EXTENDED TO MAY 16, 2022

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

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

OMB No. 1545-0047 ſ 1 l **Open to Public** Inspection

Internal Revenue Service		nent of the	
	Internal	Revenue	Service

AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and end	ding JU	JN 30, 2021		
B c	heck if	e: C Name of organization		D Employer identifi	cation number	
	Addre	e PORTLAND OPPORTUNITIES INDUST. CENTER				
	Name Chang	e Doing business as	93-0593858			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	E Telephone numbe	er		
	Final return	717 N KILLINGSWODMU CM	5	503-797-7222		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,846,172.	
	Amen return		H(a) Is this a group r	eturn		
	Applie tion	F Name and address of principal officer: JOE MCFERRIN II		for subordinates		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No	
11	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or [527		list. See instructions	
-		te: PORTLANDOIC.ORG		H(c) Group exemption	n number 🕨	
KF	orm o	organization: 🗴 Corporation 🔄 Trust 🤄 Association 🔄 Other 🕨	L Year of	of formation: 1967	VI State of legal domicile: OR	
Pa	art I	Summary				
0	1	Briefly describe the organization's mission or most significant activities: SEE SCHED	DULE O			
Governance						
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	d of more	than 25% of its net a	ssets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			18	
es 4	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		184		
viti	6	Total number of volunteers (estimate if necessary)		0		
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		10,214,665.	14,810,142.	
enu	9	Program service revenue (Part VIII, line 2g)	0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132,811.	36,030.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,347,476.	14,846,172.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0. 7,872,046.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
ď		Total fundraising expenses (Part IX, column (D), line 25) 579, 79				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,591,368.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,283,508.			
	19	Revenue less expenses. Subtract line 18 from line 12	63,968.	3,662,691.		
s or			Beg	ginning of Current Year	End of Year	
sset	20	Total assets (Part X, line 16)		3,528,463.	6,340,038.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		3,408,935.	2,557,819.	
Ž ⁿ	22	Net assets or fund balances. Subtract line 21 from line 20		119,528.	3,782,219.	
	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is	
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.		

Sign Here	Signature of officer JOE MCFERRIN II, PRESIDENT & CEO Type or print name and title		Date						
Paid	Print/Type preparer's name NATHAN STAMETS	Date Check PTIN							
Preparer	Firm's name 🕞 HOFFMAN, STEWART & SCHMI	DT, PC	Firm's EIN 🕨 93-0743240						
Use Only	se Only Firm's address 🔊 3 CENTERPOINTE DRIVE, SUITE 300								
	LAKE OSWEGO, OR 97035-8663 Phone no.503-220-5900								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020) PORTLAND OPPORTUNITIES INDUST. CENTER	93-0593858	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission:		
	THE ORGANIZATION PROVIDES THE HIGHEST QUALITY SERVICES IN EDUCATION,		
	MENTORING, FAMILY OUTREACH, EMPLOYMENT TRAINING AND PLACEMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?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 service	s, as measured by expense	s.
	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		Revenue \$)
	EDUCATION:		
	ROSEMARY ANDERSON HIGH SCHOOL (RAHS) - RAHS IS A PRIVATE ALTERNATIVE		
	HIGH SCHOOL PROVIDING ACCREDITED EDUCATIONAL OPPORTUNITIES TO STUDENTS		
	UNABLE TO SUCCEED IN A TRADITIONAL SCHOOL ENVIRONMENT. RAHS CAMPUSES		
	IN NORTH PORTLAND AND EAST MULTNOMAH COUNTY OFFER HIGH SCHOOL DIPLOMA		
	AND GENERAL EQUIVALENCY DEGREE (GED) COURSES.		
	AFTER SCHOOL PROGRAM - THE ORGANIZATION PROVIDES RAHS STUDENTS A SAFE		
	AFTER-SCHOOL ENVIRONMENT AND FACILITATE TUTORING, ACADEMIC SUPPORT,		
	LEADERSHIP EXPERIENCE, ARTS ENRICHMENT, AND COMMUNITY SERVICE		
	OPPORTUNITIES.		
4b		Revenue \$)
	YOUTH AND FAMILY SERVICES:		
	COMMUNITY HEALING INITIATIVE - THE ORGANIZATION PROVIDES CASE		
	MANAGEMENT, COUNSELING, AND HEALING THERAPY SERVICES FOR FAMILIES OF		
	YOUTH CURRENTLY OR RECENTLY INVOLVED IN THE JUVENILE OR CRIMINAL JUSTICE SYSTEM.		
	JUSTICE SISTEM.		
	MENTORING - A VOLUNTEER PROGRAM UTILIZING BEST PRACTICE METHODS TO		
	CREATE STRONG RELATIONSHIPS BETWEEN ADULT MENTORS AND RAHS YOUTH		
	MENTEES AND TO ENGAGE YOUTH IN COMMUNITY-BASED ACTIVITIES ALONGSIDE A		
	POSITIVE ADULT INFLUENCE.		
4c	(Code:) (Expenses \$ 1,701,658. including grants of \$) (F	Devenue ¢)
40	(Code:) (Expenses \$1,701,658. including grants of \$) (F	Revenue \$)
	WORK OPPORTUNITY TRAINING (WOT) - THE ORGANIZATION PROVIDES FLEXIBLE		
	EMPLOYMENT PREPARATION AND CAREER EXPOSURE OPPORTUNITIES DESIGNED TO		
	INCREASE YOUTH ECONOMIC SELF-SUFFICIENCY THROUGH CAREER EXPLORATION,		
	GAINING FINANCIAL LITERACY, RESUME AND INTERVIEW PREPARATION, JOB		
	REFERRALS, AND INTERNSHIPS.		
	/		
	CAREER PREP - IN PARTNERSHIP WITH WORKSYSTEMS, INC., THE ORGANIZATION		
	UNITES LOCAL BUSINESSES AND PROFESSIONALS TO PROVIDE EMPLOYMENT AND		
	FINANCE TRAINING, CAREER COACHING AND PLANNING, AND REAL WORK		
	EXPERIENCE FOR YOUTH THROUGH AGE 25.		
4d			
	(Expenses \$ 924,092. including grants of \$) (Revenue \$)	
4e	Total program service expenses 8,880,946.	/	

	990 (2020) PORTLAND OPPORTUNITIES INDUST. CENTER 93-0593858		Р	age 3	
Pa	t IV Checklist of Required Schedules				
			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
•	If "Yes," complete Schedule A	1	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			x	
4	public office? If "Yes," complete Schedule C, Part I	3			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X	
o	Schedule D, Part III	8		x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in 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	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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?				
	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	х		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15			
10	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? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x	
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х	
			~~~		

Form 990 (			OPPORTUNITIES	
Part IV	Checklist of	f Required S	chedules (contir	nued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? 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			v	
h.	Schedule K. If "No," go to line 25a	24a		X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		Х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
a	"Ves " complete Schodule L. Dout IV	28a		х	
b	<ul> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV</li> </ul>				
	<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f				
	"Yes," complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
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				
24	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 Part V, line 1	34		х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b			
	If "Yes," complete Schedule R, Part V, line 2	36		Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
Da	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
rd					
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24		162	NU	
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Х		

Form	990 (2020) PORTLAND OPPORTUNITIES INDUST. CENTER 93-059385	В	Р	age <b>5</b>				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 18	4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
	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		х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		х				
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	x					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
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?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
с	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b>	х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

Form	990 (2020) PORTLAND OPPORTUNITIES INDUST. CENTER		93-0593858		P	age <b>6</b>
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	). See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hdots$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	х	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent			
	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	Х	
	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 arranger	ment v	vith 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	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OR				<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	)-T (Section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	-				
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	ot interest policy, an	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	id records			
	NATASHA MACDONALD - 503-797-7222					
	717 N KILLINGSWORTH COURT, PORTLAND, OR 97217					

Form 990 (		93-0593858	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar vear ending	with or within the organizati	on's tax vear.

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.

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

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

		1								
(A)	(B)			((	<b>C)</b> ition			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	lest c	ler			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) MCFERRIN, JOE	40.00									
PRESIDENT/CEO				х				151,452.	0.	18,020.
(2) MITCHELL, JULIA	40.00									
COO						x		122,502.	0.	7,587.
(3) MACDONALD, NATASHA	40.00									
DIRECTOR OF FINANCE				x				124,033.	0.	3,236.
(4) KEVIN HARRINGTON	3.00									
CHAIR		x		x				0.	0.	0.
(5) ANTHONY HERRINGTON	3.00									
CHAIR-ELECT		x		х				0.	0.	0.
(6) LISA ZAUNER	3.00									
TREASURER		x		x				0.	0.	٥.
(7) MATT KUHL	3.00									
SECRETARY		x		x				0.	0.	0.
(8) ROBIN BEAVERS	1.00									
DIRECTOR		x						0.	0.	٥.
(9) BRANDON BRIDWELL	1.00									
DIRECTOR		x						0.	0.	٥.
(10) DR. TERAN COLEN	1.00									
CHAIR ELECT		х						0.	0.	٥.
(11) BRIANA EKANDEM	1.00									
DIRECTOR		x						0.	0.	٥.
(12) ALICIA HEDDON	1.00									
DIRECTOR		x						0.	0.	٥.
(13) HEYKE KIRKENDALL-BAKER	1.00									
DIRECTOR		х						0.	0.	٥.
(14) SALLY LEISURE	1.00									
DIRECTOR		х						0.	0.	٥.
(15) MARC MONAGHAN	1.00									
DIRECTOR		х						0.	0.	٥.
(16) VANESSA MORGAN	1.00									
DIRECTOR		х						0.	0.	0.
(17) SCOTT ROTH	1.00									
DIRECTOR		х						٥.	٥.	٥.
										<b>D</b> (000)

Form 990 (2020) PORTLAND OPPO									93-0593	858		Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st (	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck ss pe	ition more rson	than is bot	h an	1 '	(E) Reportable compensatior	1	an	(F) stimate nount	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Í	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fr org an	other pensa om th anizat d relat anizati	ation e tion ted
(18) DAVE SCHECHTER DIRECTOR	1.00	x						0.		0.			0.
(19) TRIC VAKKNEN-ROGERS	1.00									••			••
DIRECTOR		x						0.		0.			٥.
(20) KEVIN VASSILY DIRECTOR	1.00	x						0.		Ο.			0.
(21) DAVE WORTH	1.00												
DIRECTOR		x						0.		0.			0.
1b Subtotal								397,987.		0.		28	,843.
1b Subtotal c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)           2 Total number of individuals (including but n							ho r		),000 of reportable			20	,843.
compensation from the organization													3
<b>3</b> Did the organization list any <b>former</b> officer,												Yes	No
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	-		-					for a set is all interest			4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								•			5		x
Section B. Independent Contractors											-		
1 Complete this table for your five highest co the organization. Report compensation for										oens	ation	from	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	<b>(C</b> ompe	<b>C)</b> nsatio	'n
2 Total number of independent contractors (i \$100.000 of compensation from the organi		ot li	mite	d to		se li: 0	steo	d above) who received n	nore than				

Forn	n 990 (i			NITIES INDUS	T. CENTER		93-0593858	Page <b>9</b>
Pa	rt VII							
		Check if Schedule O	contains a respo	onse or note to a	ny line in this Part VIII	(5)	/20	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue		from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra	b	Membership dues						
An A		Fundraising events		322,3	344.			
ilar İlar	d	Related organizations	1d					
Sim's,		Government grants (cont		9,533,5	591 <b>.</b>			
e E	f	All other contributions, gifts,						
ĕ₹		similar amounts not included		4,954,2	207.			
ont Dd		Noncash contributions included in						
ũ g	h	Total. Add lines 1a-1f			▶ 14,810,142	•		
				Business C	ode			
ice	2 a							
er v	b							
n S (en	С							
grar Rev	d							
Program Service Revenue	е							
ш.	f	All other program service			<u> </u>			
	g							
	3	Investment income (inclu						
		other similar amounts)						
	4	Income from investment	-	-				
	5	Royalties	(i) Rea	l (ii) Persor	Pal			
	<b>.</b>	Overes vente						
	-	Gross rents	6a 6b					
	b c	Less: rental expenses Rental income or (loss)	6c					
			、 <b></b>		<b></b>			
		Gross amount from sales of		ies (ii) Othe	er l			
		assets other than inventory	7a					
	b	Less: cost or other basis						
en		and sales expenses	7b					
evenue	с	Gain or (loss)						
		Net gain or (loss)			•			
Other R		Gross income from fundraisi						
₫		including \$	322,344. of					
		contributions reported or						
		Part IV, line 18		8a	0.			
	b				0.			
	с	Net income or (loss) from	fundraising eve	n <u>ts</u>	• 0	•		
	9 a	Gross income from gamir	ng activities. See					
		Part IV, line 19		9a				
		Less: direct expenses						
		Net income or (loss) from		s	►			
	10 a	Gross sales of inventory,						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from	sales of invento					
sn				Business C				
Miscellaneous Revenue		MISCELLANEOUS		900099	36,030	•		36,030.
/en	b					+		
Be	с	AU 11						
ž		All other revenue			N 26.020			
		Total. Add lines 11a-11d			<ul> <li>36,030</li> <li>14,846,172</li> </ul>		0.	36,030.
	12	Total revenue. See instruction	0115		1 14,040,1/2	·I ⁰ ·	· · ·	30,030.

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Page 10

 Part IX Statement of Functional Expenses

 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

 Check if Schedule O contains a response or note to any line in this Part IX

 Do not include amounts reported on lines 6b,

 7b, 8b, 9b, and 10b of Part VIII.
 (A)
 (B)
 (C)

 Management and general expenses
 Program service aprenese
 Management and general expenses
 F

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		0,100,000	general expenses	enpencee
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	296,741.		296,741.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,920,170.	5,051,072.	611,736.	257,362.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	320,757.	270,144.	36,849.	13,764.
9	Other employee benefits	783,922.	647,786.	103,130.	33,006.
10	Payroll taxes	550,456.	448,765.	78,826.	22,865.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
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 0.)	676,011.	149,237.	373,539.	153,235.
12	Advertising and promotion				
13	Office expenses	159,306.	122,420.	31,968.	4,918.
14	Information technology	185,471.	159,844.	18,529.	7,098.
15	Royalties				
16	Occupancy	639,621.	536,136.	78,971.	24,514.
17	Travel	2,354.	1,919.	337.	98.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25.250	00.050	5.016	1 455
20	Interest	35,350.	28,879.	5,016.	1,455.
21	Payments to affiliates	100 220	00 122	15 656	4 5 4 1
22	Depreciation, depletion, and amortization	109,330. 39,065.	89,133. 31,848.	15,656. 5,594.	4,541. 1,623.
23	Insurance	39,005.	51,040.	5,594.	1,023.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeded 10% of line 25 column (A)				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CLIENT ASSISTANCE	891,687.	891,581.		106.
b					
с					
d					
е	All other expenses	573,240.	452,182.	65,848.	55,210.
25	Total functional expenses. Add lines 1 through 24e	11,183,481.	8,880,946.	1,722,740.	579,795.
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)				
03201	0 12-23-20				Form <b>990</b> (2020)

_	000 //		O TNI			93-0
	990 () <b>t X</b>	2020) PORTLAND OPPORTUNITIES Balance Sheet	5 INI	JUSI. CENIER		93-0
•	ιΛ		. +	vulina in this Dart V		
		Check if Schedule O contains a response or note	e to ar			
					<b>(A)</b> Beginning of year	
	1	Cash - non-interest-bearing			1,796,566.	1
	2	Savings and temporary cash investments				2
	3	Pledges and grants receivable, net			1,058,069.	3
	4	Accounts receivable, net				4
	5	Loans and other receivables from any current or	r officer, director,			
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these	e pers	ons		5
	6	Loans and other receivables from other disqualifi	ied pe	ersons (as defined		
		under section 4958(f)(1)), and persons described				6
	7	Notes and loans receivable, net				7
	8	Inventories for sale or use				8
	9	Prepaid expenses and deferred charges			23,415.	9
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			620,226.	10c
	11	Investments - publicly traded securities				11
	12	Investments - other securities. See Part IV, line 1				12
	13	Investments - program-related. See Part IV, line 1				13
	14	Intangible assets				14
	15	Other assets. See Part IV, line 11			30,187.	
	16	Total assets. Add lines 1 through 15 (must equa			3,528,463.	
	17	Accounts payable and accrued expenses			986,640.	17
	18	Grants payable				18
	19	Deferred revenue				19
	20	Tax-exempt bond liabilities				20
	21	Escrow or custodial account liability. Complete P				21
	22	Loans and other payables to any current or forme				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these				22
	23	Secured mortgages and notes payable to unrelat			825,914.	
	24	Unsecured notes and loans payable to unrelated			1,371,016.	24
ļ	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24	). Complete Part X		
		of Schedule D		······  -	225,365.	25
	26	Total liabilities. Add lines 17 through 25			3,408,935.	26
		Organizations that follow FASB ASC 958, chec	ck her	re 🕨 🖾		

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> (B) End of year

756,332.

61,012.

709,310.

30,187.

6,340,038.

1,473,378.

2,697,247. 2,085,950.

Form **990** (2020)

19 20 21 22 828,800. 23 24 25 255,641. 2,557,819. 26 and complete lines 27, 28, 32, and 33. -157,158 Net assets without donor restrictions 27 2,543,307. Net assets with donor restrictions 276,686. 1,238,912. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 119,528. 3,782,219. 32 3,528,463. 6,340,038. 33 Total liabilities and net assets/fund balances ...

# Pa

Form	990	(202)

Assets

Liabilities

Net Assets or Fund Balances

27

28

29

30

31

32

33

Form	1990 (2020) PORTLAND OPPORTUNITIES INDUST. CENTER	93-0593858		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,846	,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,183	,481.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,662	,691.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		119	,528.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	,782	,219.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
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 on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2020)

**SCHEDULE A** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name	e of t	he organization						Employer	identification number
		PORTLA	ND OPPORTUNITIE	S INDUST. CENTER				93	3-0593858
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete ti	nis part.) S	ee instructior	าร.	
The o	rgan	ization is not a private found	lation because it is: (	(For lines 1 through 12, c	heck only	one box.)			
1 [		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2	Х	A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
-		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
<b>6</b>		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	the general	public described in
r		section 170(b)(1)(A)(vi). (C							
<b>8</b> [		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 [		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	le or
ا <b>د</b>		university:							
<b>10</b> L		An organization that norma							
		activities related to its exen		-					-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
<b>.</b>		See section 509(a)(2). (Cor		ively to test for public or	faty Caa	a a a ti a n E(	O(a)(4)		
11 [ 12 [		An organization organized a An organization organized a	-		•			arny out the	purposes of one or
		more publicly supported or		•	-			-	
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga				-		-	<i>u</i> aivina
ŭ		the supported organization	-	-	•				
		organization. You must c							
b		<b>Type II.</b> A supporting org	-		tion with it	s support	ed organizatio	on(s). bv ha	avina
		control or management o	-				-		-
		organization(s). You mus			•				
с		] Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		<b>Type III non-functionally</b>	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
		er the number of supported of	•						
g		vide the following information		· · ·	(iv) Is the orga	nization listed	(.) (	· · · · · · · · · · · · · · · · · · ·	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			

# Schedule A (Form 990 or 990 EZ) 2020 PORTLAND OPPORTUNITIES INDUST. CENTER

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	ction A. Public Support			-			-
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	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 instruct	ons)	•	•	12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶∟
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶∟
17a	10% -facts-and-circumstances test	: - <b>2020.</b> If the orc	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check th	is box and <b>stop he</b>	e <b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	: - <b>2019.</b> If the orc	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circu	nstances test, ch	eck this box and <b>s</b>	<b>top here.</b> Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructior	ns 🕨 🛄

Schedule A (Form 990 or 990-EZ) 2020

93-0593858

# Schedule A (Form 990 or 990 EZ) 2020 PORTLAND OPPORTUNITIES INDUST. CENTER

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	ion,
check this box and stop here					<u></u>	<b>&gt;</b>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 202	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						and
line 18 is not more than 33 1/3%, chee	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	ו did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Yes

1

2

...

No

Yes No

Part IV Supporting Organizations (continued)							
		_	Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and						
	11c below, the governing body of a supported organization?	11a					
b	A family member of a person described in line 11a above?	11b					
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide						
	detail in Part VI.	11c					

#### Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

	All other Type III per functionally integrated supporting organizations mu			
	All other Type III non-functionally integrated supporting organizations mu		Sections A through L.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 PORTLAND OPPORTUNITIES INDUST. CENTER

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Schedule A (Form 990 or 990-EZ) 2020	J FORILAND	OFFORIONITIES	TRDOBT.	CENTER

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad	nes 1 and 2; Part IV, Sectic Part V, Section B, line 1e; P	on C.
	(See instructions.)		

**SCHEDULE D** 

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information



	epartment of the Treasury Iternal Revenue Service       Attach to Form 990.       Open to Public Inspection					
-	e of the organizati		er identification number			
	Ū	PORTLAND OPPORTUNITIES INDU	ST. CENTER		93-0593858	
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts	Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised funds	(b) Funds a	nd other accounts	
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5			writing that the assets held in donor advised	funds		
	-		exclusive legal control?		Yes No	
6	-		dvisors in writing that grant funds can be us			
			or donor advisor, or for any other purpose co			
	impermissible priv	/ate benefit?		-	🗌 Yes 📃 No	
Pa	rt II Conserv		ganization answered "Yes" on Form 990, Par			
1	Purpose(s) of con	servation easements held by the organizati	on (check all that apply).			
	Preservation	n of land for public use (for example, recrea	tion or education) 🛛 Preservation of a h	nistorically imp	ortant land area	
	Protection of	of natural habitat	Preservation of a c	certified histori	c structure	
	Preservation	n of open space				
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation	easement on the last	
	day of the tax yea	ır.		Hel	d at the End of the Tax Year	
а	Total number of c	onservation easements		2a		
b	Total acreage rest	tricted by conservation easements		2b		
с	Number of conser	rvation easements on a certified historic str	ucture included in (a)	2c		
d	Number of conser	rvation easements included in (c) acquired	after 7/25/06, and not on a historic structure			
	listed in the Nation	nal Register		2d		
3	Number of conser	rvation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization dui	ring the tax	
	year 🕨					
4	Number of states	where property subject to conservation ea	sement is located			
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of			
		forcement of the conservation easements i				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easeme	nts during the year	
	►					
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements d	luring the year	
_	▶\$					
8			ve satisfy the requirements of section 170(h)			
					Ves 📖 No	
9		•	on easements in its revenue and expense st			
			note to the organization's financial statement	is that describ	es the	
Dai		counting for conservation easements.	f Art, Historical Treasures, or Oth	or Similar	Accate	
ı a		if the organization answered "Yes" on Form			-33613.	
12			8, not to report in its revenue statement and	l balanco choo	tworks	
ia	•					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
h	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>					
5	-		-			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:					
	-			▶ \$		
2			asures or other similar assets for financial o			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:					
-	-			▶ \$		
		a Form 990. Part X		• • _		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

Sche		PPORTUNITIES INI						93-05938			ige <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	e following that	at make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	<u>ا ا</u>	Loan or exc	change progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er similar	assets		-		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	t IV Escrow and Custodial Arran		ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						1f		-		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or c	sustodial acco	ount liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered	I "Yes" on F	1						
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 🌔	<b>d)</b> Three y	ears back	(e) Four	years t	Jack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line ⁻	1g, column (	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for th	ie organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on \$	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part I	V, line 11a.	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		cumulate	d	<b>(d)</b> Boo	k value	)
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land				10,665.					10,	665.
b	Buildings			:	1,444,594.		1,069,	481.		375,	113.
с	Leasehold improvements				223,385.		95,	242.		128,	143.
d	Equipment				449,922.		378,			,	489.
	Other				158,651.		34,	751.		123,	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line	10c.)					709,	310.

Schedule D (Form 990) 2020

	(Form 990) 2020		OPPORTUNITIES	INDUST.	CENTER	
Part VII Investments - Other Securities.						

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s" on Form 990 Part IV line	11b See Form 990 Part X line 12
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
•	
s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	· · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · ·       · · · ·       · · · ·       · · · ·       · · · ·       · · · ·       · · · · ·       · · · · ·       · · · · ·       · · · · · ·       · · · · · · · · · · ·       · · · · · · · · · · · · · · · · · · ·

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO OIC OF AMERICA	26,050.
(3)	DEFERRED RENT AND LEASE INCENTIVE	185,248.
(4)	CAPITAL LEASE OBLIGATION	44,343.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	255,641.

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

Sche	edule D (Form 990) 2020 PORTLAND OPPORTUNITIES INDUST. CENTER	93-0593858	Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	14,846,172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	Ο.
3	Subtract line 2e from line 1		14,846,172.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,846,172.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,183,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,183,481.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,183,481.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

MANAGEMENT OF THE ORGANIZATION DOES NOT BELIEVE THEY HAVE TAKEN ANY

UNCERTAIN TAX POSITIONS.

SCHEDULE E (Form 990 or 990-EZ)

# Schools

OMB No. 1545-0047 2020

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

			-
PORTLAND OPPORTUNITIES I	NDUST.	CENTER	93-0593858

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	THE ORGANIZATION POSTS ITS RACIALLY NONDISCRIMINATORY POLICY			
	IN ITS ADMISSION MATERIALS AND ON ITS WEBSITE.			
4	Does the organization maintain the following?		v	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
	Has the organization's right to such aid ever been revoked or suspended?	6b		x
- n	nae are organization o fight to outer all over boor revenue of budpenueu :	- 30		<u> </u>
a				
р 7	If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			

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

Schedule E (Form 990 or 990-EZ) 2020

Schedule E (Form 990 or 990-EZ) 2020 PORTLAND OPPORTUNITIES INDUST. CENTER Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b	93-0593858	Page
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b applicable. Also provide any other additional information.	, and 7, as	
INE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
HE ORGANIZATION HAS GRANTS AND CONTRACTS WITH VARIOUS STATE AND LOCAL		
THE ORGANIZATION THE GRANTS AND CONTRACTS WITH VARIOUS STATE AND LOCAL		
OVERNMENTAL AGENCIES.		

SCHEDULE G Supplem	ental Information Regarding	ı Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047			
	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.									
Department of the Treasury	Attach to Form 990 or Form 990-EZ.									
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization							entification number			
	PORTLAND OPPORTUNITIES INDUST. CENTER 93-0593858									
Part I Fundraising Activities required to complete this part	<ol> <li>Complete if the organization answerrd.</li> </ol>	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not			
1 Indicate whether the organization ra	ised funds through any of the following	ng acti	vities.	Check all that apply						
a Mail solicitations			0	overnment grants						
<b>b</b> Internet and email solicitation			•	nment grants						
c Phone solicitations d In-person solicitations	g └──┘ Special	fundra	aising	events						
2 a Did the organization have a written	or oral agreement with any individua	l (inclu	ding o	fficers, directors, tru	stees	s, or				
key employees listed in Form 990,	Part VII) or entity in connection with p	profess	ional f	undraising services?	2	Ye	s 🗌 No			
<b>b</b> If "Yes," list the 10 highest paid inc	· / /	uant to	agree	ements under which	the f	undraiser is to	be			
compensated at least \$5,000 by th	e organization.									
		(iii)	Did		(v)	Amount paid	(vi) Amount paid			
<ul> <li>(i) Name and address of individual or entity (fundraiser)</li> </ul>	(ii) Activity	have c	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)			
or entity (fundraiser)		or cor contrib	ntrol of utions?	from activity		ted in col. (i)	organization			
		Yes	No							
		1								
		1	I							
Total			. 🕨							
3 List all states in which the organizat or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration			

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross re
			(a) Event #1	(b) Event #2	(c) Other events
			WORK CONNECTIONS		NONE
			EVENT		
Ø			(event type)	(event type)	(total number)
Revenue	1	Gross receipts	322,344.		
	2	Less: Contributions	322,344.		
	3	Gross income (line 1 minus line 2)			
	4	Cash prizes			
	5	Noncash prizes			
Expenses	6	Rent/facility costs			
Å.					

Pa	rt	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				
zpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % │── No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:		514105 :		

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes _ No **b** If "Yes," explain:

032082 11-25-20

Direct

7 Food and beverages

8 Entertainment 9 Other direct expenses

10 Direct expense summary. Add lines 4 through 9 in column (d)

11 Net income summary. Subtract line 10 from line 3, column (d)

(d) Total events

(add col. (a) through col. (c))

322,344.

322,344.

Schedule G (Form 990 or 990-EZ) 2020 PORTLA	ND OPPORTUNITIES INDUST.
---------------------------------------------	--------------------------

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

gross receipts greater than \$5,000.

Sch	Nedule G (Form 990 or 990-EZ) 2020 PORTLAND OPPORTUNITIES INDUST. CENTER 93-059	3858		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
	• An outside facility	13b		%
	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?		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer     Employee     Independent contractor			
47				
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a			Yes	
	retain the state gaming license?	. — – – –	res	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			01 (0)
Ра	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, li	nes 9,	9b, 10b,

SCHEDULE J	Compensation Information	ОМВ	No. 1545	0047	
(Form 990)	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2020		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		UL	U	
Department of the Treasury	Attach to Form 990.		n to Pu spectio		
Internal Revenue Service Name of the organizatio	► Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identifie	•		
Name of the organizatio	PORTLAND OPPORTUNITIES INDUST. CENTER	93-0593858	Cation	lumber	
Part I Question	s Regarding Compensation	92-0593050			
			V.		
	iste herv(se) if the evenemisation averticled and of the following to suffer a memory listed on Four	- 000 <b>Г</b>	Ye	s No	
	ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
	line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class or o	, i i i i i i i i i i i i i i i i i i i				
Travel for com					
	ation and gross-up payments				
	spending account Personal services (such as maid, chauffer	ur, cher)			
•	on line 1a are checked, did the organization follow a written policy regarding payment or		16		
	provision of all of the expenses described above? If "No," complete Part III to explain	······ [	1b		
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	······ –	2	_	
<b>9</b> Jugliagta vykiak ić s		-			
	ny, of the following the organization used to establish the compensation of the organization?				
	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	lion to			
·	ation of the CEO/Executive Director, but explain in Part III.				
X Compensation					
	compensation consultant				
L Form 990 of o	ther organizations	committee			
1 During the year di	any nerson listed on Ferm 000. Dart VII. Section A line to with respect to the filing				
	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or a re			1	x	
	e payment or change-of-control payment?		la 15	x	
	eive payment from a supplemental nonqualified retirement plan?		1b	X	
	eive payment from an equity-based compensation arrangement?		1c		
ii res to any or ii	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 501/	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion			
contingent on the r					
0			50	x	
<b>b</b> Any related organi-	ation?	······	5a 5b	x	
	ation? or 5b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion l			
contingent on the r					
•			Sa	x	
<ul> <li>a me organization?</li> <li>b Any related organi-</li> </ul>	ation?		ba 6b	x	
	ation? or 6b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	·e			
			7	x	
	nes 5 and 6? If "Yes," describe in Part III		7	Λ	
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the section departing departing in Part III.		•	x	
	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	·····  -	8	A	
	id the organization also follow the rebuttable presumption procedure described in				
	n 53.4958-6(c)?		9		
LHA FOR Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (F	-orm 9	10) 2020	

Schedule J (Form 990) 2020

93-0593858

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & (iii) Other compensation		Denents	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MCFERRIN, JOE	(i)	151,452.	0.	0.	10,602.	7,418.	169,472.	0
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	. 0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 93-0593858

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

THE ORGANIZATION PROVIDES THE HIGHEST QUALITY SERVICES IN EDUCATION,

PORTLAND OPPORTUNITIES INDUST. CENTER

MENTORING, FAMILY OUTREACH, EMPLOYMENT TRAINING, AND PLACEMENT

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

TRANSITIONS - THE ORGANIZATION PROVIDES RAHS SENIORS AND GRADUATES

THROUGH AGE 25 WITH POST-GRADUATION SUPPORT TO PROMOTE SUCCESS IN

COLLEGE ENROLLMENT AND RETENTION, JOB SEARCH AND RETENTION, CRISIS

MANAGEMENT AND SELF-SUFFICIENCY.

YOUNG PARENT PROGRAM - THE ORGANIZATION UTILIZES AN EVIDENCE-BASED

CURRICULUM AND YEAR-ROUND PRO-SOCIAL ACTIVITIES TO PREGNANT AND

PARENTING YOUTH THROUGH AGE 25 IN ORDER TO DEVELOP PARENTING SKILLS AND

HEALTHY PARENT-CHILD RELATIONSHIPS.

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

YOUTH AND COMMUNITY GRANT - A COMMUNITY-BASED GRANT DESIGNED TO ASSIST

EXISTING EFFORTS IN IMPROVING EDUCATION AND WORKFORCE SUCCESS FOR YOUTH

WHO ARE DISCONNECTED FROM, OR ARE AT RISK OF DISCONNECTING FROM THE

EDUCATION SYSTEM AND LABOR MARKET. THE TARGET POPULATION OF THIS GRANT

ARE OPPORTUNITY AND PRIORITY YOUTH. OPPORTUNITY AND PRIORITY YOUTH ARE

YOUTH AGE 16 AND OLDER WHO ARE DISCONNECTED FROM THE EDUCATION SYSTEM

AND THE LABOR MARKET.

WORKFORCE AND INNOVATION GRANT - AN INNOVATIVE AND SUSTAINABLE EFFORT

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization	Employer identification number 93-0593858
PORTLAND OPPORTUNITIES INDUST. CENTER	32-0232020
THAT IMPROVES EDUCATION AND/OR WORKFORCE SUCCESS FOR YOUTH AGES 6-24,	
WITH AN EMPHASIS ON YOUTH AGES 14-24 WHO ARE DISCONNECTED FROM SCHOOL	
WITH AN EMILIABLE ON TOUTH AGES 14 24 WHO ARE DISCONNECTED THOM SCHOOL	
AND/OR WORK. THIS IS INTENDED TO SUPPORT PROGRAMMING THAT INCLUDES	
EDUCATIONAL RE-ENGAGEMENT, CAREER CONNECTED LEARNING, POST-SECONDARY	
ACCESS, AND SUPPORT SERVICES TO ENSURE STABILITY AND SUCCESS FOR YOUTH	
FACING SIGNIFICANT BARRIERS TO EDUCATION AND EMPLOYMENT.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
LEADERSHIP - A COLLECTION OF OPPORTUNITIES FOR RAHS STUDENTS TO	
INCREASE SELF-CONFIDENCE AND DEVELOP COMMUNICATION, ORGANIZATION, AND	
CONFLICT RESOLUTION SKILLS THROUGH EXERCISES IN SELF-REFLECTION AND	
TAKING ON EDUCATOR AND LEADERSHIP ROLES WITH PEER AND NON-PEER GROUPS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
COMMUNITY OUTREACH:	
STREET LEVEL GANG OUTREACH - A PARTNERSHIP BETWEEN THE ORGANIZATION AND	
THE CITIES OF PORTLAND AND GRESHAM WHICH DEPLOYS OUTREACH WORKERS TO	
NEIGHBORHOODS ACROSS MULTNOMAH COUNTY WITH THE GOAL OF PREVENTING YOUTH	
WINTER AND CONNECTIVE CANE THEATER VOLUME STATUE ALMERNAMINES	
VIOLENCE AND CONNECTING GANG-IMPACTED YOUTH WITH POSITIVE ALTERNATIVES.	
EXPENSES \$ 924,092. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER THE 990 IS PREPARED AND REVIEWED BY THE CEO AND CFO, THE FORM 990 IS	
MADE AVAILABLE TO ALL BOARD MEMBERS.	

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

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization PORTLAND OPPORTUNITIES INDUST. CENTER	Employer identification number 93-0593858
ALL CONTRACTS AND BUSINESS TRANSACTIONS ARE REVIEWED FOR POTENTIAL	
CONFLICTS OF INTEREST. IN THE EVENT OF A CONFLICT OF INTEREST, SUCH	
ARRANGEMENT WOULD NEED TO BE AUTHORIZED, APPROVED AND RATIFIED BY THE BOARD	
OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECTUTIVE LEADERSHIP TEAM'S COMPENSATION IS REVIEWED AND APPROVED BY	
THE BOARD OF DIRECTORS. COMPENSATION IS SUPPORTED BY COMPARABLE INDUSTRY	
DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpave	r identificatio	n number	(TIN)
print							
	PORTLAND OPPORTUNITIES INDUST. CENTER					858	
File by the due date for	e la						
filing your	717 N KILLINGSWORTH CT. NO. 205						
return. See instructions.	City, town or post office, state, and ZIP code. For a f PORTLAND OR 97217	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			[	0 1
Applicati	on	Return	Application				Return
Is For		Code	Is For				Code
	or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990	·BL	02	Form 1041-A				08
Form 472	0 (individual)	03	Form 4720 (other than individual)		C		
Form 990	·PF	04	Form 5227		1(		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990	-T (trust other than above)	06	Form 8870		12		12
	NATASHA MACDONALD						
• The bo	ooks are in the care of 🕨 717 N KILLINGSWORTH C	OURT - P	ORTLAND, OR 97217				
Teleph	one No.  503-797-7222		Fax No. 🕨				
	rganization does not have an office or place of busines	s in the Ur	nited States, check this box			► [	
	s for a Group Return, enter the organization's four digit						ck this
box 🕨 🛛	$\square$ . If it is for part of the group, check this box $\blacktriangleright$ $\square$	and atta	ch a list with the names and TINs o	f all memb	ers the exter	nsion is fo	r.
<b>1</b> Irea	quest an automatic 6-month extension of time until	MAY 1	6,2022 ,to file	e the exen	npt organizat	ion return	for
the	organization named above. The extension is for the org	anization's	s return for:				
▶	calendar year or						
▶[	X tax year beginning JUL 1, 2020	, an	d ending JUN 30, 2021				
2 If th	e tax year entered in line 1 is for less than 12 months, o	check reas	on: 🗌 Initial return	Final retur	'n		
	Change in accounting period						
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$		0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and				
esti	mated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$		0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by				
usir	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$		0.
	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	8453-EO a	nd Form 887	9-EO for p	payment
instructio	ns.						

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

Form 8868 (Rev. 1-2020)

	IRS e-file Sig	nature Authori	zation		OMB No. 1545-0047
Form 8879-EO	for an Exe	empt Organizat	ion		
	For calendar year 2020, or fiscal year beginning JU			, 20 <u>21</u>	2020
Department of the Treasury Internal Revenue Service		the IRS. Keep for your re orm8879EO for the latest			
Name of exempt organization	· · ·			Taxpayer	identification number
PORTLAND OPPORTUNIT	ES INDUST. CENTER			93-059	3858
Name and title of officer or pe	rson subject to tax				
JOE MCFERRIN II					
PRESIDENT & CEO					
	Return and Return Information				
check the box on line <b>1a, 2</b> blank, then leave line <b>1b, 2</b>	rn for which you are using this Form 8879- 2a, 3a, 4a, 5a, 6a, or 7a below, and the am 2b, 3b, 4b, 5b, 6b, or 7b, whichever is appl e applicable line below. <b>Do not</b> complete r	nount on that line for the rel icable, blank (do not enter	urn being filed with 0-). But, if you ente	h this form	was
1a Form 990 check here		990, Part VIII, column (A),	line 12)	1b	14,846,172.
2a Form 990-EZ check h	ere 🕨 🛄 🖕 b Total revenue, if any (F	Form 990-EZ, line 9)		2b	
3a Form 1120-POL chec	k here <b>b</b> L b Total tax (Form 112	20-POL, line 22)		3b	
4a Form 990-PF check h	ere <b>b</b> Tax based on investm	ent income (Form 990-PF,	Part VI, line 5)	4b	
5a Form 8868 check here	b Balance due (Form 886	68, line 3c)		5b	
6a Form 990-T check he					
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, F ion and Signature Authorization	of Officer or Person	Subject to Ta		
	I declare that $\boxed{X}$ I am an officer of the a				with respect to
(name of organization)		-		-	that I have examined a cop
to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	mediate service provider, transmitter, or el an acknowledgement of receipt or reason fund, and (c) the date of any refund. If app nic funds withdrawal (direct debit) entry to e federal taxes owed on this return, and th the U.S. Treasury Financial Agent at 1-888 thorize the financial institutions involved in cessary to answer inquiries and resolve is a smy signature for the electronic return a	for rejection of the transmi blicable, I authorize the U.S the financial institution acc he financial institution to de 5-353-4537 no later than 2 l he processing of the elec sues related to the paymer	ssion, <b>(b)</b> the reaso . Treasury and its o count indicated in t bit the entry to this ousiness days prio tronic payment of it. I have selected a	on for any o designated the tax prep account. In to the pay taxes to re- a personal	delay in Financial paration To revoke yment ceive
X I authorize HOF	FMAN, STEWART & SCHMIDT, PC			to enter m	y PIN 97217
	ERO firm	name			Enter five numbers, but do not enter all zeros
a state agency(i PIN on the retur As an officer or p electronically file	on the tax year 2020 electronically filed re- es) regulating charities as part of the IRS F n's disclosure consent screen. Derson subject to tax with respect to the o return. If I have indicated within this retu ies as part of the IRS Fed/State program, I	ed/State program, I also au rganization, I will enter my I ırn that a copy of the returr	uthorize the aforem PIN as my signatur n is being filed with	nentioned E re on the ta a state age	he return is being filed with RO to enter my x year 2020 ency(ies)
Signature of officer or person subje	tion and Authentication			Dat	ie 🕨
	ur six-digit electronic filing identification				
	your five-digit self-selected PIN.		077097035 o not enter all zeros		
	neric entry is my PIN, which is my signatur eturn in accordance with the requirements siness Returns.				
ERO's signature 🕨			Date		
	FPO Must Potoin	This Form - See Inst	ructions		
	Do Not Submit This Form to			o So	

LHA For Paperwork Reduction Act Notice, see instructions.