JUNIOR LEAGUE OF PORTLAND OREGON

2016 Return of Organization Exempt from Income Tax

MICHAEL J. PLYMALE, INC., P.S. P.O. BOX 268 VANCOUVER, WA 98666 360-695-0068

SEPTEMBER 21, 2017

JUNIOR LEAGUE OF PORTLAND OREGON 5100 SW MACADAM AVE. NO. 450 PORTLAND, OR 97239

JUNIOR LEAGUE OF PORTLAND OREGON:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MICHAEL J. PLYMALE, INC., P.S.

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service and ending MAY 31, A For the 2016 calendar year, or tax year beginning JUN 1, 2016 D Employer identification number C Name of organization B Check if Address change JUNIOR LEAGUE OF PORTLAND OREGON 93-0386355 Name change Doing business as Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 503-877-4557 450 Final return/ 5100 SW MACADAM AVE. 313,515. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended H(a) Is this a group return PORTLAND, OR 97239 for subordinates? Yes X No F Name and address of principal officer: JESSICA RICHEY Applicapending H(b) Are all subordinates included? Yes No SAME AS C ABOVE 4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) __ 501(c) () ◀ (insert no.) H(c) Group exemption number ▶ J Website: ➤ WWW.JUNIORLEAGUEOFPORTLAND.ORG L Year of formation: 1910 M State of legal domicile: OR K Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTING VOLUNTARISM, Governance DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING COMMUNITIES THROUGH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 610 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 169,315. 141,512 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 71,245. -21,407Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 46,501 39,764. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 166,606. 280,324. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,971. 27,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 160,145. 155,908. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 185,116. 183,408. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 95,208. -16,802. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year or 863,784. 754.978. 20 Total assets (Part X, line 16) 59,285. 72,883. Total liabilities (Part X, line 26) Vet / 790,901. 695,693. Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

CLIENT COPY

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

Signature of officer Sign JESSICA RICHEY, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name P01229193 09/21/17 self-employed MICHAEL J. PLYMALE, INC. Paid 91-1304455 Firm's EIN 👞 Firm's name MICHAEL J. PLYMALE, Preparer Firm's address \triangleright P.O. BOX 268 Use Only Phone no. (360)695-0068 VANCOUVER, WA 98666-0268

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. 632001 11-11-16

Form **990** (2016)

X Yes

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE ARE AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM,
	DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING COMMUNITIES THROUGH
	THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS.
	·
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$35,043. including grants of \$) (Revenue \$) LEADERSHIP TRAINING: THE ORGANIZATION DEVOTES SUBSTANTIAL VOLUNTEER
	TIME AND RESOURCES FOR TRAINING MEMBERS TO BECOME CIVIC AND COMMUNITY
	LEADERS. THROUGH THIS PROGRAM, MEMBERS CAN ATTEND LEADERSHIP
	CONFERENCES AND TRAINING SESSIONS WHICH FOCUS ON NON-PROFIT AND
	COMMUNITY LEADERSHIP DEVELOPMENT.
	COMMONITI DEADERDHIE DEVEDOFMENT:
4b	(Code:) (Expenses \$ 29,399. including grants of \$ 24,971.) (Revenue \$1,621.)
	COMMUNITY PROGRAMS AND COMMUNITY SUPPORT SERVICES: THE LEAGUE SERVES
	INDIVIDUALS IN NEED THROUGH COMMUNITY PROJECTS ADDRESSING ENDING THE
	CYCLE OF VIOLENCE AGAINST WOMEN AND CHILDREN. MANY OF THESE PROGRAMS
	ARE INITIATED BY THE LEAGUE AND FULLY SUPPORTED THROUGH LEAGUE
	VOLUNTEERS AND FUNDING. LEAGUE VOLUNTEERS SERVE MANY PEOPLE - INFANTS,
	CHILDREN, WOMEN IN CRISIS, AND FAMILIES; IN MANY PLACES - HOSPITALS,
	SHELTERS, SCHOOLS, AND PRISONS; AND IN MANY CAPACITIES - MENTORS,
	PROGRAM FACILITATORS, EDUCATORS AND CHAMPIONS OF ADVOCACY. DURING THE
	2015-16 FISCAL YEAR, THE LEAGUE DEVOTED ITS EFFORTS AND RESOURCES TO
	ITS PROGRAMS: BETWEEN THE LINES; HEALTHY HABITS, HEALTHY KIDS; STOP
	HUMAN TRAFFICKING; AND VOLUNTEER IN PORTLAND. WE ADDED THREE NEW
	COMMUNITY PARTNERS - ROSE HAVEN, JANUS YOUTH AND HARPER'S PLAYGROUND.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 64,442.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
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		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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?			٦,
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.45		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2016)

JUNIOR LEAGUE OF PORTLAND OREGON

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	04		v
	Schedule K. If "No", go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		X
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2.		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	 	
a	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?	335		
50	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

JUNIOR LEAGUE OF PORTLAND OREGON
Par V Statements Regarding Other IRS Filings and Tax Compliance

Tale Erner the number reported in Box 3 of Form 1098. Enter 0- if not applicable 19 19 0 19 19 19 19 19 19 19 19 19 19 19 19 19		Check if Schedule O contains a response or note to any line in this Part V					
1a Enter the number reported in Box 3 of Form 1066. Enter -0 if not applicable			•••••			Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable 15 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	l o			Page.
Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withoutings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this returns? 2b If at least one is reported on line 2a, did the organization file all enquired federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bif 1'Yes, 'has it filed a Form 990-T for this year' if 'No,' to file 3b, provide an explanation in Schedule O 5b If 'Yes,' has it filed a Form 990-T for this year' if 'No,' to file 3b, provide an explanation in Schedule O 5c If 'Yes,' the third organization and the state of the foreign country; be see instructions for filing requirements for inflictNF form 114, Report of Foreign Bank and Financial account; (FBAR). 5c Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886 17? 6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886 17? 6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886 17? 6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886 17? 6c If 'Yes,' did the organization neural gross receptive that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductable eontributions? 6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6c If 'Yes,' did the organization neural gross receptive that are normally greater than \$100,000, and did the erganization sellective organization sellective subject of the organization sellective subject of the organization se		•		0			71.3
(gambling) winnings to prize winners? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. If it at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-ribe (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Lay 1 "Yes," has 1 filed a Form 950 or Tor this year? If "Yno," to line 3b, provide an explanation in Schedule O. 5b Lay 1 "Yes," and 1 filed a Form 950 or Tor this year? If "Yno," to line 3b, provide an explanation in Schedule O. 5c Lay 1 "Yes," and 1 filed a Form 950 or Tor this year? If "Yno," to line 3b, provide an explanation in Schedule O. 5c Lay 1 "Yes," and the filed a Form 950 or Tor this year? If "Yno," to line 3b, provide an explanation in Schedule O. 5c Lay 1 "Yes," and the filed a Form 950 or Tor this year? If "Yno," to line 3b, provide an explanation in Schedule O. 5c Lay 1 "Yes," and the thin and of the foreign country, lew 2 as a bank account, securities account, or other financial accounts (FBAF). 5c Was the organization a party to a prohibited tax wheter transaction at any time during the tax year? 5d Lay 2 "Yes," to line 5a or 5b, did the organization file Form 8886 1? 6d Des 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 or a charlable contributions? 6d Lay 2 "Yes," did the organization include with every scilicitation an express statement that such contributions or grift were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Lift the organization section apprent in excess of 57 made party as a combibution of a party 1 with a party 1 to part				ble gaming			
2a Enter the number of employees reported on Form WS, 1 Transmittal of Wage and Tax Statements, field for the calendary ear ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If Yes, 1 has It filed a Form 9901 for this year? If "No," to fine 3b, provide an explanation in Schedule O. 3b. At any time during the calendary year, did the organization have an explanation in Schedule O. 3b. If Yes, 1 and time 4 foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)? 4a X b If Yes, 1 to line 5a or 5b, did the organization that I was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, 1 to line 5a or 5b, did the organization file Form 8989-17 6a Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions which were not tax deductible as charitable contributions? 6b If Yes, 2 did the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization solicity the donor of the value of the goods or services provided? 7 Organizations that may receive a doubt be solicitation an expose statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive a doubt solicition an expose services provided? 8 Did	•				1c	Х	
filed for the calendary year ending with or within the year covered by this return If a teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines it a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 41. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank secount, or other financial accountry over, a financial account in a foreign country (such as a bank secount, or other financial accountry over, a financial account in a foreign country (such as a bank secount, or other financial account (FBAR). 54. If "Yes," enter the name of the foreign country: ▶ 55. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 56. Was 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 form 886 e17? 66. 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 are not tax deductible on the value of the organization for the value of the organization receive a pyrement in excess of \$75 made party as contribution and party for goods and services provided to the payor? 70. Proganization receive a pyrement in excess of \$75 made party as contribution and party for goods and services provided to the payor? 71. If "Yes," indicate the number of Forms \$8282 filed during the year 72. If the organization received an contribution of the value of the goods or services provided? 73. If the organization received an contribution of care, boats, almost and party for produced from the payor organization make a distribution	2a						
bi If all least one is reported on line 2a, did the organization file all required ideoral employment tax returns? 2b			2a	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b				2b		
38 old the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If "Yes," there the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization include with every solicitation and party for organization shall are mort tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat mary receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 5 If If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If If the organization received a contribution of qualified intellectual property, did the organization fore the payors of the goods or services provided? 7 If If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the						NE CO	
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X					8	10. 80.	
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	a						<u> </u>
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			100				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X		•					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			1				
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X		, ,, , ,			13a		
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 2 14a 2 15c 14a 2 15c	u						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand	~		13b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С						
					14a		X
			le O .		14b		<u> </u>

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JUNIOR LEAGUE OF PORTLAND OREGON

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Page
Par. VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

101 to leave describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	т		
		1 3 3 3 3	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			A Section
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	77	X
6	Did the organization have members or stockholders?	6	_X_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-	Х	
	more members of the governing body?	7a_		
b		76	Х	
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Α
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the every insting have local chapters, broughou or offiliated?	10a	162	X
	Did the organization have local chapters, branches, or affiliates?	IUa		-23
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.	11 11 11 11 11 11 11 11 11 11 11 11 11	11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	We see that a substantial to the	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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 RICHEY, TREASURER - 503-877-4557			
	5100 SW MACADAM AVE. #450, PORTLAND, OR 97239			

Form	990	(201	6)

JUNIOR LEAGUE OF PORTLAND OREGON

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

Check if Schedule O contains a response or note to any line in this Part VII	
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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do	not c	Pos heck ss pe	itior more) than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated highes		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KADO GORMAN PRESIDENT	30.00	x		x				0.	0.	0.
(2) SARAH BURNS PRESIDENT ELECT	20.00	X		Х				0.	0.	0.
(3) REGINA WHEELER EXECUTIVE VP	15.00	х		х				0.	0.	0.
(4) LEANNA PETRONE LEAGUE DEVELOPMENT VP	15.00	x		х				0.	0.	0.
(5) ALISON FRIEDMAN ADMINISTRATIVE VP	15.00	X		х				0.	0.	0.
(6) GINA AMBROSE COMMUNITY VP	15.00	x		х				0.	0.	0.
(7) CARSOLINA WALTON FINANCE VP	15.00	x		х				0.	0.	0.
(8) TINA PENMAN FUNDRAISING VP	15.00	X		х				0.	0.	0.
(9) JESSICA RICHEY MEMBERSHIP VP	15.00	x		x				0.	0.	0.
(10) GRETCHEN PILIP SUSTAINER REPRESENTATIVE	5.00	x						0.	0.	0.
					_					

(A) Name and title	(B) Average hours per week	(do box,	not ch unles	(C Posi neck r	tion		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(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)	organizations (W-2/1099-MISC	compensati	on d
	·										
	++1,										
		_									
1b Sub-total c Total from continuation sheets to Part V								0.		0.	0.
d Total (add lines 1b and 1c)								0.	000 of reportable	0.	0.
 Total number of individuals (including but r compensation from the organization 		1036	nste	o ai			10 1	eceived more than proc	,,ooo or reportable		0 N o
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from		4	X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	/ uni	elat	ted organization or indiv		5	Х
Section B. Independent Contractors											
Complete this table for your five highest countered the organization. Report compensation for										pensation from	
(A) Name and business	address	N	INC	E				(B) Description of s	services	(C) Compensation	

										-	
										Valleyaya (Johan & Yanka i	सुन्हर । स
Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to		se li O	sted	d above) who received r	nore than	Form 990 (2	010

Pan VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 91,268. 1b Membership dues 36,768 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 41,279. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$_ 169,315 h Total. Add lines 1a-1f. **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 71,245. 71,245. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 36,768. of contributions reported on line 1c). See 69,645 Part IV, line 18 a 28,260. b Less: direct expenses b 41,385. 41,385 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 3,310. and allowances 4,931 **b** Less: cost of goods sold _____ -1,621-1,621 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 621 112,630. 280,324. Total revenue. See instructions.

Do n	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	24,971.	24,971.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
J	section 401(k) and 403(b) employer contributions				
9	Other employee benefits				
10	Payroll taxes			4 1	<u></u>
11	Fees for services (non-employees):				
	Management	125.		125.	
b	Legal	400.		400.	
С	Accounting	7,780.		7,780.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				6 450
12	Advertising and promotion	6,247.	89.	426	6,158.
13	Office expenses	5,058.	3,432.	436.	1,190.
14	Information technology				
15	Royalties	F0 004		E2 024	
16	Occupancy	52,824.		52,824.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	15,738.	15,653.	85.	
19 20		13,730.	10,000.		
20 21	InterestPayments to affiliates				
22	Depreciation, depletion, and amortization	705.		705.	
23	Insurance	2,677.		2,677.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES PAID TO AJLI	28,842.		28,842.	
b	EVENT EXPENSES	17,766.	17,766.		
С	MERCHANT FEES	8,964.	16.	8,944.	4.
d	FINANCIAL SERVICE FEES	4,984.	,	4,984.	
е	All other expenses	8,035.	2,515.	5,025.	495.
25	Total functional expenses. Add lines 1 through 24e	185,116.	64,442.	112,827.	7,847.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	i i		i e	i .

Form 990 (2016)
Pan X Balance Sheet

		Balance Sheet Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			156,775.	1	182,904.
	2	Savings and temporary cash investments				2	27,299.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			140.	4	205.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation		I .			
		Part II of Schedule L		1		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	1:			
		employers and sponsoring organizations of sect		1			
,		employees' beneficiary organizations (see instr).		i		6	
	7	Notes and loans receivable, net		1		7	
	8	Inventories for sale or use		l l	18,953.	8	16,071.
	9	Prepaid expenses and deferred charges		i i		9	5,439.
	-	Land, buildings, and equipment: cost or other					
	·ou	basis. Complete Part VI of Schedule D	10a	40,741.			
	b	Less: accumulated depreciation		38,444.	3,001.	10c	2,297.
	11	Investments - publicly traded securities			576,109.	11	2,297. 629,569.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		Į.		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ		1	754,978.	16	863,784.
	17	Accounts payable and accrued expenses			221.	17	1,271.
	18	Grants payable		18			
	19	Deferred revenue	li .	59,064.	19	71,612.	
	20	Tax-exempt bond liabilities		00,00=1	20		
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and forme		To the second se			
	22	key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
	00	Secured mortgages and notes payable to unrela				23	
	23 24	Unsecured notes and loans payable to unrelate		1		24	
		Other liabilities (including federal income tax, pa					
	25	parties, and other liabilities not included on lines		ı			
		Schedule D		ľ		25	
	26	Total liabilities. Add lines 17 through 25			59,285.	26	72,883.
	20	Organizations that follow SFAS 117 (ASC 958					
,		complete lines 27 through 29, and lines 33 ar		nere p and		7-2.49 - 12-47	
2	27	Unrestricted net assets			90,715.	27	113,085.
į	28	Temporarily restricted net assets		1	5,384.		71,262.
í	29				599,594.	29	606,554.
Í	23	Organizations that do not follow SFAS 117 (A					
Net Assets of Fully Dalaines		and complete lines 30 through 34.	.00 000/,				
,	30	Capital stock or trust principal, or current funds				30	
2	31	Paid-in or capital surplus, or land, building, or ea				31	
;	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			695,693.		790,901.
	34	Total liabilities and net assets/fund balances		1	754,978.		863,784.
	1 04	Total habilities and not assets/fully balances .	*******				Form 990 (2016

	SOUTH THE SOUTH STATE OF THE SOUTH S		,,,,		10
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			ᆜ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>24.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 16.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>08.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69!	5,6	<u>93.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		···	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	79	0,9	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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 reviewed	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				
	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 in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

SCHEDULE A

(Forn. 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

93-0386355 JUNIOR LEAGUE OF PORTLAND OREGON Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 JUNIOR LEAGUE OF PORTLAND OREGON 93-03863

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, o	column (f))		14	<u>%</u>
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟⊥
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17i	b, check this box a	ind see instructions	>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ciow, picase comp	noto i die iii,				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		124.470.	120,189.	138,648.	169,315.	660,521.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,498.	2,077.	28,880.			155,297.
3	Gross receipts from activities that are not an unrelated trade or bus-	12 112	44 540	2 051	1 505	2 210	22 000
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	13,412.	11,510.	3,0/1.	1,787.	3,310.	33,090.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	132,809.	138,057.	152,140.	183,632.	242,270.	848,908.
k	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						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						848,908.
Se	ction B. Total Support				г		<u> </u>
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	132,809. 78,683.		152,140. 22,310.		71,245.	848,908. 249,680.
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	78,683.	67,201.	22,310.	10,241.	71,245.	249,680.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				100000	040 545	1000500
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth to		n 501(c)(3) organiz	zation,
8-	check this box and stop here	io Support Do	rcentace				
	ction C. Computation of Publ Public support percentage for 2016 (column (fl)		15	77.27 %
	Public support percentage for 2016 (Public support percentage from 2015					16	80.65 %
	ction D. Computation of Investigation					, 10	20:00 /0
	Investment income percentage for 20			ne 13. column (f))		17	22.73 %
18						18	19.33 %
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶ X
١	b 33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	<u></u>

Pan V Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
3b 3c		
4a	N AST	
4b		
4c		
5a 5b		
5c		
6 7		
8		
9a		150 160 160 160 160 160 160 160 160 160 16
9b		
9c		
10a		
10b) 2010

Pai	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u></u>	<u></u>
Sec	tion B. Type I Supporting Organizations		1	1
		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		-
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.	2	<u></u>	
Sec	tion C. Type II Supporting Organizations		1	
		10.710.000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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	<u></u>	<u></u>
Sec	tion D. All Type III Supporting Organizations	***************************************		т
		F. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	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		1 1 1 1 1 1 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	1 3 3 3 3	1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	THE STATE OF		
	supported organizations played in this regard.	3	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	; instructions	1	Т
2	Activities Test. Answer (a) and (b) below.	70.000000	Yes	No
а				
	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	13/243		
	that these activities constituted substantially all of its activities.	2a		1
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	<u>2b</u>	6 GS/S	1 EST
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b			1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2016 JUNIOR LEAGUE OF PORTLA	ND O	REGON S	93-0386355 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Secti	ion 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		
Sect	ion 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	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	100 A S T A		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

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

5

Schedule A (Form 990 or 990-EZ) 2016

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 99	00-FZ) 201	6 JUNI	OR I	EAGUE	OF	PORTLA	ND	OREGON	•	93-0386	355 Page 8
Pan VI	Supplemer Part IV, Section line 1; Part IV, Section D, line (See instruction)	ntal Info n A, lines Section D, s 5, 6, and	r mation I, 2, 3b, 3d Jines 2 ar	Provide c, 4b, 4c	e the expla , 5a, 6, 9a, t IV. Sectio	nations 9b, 9c, on E. line	required by 11a, 11b, ar es 1c. 2a, 2b	Part Ind 110 0. 3a. a	I, line 10; Pa c; Part IV, Se and 3b; Part '	rt II, line 17a or ction B, lines 1 V, line 1; Part \	17b; Part III, li and 2; Part IV, , Section B, lin	ne 12; Section C, e 1e; Part V,

				THE PERSON NAMED IN								
									27-y-1			
		·										

												W-15-11-11-11-11-11-11-11-11-11-11-11-11-

Schedule B (Forn. 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2016

93-0386355 JUNIOR LEAGUE OF PORTLAND OREGON Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** X 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** 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 or 990-EZ), 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, II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form \ 90)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF PORTLAND OREGON

Employer identification number 93-0386355

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		us or Accounts. Complete if the
	organization answered Tes On Form 300, Fattiv, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	se conferring
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the for	rm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		i i
	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
•	year >	,	•
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		 of
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•		-	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	rvation easements during the year
•	▶ \$		- ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
L	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		tement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finan	
~	the following amounts required to be reported under SFAS 1		3 · · · · · · · · · · · · · · · · · · ·
_	Revenue included on Form 990, Part VIII, line 1		> \$
a	Assets included in Form 990, Part X		• \$

Part VII Investments - Other Securities.	- Farma 000 Bart IV/ lin	a 11h Can Farm 000 Dart V	line 10
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	n Form 990, Part IV, IIn (b) Book value		n: Cost or end-of-year market value
1) Financial derivatives	(2) 2 3 3 1 1 1 1 1		
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organ	on Form 990, Part IV, lir Description	ne 11d. See Form 990, Part X,	line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lir		Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	- Cauching - Cauching	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	25.)the text of the footnote	to the organization's financia	al statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

93-0386355 Page 4

SCHEDULE G

(Form 390 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 93-0386355 JUNIOR LEAGUE OF PORTLAND OREGON Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) No Yes List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	n!	e G (Form 990 or 990-EZ) 2016 JUNIOR Fundraising Events. Complete if the of fundraising event contributions and graphs.	ne organization answered	l "Yes" on Form 990, Part	IV, line 18, or reported	0386355 Page 2 more than \$15,000 ots greater than \$5,000.
0		of fundraising event contributions and gr	(a) Event #1	(b) Event #2 CHARITY BALL (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	69,835.	17,223.	19,355.	106,413.
	2	Less: Contributions	25,319.	3,000.	8,449.	36,768.
	3	Gross income (line 1 minus line 2)	44,516.	14,223.	10,906.	69,645.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment Other direct expenses	15,663.		4,503.	28,260. 28,260.
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				41,385.
Pa	ırt		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
	I	\$15,000 on Form 990-EZ, line 6a.	T	(1.) Dull take finatent		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 through	No		□ No	
		Direct expense summary. Add lines 2 through	no No Sh 5 in column (d)	No No	No ►	
9	7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	No 9h 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No No	No ▶	
ε	7 8 En	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line	No 9h 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No No	No ▶	Yes No
ε	7 8 En	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line ter the state(s) in which the organization conduct gaming a	No 9h 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No No	No ▶	Yes No

b If "Yes," explain: _

	edule G (Form 990 or 990-EZ) 2016 JUNIOR LEAGUE OF PORTLAND OREGON 93-0			Page 3
	Dc s the organization conduct gaming activities with nonmembers?	□ \	es/	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	□ \	es/	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
k	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			· · · · · · · · · · · · · · · · · · ·
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲 ነ	/es	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
١	of gaming revenue retained by the third party			
	c If "Yes," enter name and address of the third party:			
(on res, entername and address of the third party.			
	Alexandr No.			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	, T	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	.,		
'				
D.	organization's own exempt activities during the tax year \$	inos O	0h 10	h 15h
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	11165 9,	9D, 1C	b, 13b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G	(Form 990 or 990-EZ)	JUNIOR	LEAGUE	OF	PORTLAND	OREGON	93-0386355 F	age 4
Pan 'V	(Form 990 or 990-EZ) Supplemental Infor	mation (conti	inued)					
<u> </u>								
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			···					

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						*		
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Atlace to roll 890.	(Form 990) and its instructions is at www.irs.gov/form990.
	Information about Schedule I

Schedule I (Form 990) (2016) ž Employer identification number 93-0386355 (h) Purpose of grant or assistance XYes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table JUNIOR LEAGUE OF PORTLAND OREGON (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

Page 2 (f) Description of noncash assistance 93-0386355 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. PROCEDURES ARE BEING DEVELOPED TO MONITOR GRANTS (d) Amount of non-cash assistance JUNIOR LEAGUE OF PORTLAND OREGON (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance NONE AT THIS TIME. PART I, LINE 2: Schedule I (Form 990) (2016) Part III

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE O

(Form . 90 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF PORTLAND OREGON

Employer identification number 93-0386355

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
WE ALSO WELCOMED 120 NEW PROVISIONAL MEMBERS AND BEGAN THE NEWEST
ITERATION OF OUR 1910 CAMPAIGN WITH THE GOAL OF RAISING \$110,000 BY
2020 FOR NEW AVENUES FOR YOUTH.
FORM 990, PART VI, SECTION A, LINE 6:
PROVISIONAL MEMBERS ARE THOSE IN THEIR FIRST YEAR, LEARNING ABOUT THE
JUNIOR LEAGUE'S OPERATIONS AND PROGRAMS. ACTIVE MEMBERS HAVE COMPLETED AT
LEAST ONE FULL YEAR WITHIN THE JUNIOR LEAGUE AND SERVE AS COMMITTEE
MEMBERS, CHAIRS AND BOARD MEMBERS LEADING DAY-TO-DAY ACTIVITIES OF THE
ORGANIZATION. SUSTAINING MEMBERS SERVED FOR A MINIMUM OF FIVE YEARS IN THE
JUNIOR LEAGUE AND CONTINUE TO SUPPORT THE ORGANIZATION WITHOUT THE ACTIVE
MEMBERSHIP REQUIREMENTS.
FORM 990, PART VI, SECTION A, LINE 7A:
PROVISIONAL AND ACTIVE MEMBERS ARE THE VOTING MEMBERS FOR ELECTION OF THE
GOVERNING BODY OF THE JUNIOR LEAGUE.
FORM 990, PART VI, SECTION A, LINE 7B:
THE NOMINATING AND PLACEMENT SLATE, CHANGES IN FOCUS STATEMENTS, APPROVAL
OF POSITION STATEMENTS, AND APPROVAL AND AMENDMENTS OF THE BYLAWS AND
MEMBERSHIP POLICIES ARE SUBJECT TO APPROVAL BY THE PROVISIONAL AND ACTIVE

MEMBERS.

Page 2 ication number 3355
EFORE
PON

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization JUNIOR LEAGUE OF PORTLAND OREGON	Employer identification number 93-0386355
OUNTOR DEAGUE OF FORTHAND ORDGON	75 050055
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE 990 IS DISTRIBUTED TO THE FULL BOARD FOR A	APPROVAL BEFORE
FILING.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE COMPLETED FORM 990 IS ON FILE AT THE OFFICE AND IS AV	/AILABLE UPON
REQUEST AND AT GUIDESTAR.COM.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL PUBLIC DISCLOSURE DOCUMENTS ARE AVAILABLE UPON REQUES	ST.
•	