(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or Name of exempt organization or other filer, see instructions. Tax			Taxpaye	Taxpayer identification number (TIN)		
print	PORTLAND PARKS FOUNDATION				93-1319970		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1500 S.W. FIRST AVENUE, 760		tions.				
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97201							
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)				0 1
Applicat	ion	Return	Application				Return
Is For		Code	Is For				Code
Form 99	0 or Form 990-EZ	01	Form 1041-A				08
Form 47	20 (individual)	03	Form 4720 (other than individual)				09
Form 99)-PF	04	Form 5227				10
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	D-T (trust other than above)	06	Form 8870				12
Form 99	D-T (corporation) JESSICA GREEN	07					
 If the If this box 1 <l< th=""><th>hone No. \blacktriangleright (503) 445-0994 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (</th><th>Group Exe and atta NOVEI anization's</th><th>emption Number (GEN) I uch a list with the names and TINs of MBER 15, 2022 , to file s return for: d ending</th><th>f this is fo i all memb</th><th>r the whol ers the ex npt organi: </th><th>le group, cl «tension is</th><th>for.</th></l<>	hone No. \blacktriangleright (503) 445-0994 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta NOVEI anization's	emption Number (GEN) I uch a list with the names and TINs of MBER 15, 2022 , to file s return for: d ending	f this is fo i all memb	r the whol ers the ex npt organi: 	le group, cl «tension is	for.
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3a					0.		
	timated tax payments made. Include any prior year overp	· ·	,	Зb	\$		0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by				
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$		0.
Caution instruction	If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8	879-TE for	payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

COPY

Form	99	0
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

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	_		0004		

Α	For t	ne 2021 calendar year, or tax year beginning ar	nd ending	_	•
В	Check applica	f C Name of organization		D Employer identifi	cation number
Г	Add				
Γ	Nan	e		93-13199	70
	Initia		Room/suite	E Telephone numbe	
	Fina	1500 S W FTRST AVENUE	760	(503) 44	
·	term			G Gross receipts \$	1,085,193.
Γ				H(a) Is this a group re	
					? Yes X No
1	pend	Ing SAME AS C ABOVE		H(b) Are all subordinates in	
1	Тах-е	kempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		list. See instructions
		ite: WWW.PORTLANDPF.ORG		H(c) Group exemptio	
		of organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year		State of legal domicile: OR
	art I				
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	***************************************
ő		, , , , , , , , , , , , , , , , , , ,			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp	osed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b			18
s s	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			7
itie	6	Total number of volunteers (estimate if necessary)			50
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			Γ	Prior Year	Current Year
n)	8	Contributions and grants (Part VIII, line 1h)		641,725.	1,065,054.
'nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		83.	99.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,747.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		641,808.	1,067,900.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		619,780.	39,039.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		195,551.	318,209.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		72,000.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	289.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		129,503.	210,548.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,016,834.	567,796.
	19	Revenue less expenses. Subtract line 18 from line 12		-375,026.	500,104.
Ses			Be	jinning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,146,992.	1,712,910.
Ass	21	Total liabilities (Part X, line 26)		12,528.	31,739.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,134,464.	1,681,171.
Pa	irt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the best of my	knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	
-		Signature of officer		Date	

C i	Signature of officer	Date						
Sign Here	RANDY GRAGG, EXECUTIVE DIRECTOR							
Paid	Print/Type preparer's name Print/Type preparer's name Preparer's signature Date YEE LEE MCGEE ////////////////////////////////////	te Check PTIN 1/2/2 Elifemployed P01294356						
Preparer	Firm's name GARY MCGEE & CO. LLP	Firm's EIN						
Use Only	Firm's address 💊 1000 S.W. BROADWAY, SUITE 1200							
	PORTLAND, OR 97205	Phone no. (503) 222-2515						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

Check # Schedule C contains a response or note to any line in the Part III [X] Bindly describe the anginarization instance. THE PORTLAND PARKS FOUNDATION MOBILIZES SUPPORT TO PORTLAND'S SYSTEM OF PARKS, NATURAL AREA, AND PUBLIC PLACES.	Pa	t III Statement of Program Service Accomplishments
THÉ PORTLAND PARKS FOUNDATION MOBILIZES SUPPORT TO PORTLAND'S SYSTEM OF PARKS, NATURAL AREA, AND PUBLIC PLACES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 0700 £27. 1"Yes, 'describe these changes on Schedule 0. 3 Did the organization spragma service a complainments for each of its three largest program services? □Yes [X]No 4"Yes, 'describe these changes on Schedule 0. 1. Yes, 'describe these changes on Schedule 0. 1. Yes, 'describe these changes on Schedule 0. 4 Describe the organization's program service a complainment for each of its three largest program services, as measured by supenses. 30. 356.1 (nervice) 4 Cook 1. Uncertaint or the stand of the stand schedule on these, the total sequences, and the organization's program services. 1. Other total sequences, and the organization's program services. 4 Cook 1. Uncertaint or the stand of the stand sequences. 1. Other total sequences, and the organization's program services. 5 Orgen 1. Uncertaint or the Stand L. GRANTS PROGRAM PROGRAM POCUSING ON 2. Other Stand Dark MINTS, A TWICE YEARLY PROGRAM POCUSING ON 5 Orgen 1. Uncertaint PARKS (South Stand Dark PROGRAM POCUSING CONTINUED TIS FRIENDS & ALLIES SUMMITS, A TWICE YEARLY PROGRAM DEVELOPED TO 5 Supprost Parkes (Southes AND Parkes, VOLUNTEER RETENTION, AND FISCAL		Check if Schedule O contains a response or note to any line in this Part III
OF PARKS, NATURAL AREA, AND PUBLIC PLACES. 2 Did the organization undertake any significant program services during the year which were not listed on the pror Form 900 or 900-527 If 'Yes,' describe these new services on Schedule O. If yes,' describe these new services on Schedule O. 10 Tyes,' describe these charges on Schedule O. If 'Yes,' describe these charges on Schedule O. If 'Yes,' describe these charges on Schedule O. 11 Yes,' describe these charges on Schedule O. If 'Yes,' describe these charges on Schedule O. If 'Yes,' describe these charges on Schedule O. 12 Describe the organization services accompliablements for each of its three largest program services, as measured by oxpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviewing inty, for each program services (BOVES AND VOLUNTEERS - IN 2021 THE FOUNDATION CONTINUED TIME TO GRAW TRANCE CADE TO SUBPORTING LOCAL FRIENDS GROUPS AND VOLUNTEERS - IN 2021 10 GRAWTS WERE GIVEN AND HELP MAINTAIN THEIR INE GORDOND PARK, IN 2021 THE FOUNDATION ALSO CONTINUED TTS FIRSHING & A LLIES SUMMIN'S, A TWIP FORGHAM DEVELOPED TO SUPPORT PARKS GROUPS AND VOLUNTEERS ON RELEVANT TOPICS INCLIDING HEUP SAID PARKS, VOLUNTEER RETERTION, AND TEXCAL SPONSOHIPS AND VOLUNTEER RETERTION, AND TEXCAL SPONSOHIPS AND INSURANCE. PEPF ALSO CONTINUED IT'S GREEN DREAKS SPEAKER SERIES WHICH IS AN ONGOING DISCUSSION SERIES WHIT PORTLAND LEAD THE POUNDATION TOOK ON 74. 40 (toac 'f') Float State Part PARES AND AND LEAD THE FOUNDATION TOOK ON 74. 41 (toac 'f') Float State Pare PARA WALKER	1	Briefly describe the organization's mission:
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	13200	

Form 990 (2021)	

Form	990	(2021)

Form 990 (2021) PORTLAND PARKS FOUNDATION
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)?		v	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
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	•		
Ū	similar amounts as defined in Rev. Proc. 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	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,"	40		v
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
~1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		-		

Form 990 (2	2021)	PORTLAND	PARKS	FOU
Part IV	Checklist c	of Required Scheo	dules (cont	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0 if not applicable $1a$		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		

021)	PORTLAND	PARKS	FOUNDATIO	ON
Statements R	legarding Othe	er IRS Fili	ngs and Tax (Compliance (continued)

Form 990 (2021)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a /		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	-		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 23
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	,	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	-		
a		9a		
b 10		9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	•		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes." complete Form 6069.			

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ũ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
		11a		
b		12a	х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	- 23	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright OR$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JESSICA GREEN - (503) 445-0994			
	1500 S.W. FIRST AVENUE, SUITE 760, PORTLAND, OR 97201			

Part VII	Compensation of Off	icers, Directors,	Trustees, K	ey Employees,	Highest	Compensated
	Employees, and Inde	pendent Contra	ctors			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per (weak built any books bit any books bit any books bit any books b	(A)	(B)	(C)					(D)	(E)	(F)	
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Form 990 (2021)

Form 990 (2021)	PORTLAND	PARKS I	FOT	JNI	DAT	TIC	ON			93-131	L99'	70	Page	€
Part VII Section A. Of	ficers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hig	ghes	st C	compensated Employe	es (continued)				
(A) Name an		(B) Average hours per week	rage Positio (do not check mo box, unless perso			i tion more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amou	F) nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	organ	n the izatior elated	ı
(18) JACK JEWSBURY DIRECTOR		0.50	x						0.	(b .		(ο.
(19) CRISTIN O'BRIEN DIRECTOR	1	0.50	x						0.	(.		(э.
(20) VICKY SCHWOEFFF DIRECTOR	ERMANN	0.50	x						0.).).
(21) ADAM WILSON DIRECTOR		0.50	x						0.) .).
(22) ZARI SANTNER DIRECTOR EMERITUS		0.50	x						0.	(.).
(23) JULIE VIGELAND DIRECTOR EMERITUS		0.50	x						0.	(.		(ο.
														_
1b Subtotal c Total from continua									92,383.	().).).
d Total (add lines 1b2 Total number of indi								lo re	92,383. eceived more than \$100		0.	15	,95	_
compensation from	the organization 🕨												es N	0 Io
3 Did the organization	list any former officer,	director, trust	ee, ł	key e	empl	oye	e, or	hig	hest compensated emp	oloyee on				-
											🖵	3	2	X
•		-							her compensation from for such individual	-		4	2	X
5 Did any person liste	d on line 1a receive or a	accrue compei	nsat	ion f	rom	any	unre	elat	ed organization or indiv	dual for services		5	,	K
Section B. Independent			007	0, 00		0010					·· · ·	<u> </u>		_
									hat received more than h the organization's tax		ensati	on froi	m	
the organization. He	(A)	the calendar y	Car	enui	ng w				(B)			(C)		
	Name and business	address	NC	ONE	2				Description of s	ervices	Con	npensa	ation	
								-						
2 Total number of inde	ependent contractors (i	ncluding but n	iot lii	mite	d to	thos	se lis	tec	l above) who received n	nore than				

Ра	rt V		Statement of Rev							
			Check if Schedule O c	ontains a resp	onse	or note to any lin	e in this Part VIII			
								(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue		
										sections 512 - 514
nts nts	1 a	a Fe	ederated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			lembership dues	1b						
∆a Aŭ			undraising events							
ar /			elated organizations							
s, G			overnment grants (contri			148,535.				
Sig			Il other contributions, gifts, g	· · ·						
her			milar amounts not included			916,519.				
ot			oncash contributions included in l							
Con		•					1,065,054.			
0		<u>n 10</u>	otal. Add lines 1a-1f			Business Code	1,005,0540			
	-					Business Code				
rice	2 8									
ue v	1	b _								
Program Service Revenue		c _								
Jrar Rev	0	d _								
rog	•	е								
Ъ	1	f Al	Il other program service r	evenue						
	9	g To	otal. Add lines 2a-2f			►				
	3		nvestment income (includ	-						
		ot	ther similar amounts)			►	99.			99.
	4	In	ncome from investment o	f tax-exempt b	ond p	oroceeds 🕨 🕨				
	5	R	oyalties			►				
				(i) Re		(ii) Personal				
	6 8	a G	iross rents	6a						
	I	b Le		6b						
				6c						
			let rental income or (loss)							
			ross amount from sales of	(i) Secur		(ii) Other				
				7a						
			ess: cost or other basis							
e	•			7b						
ent			ain or (loss)							
Revenue						▶				
erF			let gain or (loss) ross income from fundraisin							
Oth	86									
0			·							
			ontributions reported on I							
		Pa La La	art IV, line 18		8a 8b					
			ess: direct expenses							
			let income or (loss) from f	-		····· P				
	93		iross income from gaming							
			art IV, line 19							
			ess: direct expenses							
			let income or (loss) from g		es	▶				
	10 a		iross sales of inventory, le							
			nd allowances			20,040.				
	I	b Le	ess: cost of goods sold		10b	17,293.				
	(c N	let income or (loss) from s	sales of invent	ory		2,747.	2,747.		
s						Business Code				
Bou	11 a	a _								
enu	I	b _								
sell Sevi	(с _								
Miscellaneous Revenue	(d Al	Il other revenue							
-			otal. Add lines 11a-11d			►				
	12		otal revenue. See instruction				1,067,900.	2,747.	0.	99.

Form 990 (2021)

93-1319970

Page 9

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	38,139.	38,139.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	900.	900.		
3	Grants and other assistance to foreign		2001		
Ŭ	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	108,340.	54,170.	19,501.	34,669
6	Compensation not included above to disqualified	-	-	-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	176,506.	53,630.	60,642.	62,234
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,719.	1,749.	1,573.	397
9	Other employee benefits	7,544.	1,175.	1,573. 3,970.	397 2,399
0	Payroll taxes	22,100.	8,470.	6,076.	7,554
1	Fees for services (nonemployees):				
а	Management				
	Legal	618.	618.		
	Accounting	5,341.		5,341.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	125,305.	92,677.	24,093.	8,535
2	Advertising and promotion	923.	123.	164.	636
3	Office expenses	4,336.	6.	2,252.	2,078
4	Information technology	7,882.	79.	7,558.	245
5	Royalties				
6	Occupancy	23,220.		23,220.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	462.	50.	127.	285
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	2,530.		2,530.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EVENT EXPENSES	26,085.	24,361.	54.	1,670
b	EQUIPMENT	5,594.	4,142.	1,452.	0
с	FEES	4,671.	1,316.	1,333.	2,022
d	OTHER EXPENSES	3,581.	25.	3,556.	
е	All other expenses		21,100.	-29,665.	8,565
5	Total functional expenses. Add lines 1 through 24e	567,796.	302,730.	133,777.	131,289
6	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	990 (FO	UNDATION		93-	1319970 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			907,408.	1	1,258,895.
	2	Savings and temporary cash investments			0.	2	147,389.
	3	Pledges and grants receivable, net		E Contraction of the second	8,250.	3	41,095.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,687.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,704. 9,704.			
	b	Less: accumulated depreciation	10b	9,704.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			228,647.	15	265,531.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	1,146,992.	16	1,712,910.
	17	Accounts payable and accrued expenses			12,528.	17	31,739.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
-iab		controlled entity or family member of any of the		F		22	
-	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X			
		of Schedule D			10 500	25	21 720
	26	Total liabilities. Add lines 17 through 25	<u></u>		12,528.	26	31,739.
ŝŝ		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🕰			
ů.		and complete lines 27, 28, 32, and 33.			700 526		777 262
ala	27	Net assets without donor restrictions			709,526. 424,938.	27	777,363. 903,808.
ЧB	28	Net assets with donor restrictions	424,930.	28	905,000.		
n		Organizations that do not follow FASB ASC 9					
o		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	1,134,464.	31	1,681,171.
Ź	32	Total net assets or fund balances			1,146,992.	32	1,712,910.
	33	Total liabilities and net assets/fund balances			I,IHU,JJ4.	33	_,/,/

Form **990** (2021)

Form	990 (2021) PORTLAND PARKS FOUNDATION	93-	1319970	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	567	7,796.
3	Revenue less expenses. Subtract line 2 from line 1	3),104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,134	1,464.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	46	5,603.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	1,681	.,171.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·····	<u></u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.		
2a	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 reviewer	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C). T	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit	
	Act and OMB Circular A-133?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b	

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the org	ganization
-----------------	------------

		PORT	LAND PARKS	FOUNDATION				. 9	3-1319970	
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ıs.		
The	organ	nization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)([.]	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit describ	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go								
7	X	An organization that norma	ally receives a substa	intial part of its support f	rom a gov	rernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or	
		university:								
10		An organization that norma								
		activities related to its exen								
		income and unrelated busin		e (less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Con		to a book a star of the second black and	(-h. 0		$\mathbf{D}(\mathbf{x})(\mathbf{A})$			
11	\square	An organization organized a	-	•	•					
12		An organization organized a	•	•	•		-	•	• •	
		more publicly supported or								
2		lines 12a through 12d that Type I. A supporting orga				-		-		
а		the supported organization	-	-	•	-				
		organization. You must o			a majonty (supporting	
b		Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	on(s) by ha	avina	
~		control or management o	-				-		-	
		organization(s). You mus								
с		Type III functionally inte			in connec	tion with,	and functiona	lly integrate	ed with,	
		its supported organizatio						, ,	,	
d		Type III non-functionally						rted organi	ization(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	, and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number of supported o	organizations							
<u> </u>		vide the following information		U	(iv) to the error	nization listed				
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instruction	
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instruction	115)
Tota										

Schedule A (Form 990) 2021

PORTLAND PARKS FOUNDATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,681,710.	714,300.	1,872,728.	641,725.	1,065,054.	5,975,517.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,681,710.	714,300.	1,872,728.	641,725.	1,065,054.	5,975,517.
5		, ,	-	, ,	-	, ,	, ,
-	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)						1,026,195.
6	····						4,949,322.
	Public support. Subtract line 5 from line 4. ction B. Total Support						4,949,322.
	indar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	
		(a) 2017 1,681,710.	(b)2018 714,300.	(c) 2019 1,872,728.	(d) 2020 641,725.	(e) 2021 1,065,054.	(f) Total 5,975,517.
-	Amounts from line 4	1,001,710.	714,500.	1,072,720.	041,725.	1,005,054.	5,575,517.
8							
	dividends, payments received on						
	securities loans, rents, royalties,	101	6 121	4 6 2 0	0.2		11 660
	and income from similar sources \dots	424.	6,434.	4,620.	83.	99.	11,660.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,987,177.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	20,040.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11,	column (f))		14	82.67 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	78.96 %
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			▶ X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	withow the organiza	
h	10% -facts-and-circumstances tes	-		• • • •			► □
	more, and if the organization meets the	-					
	-						
10	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	IT UIU HOL CHECK a		a, 100, 17a, 01 17t	, UTECK ITTS DOX 2		

Schedule A (Form 990) 2021

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.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst second third	fourth or fifth tax	vear as a section	1 501(c)(3) organizat	ion
•••	check this box and stop here	•					
Sec	tion C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	% %
	tion D. Computation of Invest						70
						17	%
	Investment income percentage from 2 22 1/2% support tests 2021 If the					18	%
198	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box at						P
b	33 1/3% support tests - 2020. If the						
• -	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u> ▶∟⊥

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

PORTLAND PARKS FOUNDATION Schedule A (Form 990) 2021

1

2

Yes No

Pa	rt IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Sec	ction C. Type II Supporting Organizations
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 Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

Section 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sectio	on 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		
Sectio	on 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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1.	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

		(ieu)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
-	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 19:		
	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)

Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

PORTLAN	D PARKS	FOUNDATION	

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 not 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 private 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) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

2	3	

1			
	Employer	identification	number

93-1319970

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 147,385. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 145,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 X Person Payroll 126,530. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 46,480. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 46,402. Noncash \$ (Complete Part II for noncash contributions.)

PORTLAND PARKS FOUNDATION

Name of organization

Page **2**

Schedule B (Form 990) (2021)

PORTL	AND PARKS FOUNDATION		9		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)			
No.	Name, address, and ZIP + 4	Total contribution	ns		
7					

7		\$32,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

24

Name of organization

Employer identification number

(d)

Type of contribution

93-1319970

Schedule B (Form 990) (2021)

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estin (See instruct
		\$_	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estin (See instruct
 		\$_	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estin (See instruct
		\$_	
23453 11-11-21	25		

Schedule B (Form 990) (2021)

Name of organization

Part II

(a)

No.

from

Part I

PORTLAND PARKS FOUNDATION

(b)

Description of noncash property given

\$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (d) mate) Date received tions.) (d) mate) **Date received** tions.) (d) mate) Date received tions.)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

(d)

Date received

93-1319970

(c)

FMV (or estimate)

(See instructions.)

Schedule B (Form 990) (2021)

12

Schedule	B (Form 990) (2021)			Page 4
	organization			Employer identification number
PORTI	AND PARKS FOUNDATION			93-1319970
Part III		a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or l	ry For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.			Ι	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4		Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee

	Po	olitical Campaign a	and Lobbyin	ig Activities		OMB No. 1545-0047						
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527							21					
		e if the organization is described										
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for				Open to Inspec						
		-			ian Aativ	-						
-		n Form 990, Part IV, line 3, or Fo nplete Parts I-A and B. Do not cor		ne 46 (Political Campa	ign Activ	ities), then						
	-	i01(c)(3)) organizations: Complete		/ Do not complete Part	I-R							
 Section 527 organiz 												
•	•	n Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, I	ine 47 (Lobbying Activi	ties), the	n						
• 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) or 	ganizations that	have NOT filed Form 5768 (election	on under section 501((h)): Complete Part II-B.	Do not co	mplete Part	II-A.					
-		n Form 990, Part IV, line 5 (Proxy	y Tax) (See separate	instructions) or Form	990-EZ, F	Part V, line 3	5c (Proxy					
Tax) (See separate ins												
 Section 501(c)(4), (3 Name of organization 	b), or (b) organiza	ations: Complete Part III.			molovori	dentificatio	n numbor					
Name of organization		3-13199										
Part I-A Comp		//0										
		ganization is exempt unde			, ergan	Lation						
1 Provide a descript	ion of the organi	zation's direct and indirect politica	al campaion activities	in Part IV.								
		tures			►\$							
		ign activities										
		ganization is exempt unde										
		incurred by the organization unde			►\$							
		incurred by organization manage										
		on 4955 tax, did it file Form 4720 f				Yes						
					I	Yes	└── No					
b If "Yes," describe		ganization is exempt unde	er section 501(c)	except section 5	01(c)(3)	_						
-		d by the filing organization for sec	.,		► \$	-						
		nization's funds contributed to oth	•		+							
			-		►\$							
line 17b				3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,								
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization												
	addresses and e	1120-POL for this year? mployer identification number (EIN	N) of all section 527 pc	olitical organizations to v	vhich the	00						
made payments. F	addresses and en or each organiza	1120-POL for this year? mployer identification number (EIN ation listed, enter the amount paid	N) of all section 527 po I from the filing organi	Ditical organizations to v zation's funds. Also ente	vhich the er the ame	filing organi: ount of politi	zation cal					
made payments. F contributions rece	addresses and en for each organizatived that were pr	a 1120-POL for this year? mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a	N) of all section 527 po I from the filing organi I separate political org	olitical organizations to v zation's funds. Also ento janization, such as a sep	vhich the er the ame	filing organi: ount of politi	zation cal					
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made payments. F contributions rece political action cor	addresses and en For each organizatived that were pro- nmittee (PAC). If	a 1120-POL for this year? mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a additional space is needed, provi	N) of all section 527 po I from the filing organi I separate political org de information in Part	olitical organizations to v zation's funds. Also ente ganization, such as a sep IV. (d) Amount paid fro filing organization's	which the er the amo parate sec m (e s cont -0 p de	filing organize ount of politi gregated fun) Amount of ributions ree romptly and livered to a solitical organ	zation cal d or a political seived and directly separate ization.					
made payments. F contributions rece political action cor	addresses and en For each organizatived that were pro- nmittee (PAC). If	a 1120-POL for this year? mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a additional space is needed, provi	N) of all section 527 po I from the filing organi I separate political org de information in Part	olitical organizations to v zation's funds. Also ente ganization, such as a sep IV. (d) Amount paid fro filing organization's	which the er the amo parate sec m (e s cont -0 p de	filing organize ount of politi gregated fun) Amount of ributions ree romptly and livered to a solitical organ	zation cal d or a political seived and directly separate ization.					
made payments. F contributions rece political action cor	addresses and en For each organizatived that were pro- nmittee (PAC). If	a 1120-POL for this year? mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a additional space is needed, provi	N) of all section 527 po I from the filing organi I separate political org de information in Part	olitical organizations to v zation's funds. Also ente ganization, such as a sep IV. (d) Amount paid fro filing organization's	which the er the amo parate sec m (e s cont -0 p de	filing organize ount of politi gregated fun) Amount of ributions ree romptly and livered to a solitical organ	zation cal d or a political seived and directly separate ization.					

Schedule C (Form 990) 2021

			RKS FOUNDAT		93-1	319970 Page 2
Part II-A Complete if the org section 501(h)).	anizatior	ı is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
expenses, and shar	e of excess	lobbying	liated group (and list in expenditures). nd "limited control" pro		group member's nam	e, address, EIN,
Limit	ts on Lobby	ving Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legi	slative boo	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	1b)				
d Other exempt purpose expenditure	es				436,507.	
e Total exempt purpose expenditure	s (add lines	1c and 1c	l)		436,507.	
f Lobbying nontaxable amount. Ente	er the amou	nt from the	e following table in bot	h columns.	87,301.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
					21,825.	
g Grassroots nontaxable amount (en		,			0.	
h Subtract line 1g from line 1a. If zero	-				0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer reporting section 4911 tax for this			line 11, did the organiza		[Yes No
(Some organizations th	nat made a	section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all	of the five columns b	elow.
	Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)18	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	185	,920.	263,948.	156,092.	87,301.	693,261.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,039,892.
c Total lobbying expenditures				25,784.		25,784.
d Grassroots nontaxable amount	46	,480.	65,987.	39,023.	21,825.	173,315.
e Grassroots ceiling amount				,	,	,
(150% of line 2d, column (e))						259,973.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ction	
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c)(5), or se		ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2 b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Drow	de the descriptions required for Dart I.A. line 1: Dart I.D. line 4: Dart I.C. line 5: Dart II.A. (officiated group		A line a 1		

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.

(Form 9	9 90)
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132051 10-28-21

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.

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



Employer identification number

93-1319970

Department of the Treasury Internal Revenue Service Name of the organization

PORTLAND PARKS FOUNDATION

Pa	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds or A	ccounts.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 wr	riting that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	rring
_			
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	·	prically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired af		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or terminated by the orgai	nization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	and ing of violations, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and onforcing consonvation of	asomonts during the year
'	Amount of expenses incurred in monitoring, inspecting, handline \$	ng of violations, and emotering conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section $170(h)(/)(h)$	3)/i)
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footno	•	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheranc	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		. ► \$
	Assets included in Form 990, Part X		
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 PORTLANI	D PARKS FOU	JNDATION		93-1	31997	0 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar Ass	sets(contii	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant use of i	ts	
	collection items (check all that apply):						
а	Public exhibition	d		hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co		•	-		art XIII.	
5	During the year, did the organization solicit or						
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange					<u> </u>	No No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990, Part I	v, line 9, oi	r
10			ion for contribution		tipoludod		
Ia	Is the organization an agent, trustee, custodia		•			Yes	No No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a				L		
b		and complete the for	iowing table.			Amoun	t
~	Reginning balance				1c	74110411	
	Beginning balance						
	Additions during the year						
	Ending balance						
	Did the organization include an amount on Fo					Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		
Par							
		(a) Current year	(b) Prior year	(c) Two years back		k (e) Four	r years back
1a	Beginning of year balance	228,647.	212,159.	185,885.	200,228	3.	179,724.
	Contributions						
	Net investment earnings, gains, and losses	46,603.	25,887.	35,506.	-5,233	3.	29,607.
	Grants or scholarships	8,480.	8,391.	8,237.	8,116	5.	8,156.
	Other expenditures for facilities		-				· · · ·
	and programs						
f	Administrative expenses	1,239.	1,008.	995.	994	1.	947.
	End of year balance	265,531.	228,647.	212,159.	185,885	5.	200,228.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment	100.0000	%				
b	Permanent endowment .0000	%					
с	Term endowment .0000 9	%					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organization		
	by:						Yes No
	(i) Unrelated organizations						X
	(ii) Related organizations						X
b	If "Yes" on line 3a(ii), are the related organization					3 b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipm				(II) ()		
	Complete if the organization answered	-					
	Description of property	(a) Cost or ot basis (investm	• •		Accumulated epreciation	(d) Boo	k value
1a	Land						
	Buildings						
	Leasehold improvements						
d	Equipment			9,704.	9,704.		0.
	Other						
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	X, column (B), line 1	0c.)	>		0.

Schedule D (Form 990) 2021

Part VII	Investm	nents - (Other Securities	5.	
Schedule D ((Form 990)	2021	PORTLAND	PARKS	FOUNDATION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			-
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(F)			
(G)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV/ line	a 11d See Form 990 Part X line 15	
-	Description		(b) Book value
		THE ORECON	
			265,531
			203,331
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	265,531
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		265,531
otal. (Column (b) must equal Form 990, Part X, col. (B) line	·	● 11e or 11f. See Form 990, Part X, line 25.	265,531
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	·	≥ 11e or 11f. See Form 990, Part X, line 25.	265 , 531 (b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability	·	≥ 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability . (a) Description of liability (1) Federal income taxes	·	e 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)	·	e 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3)	·	e 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	·	e 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5)	·	e 11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	·	e 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (construction) . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	·	≥ 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	·	■ 11e or 11f. See Form 990, Part X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	·	▶ e 11e or 11f. See Form 990, Part X, line 25.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 PORTLAND PARKS FOUNDATIC	N	93-1319970	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·		
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION MAINTAINS TWO QUASI ENDOWMENT FUNDS, THE PORTLAND PARKS

FOUNDATION FUND AND THE PROJECT INCLUSION SUBFUND. THE PORTLAND PARKS

FOUNDATION FUND IS USED TO SUPPORT THE ORGANIZATION'S MISSION,

DISBURSEMENTS FROM IT ARE UNRESTRICTED. THE PROJECT INCLUSION SUBFUND IS

TEMPORARILY RESTRICTED.

93-1319970 Daga 4

SCHEDUI (Form 990	HEDULE I Grants and Other Assistance to Organizations, orm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						OMB No. 1545-0047	
Department o Internal Rever	of the Treasury nue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of t	he organization PORTLAND	PARKS FOU	NDATION					Employer identification number $93 - 1319970$
Part I	General Information on Grants a	and Assistance						
crite	s the organization maintain records ria used to award the grants or assi cribe in Part IV the organization's pro	stance?						
Part II	Grants and Other Assistance to recipient that received more than	Domestic Organi	izations and Domesti	c Governments. C	complete if the org	anization answered "	∕es" on Form 990, Par	t IV, line 21, for any
1 (a) ⊧	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
P.O. BOX	OF BROOKLYN PARK X 42143 D, OR 97242	82-4007045	501(C)(3)	5,121.	0.			FREE SUMMER PROGRAMMING IN BROOKLYN PARK
2 Ente	er total number of section 501(c)(3) a	and government or	rganizations listed in th	ne line 1 table	I	I	I	<u> </u>
	er total number of other organization			······				·····
LHA Fo	r Paperwork Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

PORTLAND PARKS FOUNDATION

93-1319970

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, columr	n (b); and any other a	dditional information.	

PART I, LINE 2:

PORTLAND PARKS FOUNDATION ("PPF") MAINTAINS AN OFFICIAL GRANT FILE AND IS

RESPONSIBLE FOR TRACKING THE RECEIPT OF ALL GRANT DOCUMENTS. PPF CREATES

ANNUAL PROGRESS REPORTS FOR OPERATIONAL GRANTS APPROPRIATE TO THE GRANTING

AGENCY, AND COLLECTS PROGRESS REPORTS FROM PARTNER AGENCIES WHICH RECEIVE

FUNDING THROUGH PORTLAND PARKS FOUNDATION. THE EXECUTIVE DIRECTOR IS

RESPONSIBLE FOR THE TIMELY ACCEPTANCE, REVIEW, AND ANALYSIS OF

PROGRESS/ANNUAL REPORTS AND FOR ENSURING THAT ALL GRANT FUNDS ARE RECEIVED

AND DISTRIBUTED FOLLOWING THE APPROVED BUDGET OR GRANT PROPOSAL.

Part IV Supplemental Information

PPF CONDUCTS MONITORING TO ENSURE:

* COMPLIANCE WITH RELEVANT STATUTES, REGULATIONS, POLICIES, AND

GUIDELINES;

* RESPONSIBLE OVERSIGHT OF AWARDED FUNDS;

* IMPLEMENTATION OF REQUIRED PROGRAMS, GOALS, OBJECTIVES, TASKS, PRODUCTS,

TIMELINES, AND SCHEDULES;

* IDENTIFICATION OF ISSUES AND PROBLEMS THAT MAY IMPEDE GRANT

IMPLEMENTATION; AND

* ADJUSTMENTS REQUIRED BY THE GRANTEE AS APPROVED BY THE GRANTING AGENCY.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

93-1319970

PORTLAND PARKS FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION, A PRIVATE, NONPROFIT ORGANIZATION, WAS CREATED IN 2001

TO FOSTER PUBLIC/PRIVATE PARTNERSHIPS FOR THE BENEFIT OF THE PARKS AND

TO CREATE NEW ONES. PORTLAND PARKS FOUNDATION'S GOALS ARE: TO PROVIDE

A NEIGHBORHOOD PARK WITHIN A 15-MINUTE WALK OF EVERY PORTLAND RESIDENT;

TO PRESERVE GREENSPACE; AND TO MAINTAIN THE CITY'S INVESTMENT IN ITS

WORLD-CLASS PARK SYSTEM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PPF ORGANIZED A NEW COMMUNITY GATHERING EVENT IN THE PORTLAND DOWNTOWN

SOUTH PARK BLOCKS TO CELEBRATE AND UPLIFT THE VOICES AND

ACCOMPLISHMENTS OF OUR CITY'S DIVERSE ARTISTS, COMMUNITY ADVOCATES, AND

MUTUAL AID GROUPS.

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

A NEW PROGRAM, PASEO, TO REIMAGINE DOWNTOWN IN OUR OLDEST PARKS TO

BRING TOGETHER AND TO UPLIFT THE ARITSTS, COMMUNITY MEMBERS, AND

ORGANIZATIONS. PART OF PASEO INCLUDED SUPPORT FOR MUTUAL AID

ORGANIZATIONS WHO PARTNERED WITH PASEO TOTALING GRANTS OF \$9,248. DUE

TO THE DELTA COVID SURGE, PASEO PIVOTED TO AN ONLINE FORMAT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE BOARD CHAIR, BOARD TREASURER, AND EXECUTIVE DIRECTOR. DISCREPANCIES ARE DISCUSSED AND CORRECTED, IF ANY, PRIOR TO

FILING. THE FILED 990 IS THEN DISTRIBUTED TO THE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EVERY BOARD MEMBER AND

REVIEWED ANNUALLY. MEMBERS ARE ASKED WHETHER THEY HAVE ANY ISSUES OR

CONFLICTS TO REPORT.

FORM 990, PART VI, SECTION B, LINE 15A:

IN 2018, THE BOARD OF DIRECTORS HIRED AN EXECUTIVE SEARCH FIRM, WILLAMETTE VALLEY DEVELOPMENT OFFICERS, TO PERFORM AN EXECUTIVE DIRECTOR SEARCH. THE SEARCH FIRM HELPED DETERMINE THE EXECUTIVE DIRECTOR'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

GRAPHIC DESIGN:

PROGRAM SERVICE EXPENSES	7,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,775.
TOTAL EXPENSES	11,275.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	2,649.
MANAGEMENT AND GENERAL EXPENSES	540.
FUNDRAISING EXPENSES	4,460.
TOTAL EXPENSES	7,649.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
PORTLAND PARKS FOUNDATION	93-1319970
PLANNING & EVENTS:	
PROGRAM SERVICE EXPENSES	46,380.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,380.
OTHER PROFESSIONAL:	
PROGRAM SERVICE EXPENSES	36,148.
MANAGEMENT AND GENERAL EXPENSES	21,677.
FUNDRAISING EXPENSES	300.
TOTAL EXPENSES	58,125.
PAYROLL EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,876.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,876.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	125,305.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGE IN THE BENEFICIAL INTEREST OF FUNDS HELD BY OC	2F 46,603.