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SCANNED MAR 3 0 2021

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| A | For the 2019 calendar year, or tax year beginning | | ar year, or tax year beginning , 2019, ; | and ending | , 20 | | | | |
|------------|---|-------------|--|-----------------|--------------|--|----------|--|--|
| В | Check if a | pplicable | C Name of organization | D | | identification number | | | |
| V | Address o | change | <u>Urban Nature Partners PDX</u> | | | 824080391 | | | |
| | Name cha | - | E Telephone | number | _ | | | | |
| | Initial return 2937 NE Glisan St | | | Unit A | 1 | 541-281-7162 | | | |
| = | | | City or town, state or province, country, and ZIP or foreign postal code | 01 | F Group E | xemption | _ | | |
| = | Amended return Application pending Portland, OR 97232 | | | | Number | ▶ 🕜 | | | |
| ==_ | | | | | | eck 🕨 🗹 if the organization is not | | | |
| | Vebsite | | i-nature-partners.org | | | uired to attach Schedule B | | | |
| JT | ax-exer | | ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or | 527 | (Form 990, 9 | 990-EZ, or 990-PF). | • | | |
| | | | ☑ Corporation ☐ Trust ☐ Association ☐ Other | | | | _ | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m | ore, or if tota | assets | | _ | | |
| | | | 500,000 or more, file Form 990 instead of Form 990-EZ | | | \$ 57,814 | 4 | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balance | es (see the | instructio | ns for Part I) | _ | | |
| | | | the organization used Schedule O to respond to any question ii | | | | 1 | | |
| 7 | 1 | | ns, gifts, grants, and similar amounts received | | | 50,27 | _ | | |
| 7 | 2 | | ervice revenue including government fees and contracts | | | | - | | |
| 1 | 3 | - | p dues and assessments | | 3 | | _ | | |
| 7 | 1 . | Investment | • | | 4 | | _ | | |
| - | 5a | | unt from sale of assets other than inventory 5a | | 1497 | 8 | _ | | |
| | b | | or other basis and sales expenses | | | | | | |
| | C | | ss) from sale of assets other than inventory (subtract line 5b from lir | ne 5a) | 5c | ••••• • • • • • • • • • • • • • • • • • | | | |
| | 6 | | d fundraising events: | A(4) | | - | | | |
| | a | • | ome from gaming (attach Schedule G if greater than | | 1000 1000 | <u> </u> | | | |
| ē | - | \$15,000) . | | | | 2 | | | |
| Revenue | ь | | | contribution | ns 3 | , | | | |
| ě | - | | aising events reported on line 1) (attach Schedule G if the | | | 4 | | | |
| ш. | | | h gross income and contributions exceeds \$15,000) 6b | | 7,538 | 52 | | | |
| | С | | t expenses from gaming and fundraising events 6c | | 1,847 | 3 | | | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6a and | 6b and su | 300 | <u>4</u> | | | |
| | | line 6c) . | | | · · 6d | 5 69- | 1 | | |
| | 7a | Gross sale | s of inventory, less returns and allowances | | 1965 | | - | | |
| | ь | | of goods sold | | | \$ | | | |
| | c | | t or (loss) from sales of inventory (subtract line 7b from line 7a) | | | -SE | | | |
| | 8 | • | nue (describe in Schedule O) | | _ | | _ | | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | ▶ 9 | 55,967 | 7 | | |
| | 10 | | similar amounts paid (list in Schedule O) | | 10 | | 0 | | |
| | 11 | | uid to or for members | | 11 | | 0 | | |
| ø | 12 | • | her compensation, and employee benefits 2 | | . 12 | | 5 | | |
| nses | 13 | · · | al fees and other payments to independent contractors 2 | | . 13 | | _ | | |
| Эē | 14 | | r, rent, utilities, and maintenance | | · · · | | _ | | |
| Expe | 15 | | iblications, postage, and shipping | | | | _ | | |
| _ | 16 | | nses (describe in Schedule O) 🖾 | | | | _ | | |
| | 17 | • | nses. Add lines 10 through 16 | | | | _ | | |
| | 18 | | deficit) for the year (subtract line 17 from line 9) | · · · · | | | | | |
| ets | 19 | | or fund balances at beginning of year (from line 27, column (A)) | | | | _ | | |
| SS | ' | | r figure reported on prior year's return) | | 19 | | Q | | |
| Net Assets | 20 | - | ges in net assets or fund balances (explain in Schedule O) | | <u> </u> | | <u>7</u> | | |
| Š | 21 | | or fund balances at end of year Combine lines 18 through 20 | | | | _ | | |
| | | 1401 000010 | or furth balances at end of year Combine into 10 through 20 | | | 14,017 | • | | |

| Ра | art II Balance Sheets (see the instructions f | - | | | | _ |
|--|---|--|--|---|--------------------------|--|
| | Check if the organization used Schedule | O to respond to a | | | <u></u> | <u> </u> |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | | 22 | 14,449 |
| 23 | Land and buildings | | | | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 7,959 | | 872 |
| 25 | Total assets | | | 7,959 | 25 | 15,321 |
| 26 | Total liabilities (describe in Schedule O) | | [| 0 | 26 | 2,707 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree wit | h line 21) 🗍 | 7,959 | 27 | 12,614 |
| Par | till Statement of Program Service Accom | | | art III) | | |
| | Check if the organization used Schedule | | | | | Expenses |
| Wha | | | oviding access to out | | | uired for section |
| | , , , , , | | | | , | c)(3) and 501(c)(4) nizations, optional for |
| | cribe the organization's program service accomplis | | | | othe | |
| | measured by expenses. In a clear and concise matches benefited, and other relevant information for ea | | e services provided | , the number of | | , |
| | | | for youth suth mantac | nois outlines | | 1 |
| 26 | Collins. Built operational capacity, and facilitated ou | | | | | |
| | family and partner inclusive group outings, scholars | nips to partner outdo | or summer camps, a | na leader Snip | | 1 |
| (20) | opportunities | | | | | |
| 77 | | | | | 28a | 14,119 |
| 29 | | to Independent 501(c | (3) organization from | n fiscal | | |
| | sponsorship | | | | | 1 |
| | | | | | | İ |
| | (Grants \$ 11,000) If this amount | | | | 29a | 8,334 |
| 30 | BBBS: Planned and executed bi-monthly joint outdoor | or outings for youth | and mentors of our a | nd a | | |
| | partner organization | | | | | 1 |
| | | | | | i | |
| | (Grants \$ 7,411) If this amount | includes foreign gra | ants, check here . | ▶ 🗆 | 30a | 7,846 |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | · • | | | | | 1 |
| | | includes foreign gra | ants, check here . | ▶ □ ! | 31a | 9,398 |
| 32 | | | ants, check here . | | 31a 32 | |
| | Total program service expenses (add lines 28a t | through 31a) | . <u> </u> | • | 32 | 39,697 |
| | Total program service expenses (add lines 28a t | hrough 31a) Employees (list eac | n one even if not comp | ensated—see the ir | 32 nstruc | 39,697 tions for Part IV) |
| | Total program service expenses (add lines 28a t | through 31a) r Employees (list each O to respond to a | n one even if not comp ny question in this l | ensated—see the ir | 32 nstruc | 39,697 tions for Part IV) |
| | Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | through 31a) r Employees (list each O to respond to a (b) Average | n one even if not comp ny question in this l (c) Reportable compensation | pensated—see the inpart IV (d) Health benefits, contributions to employ. | 32 nstruc | 39,697 |
| | Total program service expenses (add lines 28a t | through 31a) r Employees (list each O to respond to a | n one even if not comp ny question in this l (c) Reportable and compensation (Forms W-2/1099-MISC) | pensated—see the in Part IV | 32 nstruc | 39,697 |
| Par | Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | through 31a) r Employees (list each O to respond to a (b) Average hours per week | n one even if not comp ny question in this l (c) Reportable compensation | pensated—see the inpart IV (d) Health benefits, contributions to employ. | 32 nstruc | 39,697 ctions for Part IV) |
| Par | Total program service expenses (add lines 28a to tally List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | through 31a) r Employees (list each O to respond to a (b) Average hours per week | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the in Part IV | 32 nstruc | 39,697 Itions for Part IV) |
| Par Krist Exec | Total program service expenses (add lines 28a to tally List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | through 31a) | n one even if not comp ny question in this l (c) Reportable and compensation (Forms W-2/1099-MISC) | pensated—see the in Part IV | 32 nstruc | 39,697 Itions for Part IV) |
| Par Krist Exec Rani | Total program service expenses (add lines 28a total Value List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ler Evans | through 31a) | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the in Part IV | 32 nstruc | 39,697 tions for Part IV) |
| Rani Secr | Total program service expenses (add lines 28a to tally) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ler Evans retary | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the in Part IV | 32 nstruc | 39,697 tions for Part IV) |
| Par Krist Exec Rani Secr | Total program service expenses (add lines 28a total Value List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ler Evans | through 31a) | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the in Part IV | 32 nstruc | 39,697 tions for Part IV) |
| Krist Exec Rani Secr | Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ler Evans retary rey Damrongsri | through 31a) | n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc | 39,697 tions for Part IV) |
| Krisi Exec Rani Secr Audi | Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ler Evans retary rey Damrongsri | through 31a) | n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc | 39,697 tions for Part IV) |
| Par Krisi Exec Rani Secr Audi Direc Moll | Total program service expenses (add lines 28a to 11V) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ler Evans retary rey Damrongsri ctor y Mosenthal | through 31a) | n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc | 39,697 tions for Part IV) |
| Krist Exec Rani Secr Audi Direc Direc | Total program service expenses (add lines 28a to 11 | through 31a) | n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc (e) 0 | 39,697 tions for Part IV) |
| Krist Exec Rani Secr Audi Direc Molly | Total program service expenses (add lines 28a to 11 | through 31a) | n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc (e) 0 | 39,697 tions for Part IV) |
| Par Krisi Exec Rani Secr Audi Direc Emil | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri cutor y Mosenthal ctor ier Taylor ctor | through 31a) | n one even if not company question in this lead to compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
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| Krisi Exec Rani Secr Audi Direc Molly Direc Emil | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not company question in this lead to compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Crist Exec Rani Secr Audi Direc Molly Emil Direc Dast | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Par Krist Exec Rani Secr Audi Direc Molly Direc Emil | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Krisi Exec Rani Secr Audi Direc Emil Direc | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Kriss Exec Rani Secr Audi Direc Molly Direc Dast | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Krisi Exec Rani Secr Audi Direc Emil Direc | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Krisi Exec Rani Secr Audi Direc Emil Direc | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Kriss Exec Rani Secr Audi Direc Molly Direc Dash | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Krisi Exec Rani Secr Audi Direc Emil Direc | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Par Krist Exec Rani Secr Audi Direc Molly Direc Emil | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |
| Kriss Exec Rani Secr Audi Direc Molly Direc Dast | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 stions for Part IV) |
| Kriss Exec Rani Secr Audi Direc Molly Direc Dast | Total program service expenses (add lines 28a to the IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title tin Bowling cutive Director ier Evans retary rey Damrongsri ctor y Mosenthal ctor ier Taylor ctor ha Foerster | through 31a) | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation | 32 nstruc 0 0 | 39,697 tions for Part IV) |

| 40 | |
|------|---|
| Page | 3 |

| | Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | | |
|---|---------|---|---------------|-----------------|---------------|----------|
| | | Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | s rant | Yes | No | - |
| | 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 103 | V | |
| 7 | 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | | . (5 |
| | 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | | ., | |
| | ь | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | - | ~ | • |
| | C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ~ | • |
| ; | 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 | |
| | 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | 200 | | ļ — |
| | _ b | Did the organization file Form 1120-POL for this year? | 37b | 64 OWEN C | V | ; |
| | 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | 202 | | į |
| | | | 38a | 228,286.25 | 1 | : |
| | 39 | If "Yes," complete Schedule L, Part II, and enter the total amount involved | | | | |
| | ээ a | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 | | | | |
| | b | Gross receipts, included on line 9, for public use of club facilities | | | | į |
| | 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | | |
| | | section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | | | į |
| | b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | | F |
| | С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | 1.5 |
| | d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | | |
| | е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | | : |
| | 41 | List the states with which a copy of this return is filed ▶ Oregon | | | | |
| | 42a | | 541-28 | | 2 | |
| | • | Located at ► 2937 NE Glisan St, Portland OR ZIP + 4 ► | 972 | | _ | |
| | р | 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)? | | Yes | No | |
| | | If "Yes," enter the name of the foreign country ► | 42b | 4400000 | | ; |
| | | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | | į |
| | | Financial Accounts (FBAR). | | | | į |
| | c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ | 42c | 14424V. | <u> </u> | |
| | 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | .) | ▶ 🔲 | |
| | | and enter the amount of tax-exempt interest received or accrued during the tax year | - | , | | |
| | 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No V | |
| | b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 2 | | | |
| | С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ~ | |
| | d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | 932 | | |
| | 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | (H.), H 15. H 2 | W) Sees 14 7 | |
| | b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | | |

| om s | 90-E4 (2019) | | | | | | rage | |
|--------------|--|--|---|------------------------------|--|---------------------------|---------------|-----------|
| 46 | Did the organization engage, directly or it to candidates for public office? If "Yes," | | | | or in opposi | tion 46 | Yes N | |
| Part | VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. | | stions 47–49b and | 52, and o | omplete th | e tables f | or lines | |
| | Check if the organization used Sc | hedule O to respond | to any question in t | this Part V | <u> </u> | <u></u> . | | |
| 47 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai | | • • | on in effec | t during the | tax 47 | Yes N | lo / |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | 7 |
| 49a b | Did the organization make any transfers to if "Yes," was the related organization a si | to an exempt non-cha | ritable related organi | | | . 49a . 49b | | <u>_</u> |
| 50 | Complete this table for the organization's employees) who each received more than | s five highest compens | sated employees (oth | | | | | ey |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | contribution benefit plan | th benefits, as to employee s, and deferred bensation | (e) Estimate other com | | |
| None | | | | 1 | | | | |
| | · | | | | | | | _ |
| | | | , | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| f 51 | Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization | 's five highest compe | | contracto | rs who each | received | more th | an |
| | (a) Name and business address of each indepen | dent contractor | (b) Type of serv | vice | {c | Compensation | on . | |
| None | | | | · · · | | | | _ |
| | | | | | | -, | | |
| | | | | | | | | |
| | | | | | - | | | _ |
| | | | | · | - | | | |
| d | Total number of other independent contri | actors each receiving | over \$100,000 | > | 1 | 0 | | |
| 52 | Did the organization complete Schedicompleted Schedule A | • | | inizations | | n & .► ☑ Yes | □ No | |
| | penalties of perjury, I declare that I have examined this irrect, and complete. Declaration of preparer (other that | | | | | nowledge and | belief, it is | ; |
| Sign Here | Signature of officer No. 1 Type or plint name and title | inling, Exe | while Dire | 1 ctor | ate 4 | -6-2 | 0 | _ |
| Paid | Print/Type preparer's name Kristia Ecept | Preparer's signature | | 7-11-2 | Check Z | | | _ |
| | Only Firm's name None | 1- 1000-1 | | | m's ⊟N ► | 54102 | 256 | _ |
| | Firm's address > 71 Tanglewood Dr L | | | hone no | 503-214- | 0979 | _ | |
| | | | | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

20**19**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 824080391 Urban Nature Partners PDX Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/s/8 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the bonofit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing document? (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Total

€,

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.)

| Calen 1 | dar year (or fiscal year beginning in) Gifts, grants, contributions, and | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|------------|---|--------------------------------------|--------------------------------|-------------------|------------------|-----------------------|-------------------|
| 1` | | 1 ! | | | | | 17 |
| | | - | | | | | |
| • | membership fees received. (Do not include any "unusual grants.") | 43,959 | 56,563 | 37,838 | 18,432 | 50,276 | 207,068 |
| 2 . | Tax revenues levied for the | 75,757 | | | | | |
| _ | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | o | ٠٥ | 0 | 0 | o | 0 |
| 3 | The value of services or facilities | | | | | | |
| ٠. | furnished by a governmental unit to the | | | | | | |
| | organization without charge | o | 0 | 0 | 0 | 0 | |
| 4 | Total. Add lines 1 through 3 | 43,959 | 56,563 | 37,838 | 18,432 | 50,276 | 207,068 |
| 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) | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4 | 7.77 | | | | 200 | 207,068 |
| | on B. Total Support | 1 4482 - 21 - 20 - 20 - 27 17 27 | Ange Krainer Freder Byokay - K | CONTROLLY TO COME | | 110 110 2.01 11111121 | |
| Calen | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 43,959 | 56,563 | 37,838 | 18,432 | 50,276 | 207,068 |
| .8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | Ï | | |
| | rents, royalties, and income from | | | · . | | | |
| | similar sources | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | _ | | | | ا | _ |
| 40 | is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | ' | | | |
| | (Explain in Part VI.) | | 0 | ار | n | | 0 |
| 11 | Total support. Add lines 7 through 10 | 0 | 0 | 0 | | | 207,068 |
| 12 | Gross receipts from related activities, etc. | (see instruction | ns) | <u> </u> | | 12 | 207,000 |
| 13 | First five years. If the Form 990 is for the | | • | | 1 | | n 501(c)(3) |
| | organization, check this box and stop he | _ | | | _ | | |
| Section | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2019 (line 6 | | | 1, column (f)) | | 14 | % |
| 15 | Public support percentage from 2018 Sch | nedule A, Part I | l, line 14 . | | | 15 | % |
| 16a | 331/3% support test-2019. If the organi | zation did not | check the box | on line 13, an | d line 14 is 33 | 1/3% or more, | check this |
| | box and stop here. The organization qua | • | | _ | | | > 🗀 |
| b | 331/3% support test-2018. If the organia | | | | • | | ore, check |
| | this box and stop here. The organization | qualifies as a p | publicly suppo | rted organizati | on | | · · ▶ 🛚 |
| 17a . | 10%-facts-and-circumstances test—20 | | | | | | |
| | 10% or more, and if the organization me | | | | | | |
| _ | Part VI how the organization meets the " | facts-and-circi | ımstances" te | st. The organiz | tation qualifies | as a publicly | supported |
| | organization | · · · · · | | | | | · · • 💆 🗔 |
| Ь | 10%-facts-and-circumstances test—20 | | | | | | |
| | 15 is 10% or more, and if the organization in Part VI how the organization in | | | | | | |
| | supported organization | | s-and-circums | | ine organizatio | on quailles as | a publicly ▶ □ |
| 18 | Private foundation. If the organization de | | | | or 17h check | this box and | see |
| | instructions | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| | 824080391 |
|------------------|---|
| | |
| 2,428 | |
| 5,494 | · |
| 2,513 | |
| 1,147 | |
| , 1,682 | |
| 1,716 | |
| 995 | |
| 902 | |
| 16,877 | |
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| | |
| r Receivable 872 | |
| | |
| ties 2,707 | |
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| | 5,494 2,513 1,147 1,682 1,716 995 902 16,877 |

| Scredule O (Form 990 or 990-62) (2019) | Page 2 |
|--|---|
| Name of the organization Urban Nature Partners PDX | Employer Identification number 824080391 |
| Part III, line 31, Other Program Services | |
| Variport: Provided funding to build operational capacity in transition to independent 501(c)3 organization f | rom fiscal sponsorship |
| Funds received 5,433 Expenses 5,619 | |
| Metro- Provided funding for youth trips | |
| Funds received 3,000 Expenses: 3,000 | |
| Meyer. Provided funding to support mentor costs | |
| Funds received 1,875 Expenses 1,226 | |
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