	tion C. Computation of Pu						
	Public support percentage for 20						92.24%
	Public support percentage from					L	93.76%
16a	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the bo licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2015.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pul	not check a box olicly supported or	on line 13 or 16a ganization	, and line 15 is 33	8-1/3% or more, c	heck this box
17a	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 here	e. Explain in Part	VI how
	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 a	box and <b>stop her</b> a publicly supporte	<b>e.</b> Explain in Part ed organization	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	structions ►
DAA						1.1.4.5	00 or 900 E7) 2016

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

(Complete only if you checked the box on line 10 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 year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 201	6	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any 'unusual grants.')						ł	
2	Gross receipts from admissions,		<del></del>	<del> </del>				
_	merchandise sold or services			1				
	performed, or facilities furnished in any activity that is			j				
	related to the organization's	1					1	
	tax-exempt purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the			1				<del></del>
	organization's benefit and						1	
	either paid to or expended on its behalf						}	
5	The value of services or			<del> </del>				
	facilities furnished by a							
	governmental unit to the organization without charge						1	
6	<b>Total.</b> Add lines 1 through 5		<del></del>					
	Amounts included on lines 1,							
	2, and 3 received from			1			1	
L	disqualified persons Amounts included on lines 2			<del> </del>				<del></del>
D	and 3 received from other than			ł			1	
	disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13						l	
	for the year			}			1	
С	Add lines 7a and 7b							
8	Public support. (Subtract line							
	7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in) 🟲	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 201	6	(f) Total
	Amounts from line 6					<u></u>		
10a	Gross income from interest, dividends,						1	
	payments received on securities loans, rents, royalties and income from		,				l	
	similar sources							
þ	Unrelated business taxable income (less section 511						1	
	taxes) from businesses			}			[	
	acquired after June 30, 1975			<u> </u>				
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is			}			i	
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of			-				
	capital assets (Explain in			1				
10	Part VI.)			ļ				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						}	
14	First five years. If the Form 990	is for the organiza	ation's first, seco	nd, third, fourth, o	r fifth tax year as	a section 5	01(c)(3)	
	organization, check this box and	stop here						<u>► [ ]</u>
	tion C. Computation of Pu	<del></del>	<del></del> _					<del> </del>
	Public support percentage for 20					1	15	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Public support percentage from						16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	e				
17	Investment income percentage f	or <b>2016</b> (line 10c,	column (f) divide	ed by line 13, colu	mn (f))		17	%
18	Investment income percentage f						18	%
19a	<b>33-1/3% support tests—2016.</b> If is not more than 33-1/3%, check	the organization d this box and <b>sto</b> l	lid not check the <b>p here.</b> The orgar	box on line 14, an nization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3 orted organi	%, and I zation	ine 17 ►
b	<b>33-1/3% support tests—2015.</b> If the line 18 is not more than 33-1/3%	the organization d	id not check a bo	ox on line 14 or lin	e 19a, and line 10	6 is more th	an 33-1/3	3%, and
20	Private foundation. If the organi		<del>-</del>	- '	·		-	<b>⊢</b> ⊣

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** 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.
- c 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.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- 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.
- 5a 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).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - **b** 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.)

	Yes	No
1		
2		
3a		
Ja		
01		
3b		
-		
3c		
- 4a		
-TU		
АL		
4b		
4		
4c		
5a		
5b		
5c		
6		
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8		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9a		
۲.		
9b		
9c		
10a		
ıva		
10h		

FG	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			,
1			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc	tions)	
	The diganization supported a governmental entity. Describe in Fair VI how you supported a government entity (see	nistraci		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
i	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4	Enter greater of line 2 or line 3.	4	16.	
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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 (see instructions).	grated		- <del> </del>
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D — Distributions			Current Year				
1 Amounts paid to supported organizations to accomplish exempt p	urposes						
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	),					
3 Administrative expenses paid to accomplish exempt purposes of s	supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in <b>Part VI</b> ). See instructions.							
7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	details					
9 Distributable amount for 2016 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E — Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1 Distributable amount for 2016 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.							
<b>3</b> Excess distributions carryover, if any, to 2016:							
a a second of the second of th							
b							
c From 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							
f Total of lines 3a through e							
<b>g</b> Applied to underdistributions of prior years							
<b>h</b> Applied to 2016 distributable amount							
i Carryover from 2011 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2016 from Section D, line 7:							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2016 distributable amount		and the second second					
c Remainder. Subtract lines 4a and 4b from 4.							
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			app.				
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7 Excess distributions carryover to 2017. Add lines 3j and 4c.							
8 Breakdown of line 7:							
a							
<b>b</b> Excess from 2013			1.0				
c Excess from 2014							
d Excess from 2015							
e Excess from 2016							

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

► 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.

OMB No. 1545-0047

2016

Employer identification number

CITY CLUB OF PORTLAND		93-0140220			
Organization type (check one):		,			
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General	Rule or a Special Rule.				
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.			
General Rule					
For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions tota	lling \$5,000 or more (in money or			
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	lor's total contributions.			
Special Rules					
X For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1	ort test of the regulations			
received from any one contributor, during the	ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	2% of the amount on (i)			
Form 990, Part VIII, line In, or (ii) Form 99	J-EZ, line T. Complete Parts I and II.				
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor.			
during the year, total contributions of more	thàn \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	erary, or educational			
purposes, or for the prevention of cruenty to	Children of animals. Complete Faits 1, 11, and 111.				
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor			
	r religious, charitable, etc., purposes, but no such contribution				
	e total contributions that were received during the year for a				
	ly of the parts unless the <b>General Rule</b> applies to this organi ble, etc., contributions totaling \$5,000 or more during the yea				
	, 111., 11				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 2 of Part I
-	CLUB OF PORTLAND		140220
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		\$48,000.	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
2		\$10,000.	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
3		\$15,500.	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
4	· · · · · · · · · · · · · · · · · · ·	\$ <u>11,551.</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
5		\$10,165.	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
6		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	2 of 2 of <b>Part I</b>
Name of org	anization CLUB OF PORTLAND		r identification number 140220
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number		(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	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 Oncash 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.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
		<del> </del>	

1 to

1 of Part II

Name of organization
CITY CLUB OF PORTLAND

Employer identification number 93-0140220

(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
<b></b>		\$	

Name of organization CITY CLUB OF PORTLAND 1 to 1 of Part III
Employer identification number 93-0140220

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	·							
			<b>-</b>					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	t  Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, addres	I ransfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	ntionship 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 its instructions is at www.irs.gov/form990.

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

	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
	e of organization			Employer identific	
	IY CLUB OF PORTLAND		<del></del>	93-014022	
Pa	•	rganization is exempt under secti	• •	_	zation.
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.	
2		xpenditures (see instructions)			
3	<u>'</u>	campaign activities (see instructions)			
Pa	60°9600 A000 A000 .	rganization is exempt under section			
1	_	sise tax incurred by the organization under		•	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.		0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 :	a Was a correction made?				Yes No
ı	b If 'Yes,' describe in Part IV.				
Pai		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities ►\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 527	7 exempt	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	<b>&gt;</b> \$	
4	Did the filing organization file	e <b>Form 1120-POL</b> for this year?	·		Yes No
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly del al action committee (PAC). If additional spa	of all section 527 pol	itical organizations to w	hich the filing
	(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) 2016

- 11 - 13 - 13 - 13 - 13 - 13 - 13 - 13				93-0140	
Part II-A Complete if t section 501(	the organizatio h)).	on is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► if the filing	g organization belor	ngs to an affiliated group (and	list in Part IV each affilia	ted group member's name	,
address,	EIN, expenses, ar	nd share of excess lobbying	expenditures).		
B Check ► if the filing	ng organization ch	ecked box A and 'limited cor	ntrol' provisions apply.		
(The term		ying Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ires to influence p	ublic opinion (grass roots lo	bbying)		
		legislative body (direct lobb		9,206.	
·	•	and 1b)	L.	9,206.	0.
	•			663,018.	
e lotal exempt purpose ex	xpenditures (add l	ines 1c and 1d)		672,224.	0.
f Lobbying nontaxable am both columns	125,834.				
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.	0500.000		
Over \$500,000 but not over \$1,0	<del></del>	\$100,000 plus 15% of the excess	<del></del> B	Autorities and a second	
Over \$1,000,000 but not over \$  Over \$1,500,000 but not over \$	<del></del>	\$175,000 plus 10% of the excess of \$225,000 plus 5% of the excess of the			
Over \$17,000,000 but not over \$	17,000,000	\$1,000,000.	ver \$1,500,000.		
g Grassroots nontaxable a		21 450			
h Subtract line 1g from lin	31,459.	<u> </u>			
i Subtract line 1f from line	0.	0.			
		r line 1h or line 1i, did the orga		reporting	
section 4911 tax for this	year?				Yes No
		4-Year Averaging Period U			
(Some		at made a section 501(h) ele elow. See the separate instr			
	Lob	bying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2 a Lobbying nontaxable					
amount		127,865.	141,985.	125,834.	395,684.
<b>b</b> Lobbying ceiling amount (150% of line			**************************************		
amount (150% of line 2a, column (e))					E02 E26
					593,526.
c Total lobbying expenditures		2,912.	5,228.	9,206.	17,346.
d Grassroots nontaxable	···				
amount		31,966.	35,496.	31,459.	98,921.
- Croscroots soiling					
e Grassroots ceiling amount (150% of line					
2d, column (e))					148,382.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2016
				•	•

A	<b>~</b>					=04	/ \ /O\ I		C11 1 P	
PSIT II.K	L'AMPIATA IT	tha arasni	フタサイへい しぐ イ	AVAMET I	INDOVE COL	さいへい んほし	(C)(3) 2N4	ווווו אכת	tulad L	. Arm 6 /6V
	Complete ii	uit uiuaiii	Zauvii is t	こくといいりしょ	111UCI 3CL	. 11011 301	icks) allu	Has NO i	meu r	. 01111 27 00
	Complete if						<b>/-//-/</b>			
	(election un	-1	- E01/L\\							
	<i>l</i> eje <i>c</i> tion iin	ner sectio	กรแแกม							
	COLCOUNT ALL	aci scoud	11 20 111111							

Tay and New years and lines to though it halous provide in Dort N. a detailed deposition		)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
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:				
<b>a</b> Volunteers?				
<b>b</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?				
<b>g</b> 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				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</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	c)(5)	or		

# section 501(c)(6).

			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 campaign activity expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
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).		
á	a Current year	2a	
k	Carryover from last year	2 b	
(	: 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' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	CITY CLUB OF PORTLAND	93-0140220
Pai	t   Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
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 donor are the organization's property, subject to the organization's exclusive legal control?	r advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	can be used only trpose conferring
Par	Conservation Easements.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	historically important land area
	Protection of natural habitat Preservation 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 of	f a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2 b
	: Number of conservation easements on a certified historic structure included in (a)	2 c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	
•	structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	organization 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, handle and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservati ▶\$	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that described in the control of the control of the footnote to the organization of the control o	statement, and balance sheet, and cribes the organization's accounting for
Par	conservation easements. t     Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items.	e statement and balance sheet works of erance of public service, provide,
k	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furtherar following amounts relating to these items:	nce of public service, provide the
	(i) Revenue included on 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 financia amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990. Part X	►Ś

Part III Organizations Maintai	ning Collections	of Art, Historica	l Treasures, or C	Other Similar Asse	ets (co	ontinu	ed)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check any of	the following that are	a significant use of its c	ollectio	n	
a Public exhibition		<b>d</b> Loan or ex	change programs				
<b>b</b> Scholarly research		e Other	<del></del>				
c Preservation for future general							
4 Provide a description of the organiza Part XIII.			-				
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive an to be maintained	donations of art, his as part of the organi	torical treasures, or ozation's collection?	other similar assets	Yes		No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. Amount on Form	Complete if the c 990, Part X, line	organization ansv 21.	vered 'Yes' on For	m 990	J, Par	t IV,
1 a Is the organization an agent, trust on Form 990, Part X?b If 'Yes,' explain the arrangement				assets not included	Yes		No
<b>b</b> it res, explain the arrangement	in Part Am and com	piete trie following ta	bie:	,	Amount	<del></del>	
c Beginning balance				<del></del>	Amount	·	
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance				1f			
2 a Did the organization include an ar	mount on Form 990,	Part X, line 21, for e	scrow or custodial ad	count liability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanatior	has been provided	on Part XIII		[	7
	<del> </del>		- <del></del>				
Part V Endowment Funds. Co	omplete if the or	ganization answe	red 'Yes' on Forr	n 990, Part IV, lin			
·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	
1 a Beginning of year balance	813,604.	886,977.	898,511.	830,175.			407.
<b>b</b> Contributions	5,000.	5,000.	1,100.	8,250.		<del></del>	000.
c Net investment earnings, gains, and losses	101,197.	-35,838.	28,965.	99,074.		115,	315.
d Grants or scholarships				ļ			
e Other expenditures for facilities and programs	38,899.	38,309.	37,157.	<del></del>			549.
f Administrative expenses	7,118.	4,226.	4,442.	<del></del>			998.
g End of year balance	873,784.	813,604.	886,977.			830,	175.
2 Provide the estimated percentage			column (a)) held as	:			
a Board designated or quasi-endowme		.11 %					
b Permanent endowment ► c Temporarily restricted endowmen	82.44 %	г 9					
The percentages on lines 2a, 2b, an							
	• .			•			
3 a Are there endowment funds not in the organization by:	e possession of the o	rganization that are he	ld and administered fo	r the	Г	Yes	No
(i) unrelated organizations					3a(i)	X	
(ii) related organizations					3a(ii)		X
<b>b</b> If 'Yes' on line 3a(ii), are the relat					3b		
4 Describe in Part XIII the intended	-	·			\L	L	
Part VI Land, Buildings, and E							
Complete if the organize		'Yes' on Form 99	0, Part IV, line 1	1a. See Form 990	), Par	t X, lir	ne 10.
Description of property	(a) Cost		Cost or other basis (other)	(c) Accumulated depreciation		Book va	
<b>1 a</b> Land	<del></del>		(-1.5.)				
<b>b</b> Buildings							
c Leasehold improvements			10,492.	10,492.			0.
<b>d</b> Equipment	<del></del>		58,716.	55,094.		3,	622.
<b>e</b> Other	<del></del>						
Total. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part X, colum	n (B), line 10c.)			3,	622.
BAA			<del></del>	Schedu	le <b>D</b> (Fo		

Part VII Investments — Other Securities. Complete if the organization answered		N/A 90, Part IV, line 11b. See Form 9	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(A) (B) (C)			
(C)			
(D) (E)			
(E)	L		
(F) (G)			
(G)			
(H)	<u> </u>		
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 90	N/A 20 Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(4) 20011 (4114)	(c) meaned of tanadam sector one	
(2)			
(3)			
(4)	<del></del>		<del> </del>
(5)	<del></del>		
(6)	<del></del>		<del></del>
(7)			
(8)	<del></del>		
(9)	<del></del>		
(10)			
Complete if the organization answered  (a) Description (a) Des	scription	90, Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value 873, 785.
(6)			<u> </u>
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)	·········	873,785.
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			
(3)		and the second s	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of the footnote has been supported by the control of			

Part XI Reconciliation of Revenue per Audited Financial Statement	-	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, P		
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
3 Total Tevende: Add lines 3 and 4c. (This must equal to this 350, t art i, line 12.).		
Part XII Reconciliation of Expenses per Audited Financial Statemer		Return. N/A
	nts With Expenses per	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per l Part IV, line 12a.	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P	nts With Expenses per l Part IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	nts With Expenses per l Part IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	nts With Expenses per leart IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	nts With Expenses per leart IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements.  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.	ts With Expenses per leart IV, line 12a.	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements.  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	ts With Expenses per leart IV, line 12a.  2a 2b 2c 2d	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements.  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.)	ts With Expenses per leart IV, line 12a.  2a 2b 2c 2d	1
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements.  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.	ts With Expenses per leart IV, line 12a.  2a 2b 2c 2d	1 2e
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements. 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. 3 Subtract line 2e from line 1. 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.	ts With Expenses per leart IV, line 12a.  2a 2b 2c 2d	1 2e
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements 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. 3 Subtract line 2e from line 1. 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.)	ts With Expenses per Part IV, line 12a.  2 a 2 b 2 c 2 d  4 a 4 b	1 2e
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements. 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. 3 Subtract line 2e from line 1. 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	ts With Expenses per Part IV, line 12a.  2 a 2 b 2 c 2 d  4 a 4 b	2e 3
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements 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. 3 Subtract line 2e from line 1. 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.)	ts With Expenses per Part IV, line 12a.  2 a 2 b 2 c 2 d  4 a 4 b	2e 3

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 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

THE OREGON COMMUNITY FOUNDATION HOLDS CITY CLUB'S GENERAL ENDOWMENT AND RESEACH ENDOWMENT, AND DISTRIBUTES TWO SEMI-ANNUAL PAYMENTS FROM EACH FUND DURING EACH FISCAL YEAR.

THE PURPOSE OF THE ENDOWMENTS IS TO PROVIDE A RELIABLE AND PERPETUAL ANNUAL INCOME STREAM IN SUPPORT OF CITY CLUB'S RESEARCH PROGRAM AND ITS GENERAL OPERATIONS.

BAA

Schedule D (Form 990) 2016

#### 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.

Open to Public Inspection

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

CITY CLUB OF PORTLAND

Employer identification number

93-0140220

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

GREG MACPHERSON AND MARY MACPHERSON ARE FATHER AND DAUGHTER.

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.

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Name of the organization

CITY CLUB OF PORTLAND

Employer identification number

93-0140220

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

			(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
			TOTAL	<u>SERVICES</u>	<u>&amp; GENERAL</u>	RAISING
PROFESSIONAL	FEES		186,643.	142,454.	13,189.	31,000.
		TOTAL 🕏	186,643.	\$ 142,454.	\$ 13,189.	\$ 31,000.