DLN: 93493305004219 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization LLOYD BID INC D Employer identification number B Check if applicable □ Address change 93-1288383 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 700 NE MULTNOMAH ☐ Application pending (503) 242-0084 City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97232 G Gross receipts \$ 526,892 F Name and address of principal officer H(a) Is this a group return for ☐Yes ☑No subordinates? 700 NE MULTNOMAH 340 H(b) Are all subordinates PORTLAND, OR 97232 ☐ Yes ☑No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation M State of legal domicile **K** Form of organization \square Corporation \square Trust \square Association \square Other \triangleright Summary 1 Briefly describe the organization's mission or most significant activities To fund supplemental transportation management, District Attorney prosecution, and job development services within the district SIGNIFICANT ACTIVITIES OF THE ORGANIZATION HAVE FOCUSED ON PUBLIC SAFETY, TRANSPORTATION ACCESS, LANDSCAPE Activities & Governance BEAUTIFICATION, ECONOCMIC DEVELOPMENT, AND DISTRICT ADVOCACY Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 76,477 8 Contributions and grants (Part VIII, line 1h) . 75.984 Program service revenue (Part VIII, line 2g) . 368,780 449,741 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 704 674 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 445,468 526,892 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 292,095 317,837 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 140,475 154,389 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 432,570 472,226 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 54,666 19 Revenue less expenses Subtract line 18 from line 12 . 12,898 Assets or d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 465.657 498,134 **21** Total liabilities (Part X, line 26) 23,423 1,234 Net assets or fund balances Subtract line 21 from line 20 442,234 496,900 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-01 Signature of officer Date Sign Here HENRY A ASHFORTH III Chairman Type or print name and title Preparer's signature PTIN P00012994 Print/Type preparer's name Check 🗹 ıf Paid self-employed Firm's name Richard K Gonzales CPA Firm's EIN ► 75-2980128 Preparer Use Only Firm's address ► 4838 NE Sandy Blvd Suite 102 Phone no (503) 412-3636 Portland, OR 97213 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

| Form | 990 (2018) | | | | Page 2 | | | | | |
|------|--------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------|---------------|------------------------|--|--|--|--|--|
| Pa | Statement | of Program Service Ac | complishments | | | | | | | |
| | Check if Sche | dule O contains a response o | r note to any line in this Part III . | | 🗹 | | | | | |
| 1 | Briefly describe the o | rganization's mission | · | | | | | | | |
| ACTI | | IZATION HAVE FOCUSED ON | ict Attorney prosecution, and job I PUBLIC SAFETY, TRANSPORTATI | | | | | | | |
| 2 | | | gram services during the year wh | | ☐ Yes ☑ No | | | | | |
| | If "Yes," describe the | se new services on Schedule | 0 | | | | | | | |
| 3 | Did the organization services? | ☐ Yes ☑ No | | | | | | | | |
| | If "Yes," describe the | If "Yes," describe these changes on Schedule O | | | | | | | | |
| 4 | Section 501(c)(3) and | | nplishments for each of its three le e required to report the amount of service reported | | | | | | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | |
| | See Additional Data | , (| | , , | , | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | |
| | See Additional Data | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) | | | | | |
| | See Additional Data | | | | | | | | | |
| 4d | Other program service | ces (Describe in Schedule O) | | | | | | | | |
| | (Expenses \$ | ıncludıng | grants of \$ |) (Revenue \$ |) | | | | | |
| 4e | Total program serv | rice expenses ▶ | | | | | | | | |
| | | | · | | Form 990 (2018) | | | | | |

| Par | 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 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 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 | | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? | | | No |
| 7 | If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | No |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | 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 | | No |
| | 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 2 | 11c | | No |
| | 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 | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2 | 12a | | No |
| | 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) | 17 | | No |
| 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 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | | |
| 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 | Yes | |

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 2º If "Yes," complete Schedule I, Parts I and III

Νo

22

| Form | 990 (2018) | | | Page 4 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| Pai | tiV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 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 Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| 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 | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | ı 1 | | l |

36

37

38

3

0

1a

1b

Yes

Yes

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Νo

No

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V $\,$.

37

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Part V

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Page 6 Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----|
| Se | ction 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 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | | 14 | | No |
| 15 | • | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| | Other officers or key employees of the organization | 15b | | No |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| _54 | taxable entity during the year? | 16a | | No |
| | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt | 16b | | |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se 17 | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ALEXANDRA ZIMMERMANN 700 NE MULTNOMAH 340 PORTLAND, OR 97232 (503) 236-6441

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated compensation than one box, unless person amount of other hours per compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organizations organization from the for related (W- 2/1099-(W-2/1099organization and Former individual to or director Highest compensated employee MISC) organizations MISC) related Institutional Trust⊌e below dotted organizations employ line) trustee 90 1.00 (1) JOHN SULLIVAN 0 Х 0 Director 0 00 1 00 (2) DAVID SLAWSON 0 Director 0.00 0 00 (3) ANN GRIMMER 0 0 00 1.00 (4) SCOTT CRUICKSHANK 0 Х Director 0 00 1 00 (5) LISA KLEIN 0 0 Director 0 00 1 00 (6) CHRIS OXLEY 0 0 00 1 00 (7) PETER COGSWELL 0 Х Director 0 00 1 00 (8) SCOTT BOLTON 0 Director 0 00 1 00 (9) BOB DYE 0 0.00 1 00 (10) HENRY A ASHFORTH III Х 0 0 Chairman 0 00 1 00 (11) WADE LANGE Х 0 Treasurer 0 00

| Form 990 (| 2018) | | | | | | | | | | Page 8 |
|------------|------------------------------|----------------------------------------------|-----------------------------------|-----------------------|----------------|-------------------------|------------------------------|--------|-------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|
| Part VII | Section A. Officers, Direct | tors, Trustees | s, Key I | Empl | loye | es, | and I | High | nest Compensate | d Employees (co | ntınued) |
| | (A) Name and Title | (B) Average hours per week (list any hours | | ne b | ox, ι in of | t cho unles ficer | s pers | on | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
| | | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| | | | | | | | | | | | |
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 \blacktriangleright c Total from continuation sheets to Part VII, Section A . \blacktriangleright d Total (add lines 1b and 1c) . . _

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

of reportable compensation from the organization ▶ 0

2 Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .

3 3 No

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

4 4 Νo

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Nο

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

5 1

| from the organization Report compensation for the calendar year ending with or within the organization's tax year | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|--|--|--|--|--|
| (A) Name and business address | (B) Description of services | (C) Compensation | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 2 | 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 or compensation from the organization ▶ 0 | | | | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

Form 990 (2018)

| Tental Statement of Revenue Check if Schedule O contains a response or note to any time in this Past VIII. Total revenue To | | | Statement of | Pevenue | | | | | | | | | | Page 9 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-------------------------------|----------------|----------|-----------|-------------|--------------|---------------|-----------------|-------------------------------------|-------------------------------------|--------------|----------------------------------|
| Total leveruse Pearled from Company Co | гап | VII | | | a respo | onse or r | note to any | / line in tl | hıs Part VIII | | | | | . 🗆 |
| Personal composition 15 15 15 15 15 15 15 1 | | | | | <u> </u> | | 1000 00 011 | (| A) | Rel e: fu | (B) lated or xempt inction | (C) Unrelated business | Re exclud | venue ded from er sections |
| Non-intervent Non-interven | | 1 | a Federated campaig | ns | 12 | | | | | re | evenue | | 512 | - 514 |
| 2 | nts nts | ľ | | | | | | | | | | | | |
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| 2 | S, G Am | | | | | | | | | | | | | |
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| 2 | tion r.S | | and sımılar amounts n | | 1f | | 76,477 | | | | | | | |
| 2 | ibu If e | | | ons included | | | | | | | | | | |
| 2 | a de | | | | | | | | | | | | | |
| 2a TES AND ASSESSMENTS | <u>ة</u> ك | | h Total. Add lines 1a | -1f | • | | . • | | 76,477 | | | | | |
| ## All other program service revenue ## 449,741 Towardment income (neutiding dividends, interest, and other similar amounts) | <u>н</u> | | | | | | Busines | s Code | | | | | | |
| ## All other program service revenue ## 449,741 Towardment income (neutiding dividends, interest, and other similar amounts) | Ven | 2 | a FEES AND ASSESSMENT | rs | | | | | | 149,741 | 449,7 | 741 | | |
| ## All other program service revenue ## 449,741 Towardment income (neutiding dividends, interest, and other similar amounts) | æ | ١ | b | | | | | | | | | | | |
| ## All other program service revenue ## 449,741 Towardment income (neutiding dividends, interest, and other similar amounts) | ¥ K | ١, | с ——— | | _ | | | | | | | | | |
| f All other program service revenue f All other program service revenue 3 Torestembri mome (including dividends, interest, and other of the mome of the moment of the servent of the moment of the servent of the moment of the servent of the serve | ₹ | ١, | - | | | | | | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | ran | | C | | | | | | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | fog | | | | | | | 449,741 | | • | | | • | |
| Semilar amounts Semilar am | | | | | | <u> </u> | | _ | | 1 | <u> </u> | | | |
| S Royaltes | | | | | | interest, | and other | | 67 | '4 | | | | 674 |
| Continued of the second of t | | | | ent of tax-exe | empt b | ond proc | eeds l | • | | | | | | |
| Comment Comm | | 5 | Royalties | | | | | <u> </u> | | 0 | | | | |
| Description of (loss) Description Descr | | ے | a Gross ronts | (ı) Rea | ıİ | (11) | Personal | 4 | | | | | | |
| G Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other Ta Gross amount from sales of assets other than inventivy b Lisis cost or other basis and seles exponses (C claim or (loss) d Net gan or (loss) 5 Ba Gross income from fundralising events (not including \$ other control of the loss) (not including \$ other control of the loss) C Net income or (loss) from fundraling events See Part IV, line 19 5 Less direct expenses C Net income or (loss) from gaming activities See Part IV, line 19 Less cost of goods sold D Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b 12 Total revenue See Instructions 13 Gross gas 449,741 576 | | " | a Gloss lelits | | | | | | | | | | | |
| d Net rental income or (loss) | | | b Less rental expenses | | | | | | | | | | | |
| d Net rental income or (loss) | | | c Rental income or | | | | | \dashv | | | | | | |
| Ta Gross amount from Seles of assets other then inventory. Discrete Continued Conti | | | (loss) | | | | | | | | | | | |
| To fores amount from sales of assets other than inventory b Less cost or other bass and alse expenses contributions reported on line 1 c) contributions reported on line 2 c) c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities c Net income or | | | d Net rental income o | | | | | _ | | 0 | | | | |
| assets other than inventory b Less cost or other bass and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) See Part IV, line 18 c Net income or (loss) from fundraising events see Part IV, line 19 c Net income or (loss) from garing activities see Part IV, line 19 c Net income or (loss) from garing activities IDAG Gross sales of inventory, less returns and allowances Business Code IIa b d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See Instructions b Less cost or goods sold sold c Total revenue. See Instructions 526,892 449,741 674 | | 7 | a Gross amount | (I) Securi | lies | (11) | Other | \dashv | | | | | | |
| b Less cost or other basis and sales expenses c Gen or (loss) d Net gain or (loss) d Net gain or (loss) see Part IV, line 18 . a b Less direct expenses . b c Net income or (loss) from fundraising events . o Net income or (loss) from fundraising events b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less cost of goods sold . b c Net income or (loss) from gaming activities o 10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory o Miscellaneous Revenue Business Code 11a b 12 Total revenue. See Instructions . b 526,892 449,741 674 | | | assets other | | | | | | | | | | | |
| other basis and sales expenses C Gain or (loss) d Net gain or (loss) | | | than inventory | | | | | | | | | | | |
| d Net gain or (loss) d Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events o a b Less direct expenses b c Net income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities o 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold . b c Net income or (loss) from sales of inventory | | | other basis and | | | | | | | | | | | |
| d Net gain or (loss) | | | · | | | | | - | | | | | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Parl IV, line 18 | | | | | | | • | - | | 0 | | | | |
| contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold . b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a b c Total. Add lines 11a-11d | | 8 | | | | | <u> </u> | | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities | ıne | | | | | | | | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities | Š | | | | | | | | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities | æ | | · | | | | | | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities | her | ı | | | | ents . | . ▶ | _ | | 0 | | | | |
| b Less direct expenses b | ŏ | " | See Part IV, line 19 | aming activit | ies | | | | | | | | | |
| c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a | | | | | а | | | | | | | | | |
| 10aGross sales of inventory, less returns and allowances a b c Net income or (loss) from sales of inventory . | | | | | | | | | | | | | | |
| returns and allowances a b Less cost of goods sold . b 0 C Net income or (loss) from sales of inventory > 0 Miscellaneous Revenue Business Code 11a b c d All other revenue | | ı | | | activit | les . | • • | _ | | | | | | |
| b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue | | | | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue | | | bloss sost of goods o | ald | | | | 4 | | | | | | |
| Miscellaneous Revenue Business Code 11a b c d All other revenue | | | | | | | | _ | | 0 | | | | |
| b c d All other revenue e Total. Add lines 11a–11d | | | | | 1117011 | | | | | | | | | |
| d All other revenue 0 e Total. Add lines 11a-11d | | 1 | 1a | | | | | | | | | | | |
| d All other revenue 0 e Total. Add lines 11a-11d | | | | | | | | | | | | | | |
| d All other revenue | | | b | | | | | | | | | | | |
| d All other revenue | | | | | | | | 1 | | | | | | |
| e Total. Add lines 11a-11d | | | C | | | | | | | | | | | |
| e Total. Add lines 11a-11d | | | d All other revenue | | | | | + | | | | | | |
| 12 Total revenue. See Instructions | | ı | | | | L | • | 1 | | | | | | |
| 526,892 449,741 674 | | | | | | | | | | | | | - | |
| | | Ĺ | | | | - • | • • | | 526,89 | 12 | 449,741 | | Form | |

| Part IX | Statement of | f Functional | Expenses |
|---------|----------------|--------------|----------|
| C | (/-)(3) F04(-) | / 4 \ | |

| orm 990 (2018) | | | | Page 1 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------------------------|------------------------------------|
| Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all col | lumns All other orga | anizations must comp | elete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | <u></u> | | 🗆 |
| o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 317,837 | 317,837 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 0 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 0 | | | |
| LO Payroll taxes | 0 | | | |
| L1 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 75,000 | 75,000 | | |
| c Accounting | 2,300 | | 2,300 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | 7,244 | 7,244 | | |
| .2 Advertising and promotion | 0 | | | |
| 3 Office expenses | 0 | | | |
| 4 Information technology | 798 | 798 | | |
| 5 Royalties | 0 | | | |
| 6 Occupancy | 0 | | | |
| . 7 Travel | 0 | | | |
| 8 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| .9 Conferences, conventions, and meetings | 551 | | 551 | |
| 20 Interest | 0 | | | |
| 1 Payments to affiliates | 0 | | | |
| 2 Depreciation, depletion, and amortization | 0 | | | |
| 3 Insurance | 2,132 | | 2,132 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | 5,255 | | | |
| a NEIGHBORHOOD BRND & DVLPMNT | 18,281 | | 18,281 | |
| b ORGANIZATIONAL SUPPORT | 18,075 | | 18,075 | |
| c RESEARCH - DISTRICT ADVOCACY | 10,000 | 10,000 | | |
| d LCA STAFFING SUPPORT | 10,000 | | 10,000 | |
| e All other expenses | 10,008 | 9,790 | 218 | |
| 25 Total functional expenses. Add lines 1 through 24e | 472,226 | 420,669 | 51,557 | |
| 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) | | | | |

Page **11**

18

19 20

21

22 23

24

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27 28

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33

34

1,234

1.234

496,900

496,900

498,134

Form **990** (2018)

1.234

23.423

442,234

442,234

465,657

Form 990 (2018)

18

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21

23

24

26

27

28

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34

Liabilities 22

Assets or Fund Balances

Net

Grants payable .

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

| | 1 | Cash-non-interest-bearing | | 1 | 0 |
|-----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|----------|
| | 2 | Savings and temporary cash investments | 458,179 | 2 | 490,656 |
| | 3 | Pledges and grants receivable, net | | 3 | 0 |
| | 4 | Accounts receivable, net | 7,478 | 4 | 7,478 |
| | 6 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | 0 |
| ets | 7 | voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 7 | 0 |
| SS | 8 | Inventories for sale or use | | 8 | 0 |
| ⋖ | _ | | | | <u> </u> |

| SS | 8 | Inventories for sale or use | | • | | 8 | 0 |
|----|-----|-----------------------------------------------------------------------------------|------------|-------|---------|-----|---------|
| A | 9 | Prepaid expenses and deferred charges | | | | 9 | 0 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,750 | | | |
| | ь | Less accumulated depreciation | 10b | 1,750 | | 10c | 0 |
| | 11 | Investments—publicly traded securities . | | | | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line | e 11 . | | | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | 0 |
| | 16 | Total assets.Add lines 1 through 15 (must equ | ial line : | 34) | 465,657 | 16 | 498,134 |
| | 17 | Accounts payable and accrued expenses | | | 22,189 | 17 | |

| Form | 990 (2018) | | | | Page 12 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|-----|----------------|
| Pa | Reconcilliation 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 | | | 526,892 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 472,226 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 54,666 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 442,234 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 496,900 |
| Pa | TXII 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 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | red | 3b | | |

Form **990** (2018)

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

MULTNOMAH COUNTY DISTRICT ATTORNEY - NEIGHBORHOOD DA PROGRAMEUNDS ARE RECOMMENDED TO SUPPORT THE CONTINUATION OF THE NEIGHBORHOOD

EIN: 93-1288383

Name: LLOYD BID INC

Form 990 (2018)

Form 990, Part III, Line 4a:

DISTRICTATTORNEY PROGRAM, ORIGINALLY ESTABLISHED IN 1990 \$75,000 WAS CONTRIBUTED DURING 2018 THIS PROGRAM REPRESENTS A LONG-STANDING PARTMERSHIP BETWEEN THE B I D , MULTINOMAH COUNTY AND CITY OF PORTLAND POLICE BUREAU THERE IS A DEDICATED DISTRICT ATTORNEY TO PROSECUTE CRIMES AND COORDINATE PREVENTION AND SAFETY PROGRAMS IN LLOYD THIS PROGRAM NOT ONLY REPRESENTS COMMUNITY POLICING AND COMMUNITY PROSECUTION AT ITS BEST BUT THE LLOYD DISTRICT PROGRAM HAS ALSO BECOME A NATIONAL MODEL FOR HOW COMMUNITIES, PROSECUTORS AND LAW ENFORCEMENT CAN WORK SUCCESSFULLY TO ELIMINATE SERIOUS PUBLIC SAFETY AND LIVABILITY ISSUES THE PRIMARY PROVIDERS HAVE ESTABLISHED A LONG-STANDING COOPERATIVE EFFORT FOR COORDINATION OF SERVICES TO BENEFIT THE ENTIRE DISTRICT THIS COORDINATION HAS BEEN FELILIATED THROUGH THE LLOYD DISTRICT'S NEIGHBORHOOD DA OFFICE, \$5.5 MILLION HAS BEEN REINVESTED IN THE NEIGHBORHOOD SINCE INCEPTION THE NEIGHBORHOOD DA WORKS DIRECTLY WITH LLOYD STAKEHOLDERS TO HELP PROPERTY OWNERS, MANAGERS, BUSINESSES, AND RESIDENTS FEEL SAFE AND SECURE IN THEIR HOMES AND THEIR PLACES OF WORK THE DISTRICT CONTRIBUTES 50% OF THE COST OF THE DISTRICT ATTORNEY AND A PORTION OF OFFICE EXPENSES SOME ACTIVITIES WITHIN THE PROGRAM INCLUDE A STRONG PARTNERSHIP HAS BEEN FORGED AND IS REGULARLY MAINTAINED BETWEEN THE DA'S OFFICE, PROPERTY OWNERS AND MANAGERS, RESIDENTS, TRI MET AND IT'S POLICE DIVISION, PRIVATE SECURITY PROVIDERS, PORTLAND PARKS DEPARTMENT, ODOT, CITY OF PORTLAND CRIME PREVENTION AND THE PORTLAND POLICE BUREAU WITH THE INTENTION TO IDENTIFY PUBLIC SAFETY THREATS EARLY, SEEK OUT SOLUTIONS AND DIMINISH THE THREATS AS THEY EMERGE IN THE DISTRICT THE NEIGHBORBOOD DA CONVENES AND FACILITATES MONTHLY LLOYD DISTRICT PUBLIC SAFETY COMMITTEE MEETINGS ATTENDES INCLUDE LOCAL LAW ENFORCEMENT, SECURITY PROVIDERS, AREA RESIDENTS AND OTHER INTERESTED MEMBERS OF BOTH PUBLIC AND PRIVATE SECTORS. THIS GROUP ACTIVELY ADDRESSES THE "ISSUES OF THE DA'" AND RESOLVES THEM IN A COMMUNAL FEFORT - THE ONGOING COMMUNICATION BETWEEN MEMBERS OF THIS

EFFECTIVELY TRANSFORMED THE WAY THAT THE LLOYD DISTRICT ADDRESSES PUBLIC SAFETY AND LIVABILITY ISSUES ONGOING IMPLEMENTATION AND MAINTENANCE OF STRATEGIES THAT TARGET ABERRANT STREET BEHAVIOR AND GRAFFITI OCCURRING IN THE DISTRICT WORKED TO ADD THE LLOYD DISTRICT TO CITY COUNCIL'S DRUG IMPACT AREA INITIATIVE AS A PREVENTIVE MEASURE AGAINST DRUG DEALING CONVICTION FOR ANY DRUG OFFENSE ANYWHERE IN THE CITY IS

NOW GROUNDS FOR THE STATE TO SEEK A CONDITION OF PROBATION THAT RESTRICTS THE CONVICTED PERSON FROM ENTRY TO THE LLOYD DISTRICT

Form 990, Part III, Line 4b: GO LLOYD THE LLOYD NEIGHBORHOOD HAS CREATED AN EFFECTIVE TRANSPORTATION MANAGEMENT ASSOCIATION, GO LLOYD, WHICH HAS EVOLVED TO SERVE AS A NATIONAL MODEL FOR DISTRICT- BASED ACCESS MANAGEMENT. THE PROGRAM IS BEST RECOGNIZED FOR ITS ORGANIZING EFFORTS FOR TRANSIT AND BIKE AND WALKING PROGRAMS IN THE NEIGHBORHOOD HOWEVER, GO LLOYD ALSO PROVIDES A COMPREHENSIVE PROGRAM OF BUSINESS TO BUSINESS OUTREACH. INDIVIDUALIZED TRIP PLANNING ASSISTANCE TO EMPLOYEES AND RESIDENTS, EDUCATIONAL PROGRAMS AND COMMUNITY EVENTS TRANSIT AS PART OF THE

MEMBER BUSINESSES 30 UNIVERSAL PASS CONTRACTS WERE RENEWED AND 4,650 PASSES SOLD THE ORGANIZATION ALSO SOLD MORE THAN 2,000 FARE INSTRUMENTS THROUGH THE COMMUTER CONNECTION STORE SUCCESSFULLY NEGOTIATED A NEW RATE FOR 2017-2018 UNIVERSAL ANNUAL TRANSIT PASS PROGRAM MAINTAINED AN EMPLOYEE TRANSIT USE AT 35% OF COMMUTE TRIPS, INCREASED BICYCLE AND PEDESTRIAN COMMUTES, HELPED FUND PEDESTRIAN SAFETY AND IMPROVEMENTS, INCREASED AWARENESS OF DISTRICT TRANSIT OPTIONS, CONNECTED WITH DISTRICT BUSINESSES AND PROVIDED OUTREACH SERVICES AND

UNIVERSAL PASS PROGRAM, THE ORGANIZATION DISTRIBUTED APPROXIMATELY 5,000 COMMUTE CHOICES SURVEYS, ANALYZED DATA, AND COMPILED REPORTS FOR

IMPROVED COMMUNICATIONS, ANALYZED DATA FOR PLANNING AND IMPROVED SERVICES, REDUCED EMISSIONS FOR IMPROVED AIR QUALITY BICYCLES OUR BIKE COMMITTEE WORKS TO ACHIEVE A 10% BICYCLING MODE SPLIT BY SUPPORTING THE LLOYD CYCLING COMMUNITY AND MOTIVATING EMPLOYEES AND RESIDENTS TO COMMUTE BY BIKE DURING 2017 BIKE MODE SPLIT INCREASED SLIGHTLY TO 6% WE REGULARLY PURCHASE NEW BIKE PARKING SPACES AT NEIGHBORHOOD BUSINESSES WE HOSTED AT LEAST 20 EDUCATION AND ENCOURAGEMENT EVENTS, INCLUDING SERVICE STATIONS, REPAIR WORKSHOPS, AND BIKE BREAKFASTS ALTOGETHER, WE REACHED MORE THAN 500 PEOPLE RIDING BIKES WE HELD OUR 20TH ANNUAL BIKE TO WORK DAY PARTY IN OREGON SOUARE, WITH 20 VENDORS

AND MORE THAN 150 ATTENDEES WE COMPPLETED THE MULTNOMAH STREETSCAPE PLAN

Form 990, Part III, Line 4c: HOLLADAY STREET LANDSCAPING - A BETTER STREET FOR GREAT BUSINESSTHE BID ENTERED INTO A PARTNERSHIP WITH THE CITY OF PORTLAND'S BUREAU OF TRANSPORTATION IN 2006 TO TAKE OVER COORDINATION FOR MAINTAINING THE LANDSCAPE ISLANDS ON NE HOLLADAY STREET (FROM NE 1ST TO NE 13TH STREET) THE DISTRICT MAINTAINS ISLAND PLANTINGS, IRRIGATES AND REMOVES LITTER FROM NE HOLLADAY STREET. SINCE DISTRICT OVERSIGHT BEGAN, HOLLADAY STREET'S

APPEARANCE HAS IMPROVED MARKEDLY AND TENANT SATISFACTION WITH THE STREETSCAPE HAS INCREASED. RENDERING HOLLADAY A MORE VISUALLY APPEALING

AND MARKETABLE CORRIDOR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for the latest information.

DLN: 93493305004219OMB No 1545-0047

2018

Inspection

| | YD BID INC | | | Employer | identification | пишьег |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------|---------------|---------------------------|-------------|
| | | | | 93-128838 | | |
| Pa | rt I Organizations Maintaining Donor Adv | | | Account | s. | |
| | Complete if the organization answered "Y | es" on Form 990, Part IV, III (a) Donor advised fu | | (b)Eı | unds and other | accounts |
| | Total number at end of year | (a) Donor advised to | illus | (0)10 | and other | accounts |
| , | Aggregate value of contributions to (during year) | | | | | |
| - 1 | Aggregate value of grants from (during year) | | | | | |
| | Aggregate value at end of year | | + | | | |
| | , | ore in writing that the access had | ld in donor ody | and funda | the | |
| , | Did the organization inform all donors and donor advis organization's property, subject to the organization's e | | id in donor adv | isea lunas a | _ | Yes 🗌 No |
| 5 | Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit? | | | | |] Yes □ No |
| Pa | rt II Conservation Easements. Complete if t | he organization answered "\ | Yes" on Form | 990, Part | IV, line 7. | |
| L | Purpose(s) of conservation easements held by the organization | anızatıon (check all that apply) | | | | |
| | \square Preservation of land for public use (e g , recreation | on or education) \Box Prese | ervation of an h | istorically i | mportant land | area |
| | Protection of natural habitat | ☐ Prese | ervation of a ce | rtified histo | oric structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | a qualified conservation contribu | ition in the forn | | ervation Id at the End | of the Year |
| а | Total number of conservation easements | | | 2a | | |
| b | Total acreage restricted by conservation easements | | | 2b | | |
| С | Number of conservation easements on a certified histo | ric structure included in (a) | | 2c | | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | ured after 7/25/06, and not on a | a historic | 2d | | |
| 3 | Number of conservation easements modified, transferred tax year ▶ | ed, released, extinguished, or te | erminated by th | ne organiza | tion during the | |
| Ļ | Number of states where property subject to conservat | on easement is located > | | | | |
| 5 | Does the organization have a written policy regarding and enforcement of the conservation easements it hold | | ion, handling of | violations, | ☐ Yes | □ No |
| 5 | Staff and volunteer hours devoted to monitoring, inspec | ecting, handling of violations, an | d enforcing cor | servation e | easements duri | ng the year |
| , | Amount of expenses incurred in monitoring, inspecting \$ \begin{align*} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | , handling of violations, and enf | orcing conserva | ation easem | nents during th | e year |
| 3 | Does each conservation easement reported on line 2(c and section $170(h)(4)(B)(II)$? |) above satisfy the requirement: | s of section 17 | O(h)(4)(B)(| □ Yes | □ No |
|) | In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme | e footnote to the organization's | | | | |
| ar | Complete if the organization answered "Y | | | r Similar | Assets. | |
| La | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final | 16 (ASC 958), not to report in it r public exhibition, education, or | ts revenue stat r research ın fu | | | |
| b | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items | | | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ | | |
| (i | i)Assets included in Form 990, Part X | | | ▶ \$ | | |
| 2 | If the organization received or held works of art, historical following amounts required to be reported under SFAS | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | (2007) relating to these | | ▶ \$ | ; | |
| L | Accets included in Form 990 Part V | | | | + | |

Cat No 52283D

Schedule D (Form 990) 2018

| Par | t III | Organizations Ma | aintaining Col | lections c | of Art, F | listori | cal Tr | easu | ıres, or | Other | Similar A | ssets (| continued) |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|--------------------|-------------------|--------------|------------|--------|-----------|------------|---------------------------|-----------|--------------------------|
| 3 | | g the organization's acq is (check all that apply) | uisition, accession | n, and other | records, | check | any of | the fo | llowing t | hat are a | significant | use of it | s collection |
| а | | Public exhibition | | | | d | | Loan | or excha | inge prog | rams | | |
| b | | Scholarly research | | | | е | | Othe | r | | | | |
| c | | Preservation for future | e generations | | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | | | | | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | | | | |
| Pai | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | | | |
| 1a | | ne organization an agent ided on Form 990, Part) | | an or other | ıntermed | ıary for | contrib | oution | s or othe | r assets i | not | ☐ Y | es 🗌 No |
| b | If "Y | es," explain the arrange | ement in Part XIII | and comple | ete the fo | llowing | table | | [| | A | mount | |
| С | Begi | nnıng balance | | | | | | | | 1c | | | |
| d | Addı | tions during the year | | | | | | | [| 1d | | | |
| е | Dıstı | ributions during the year | r | | | | | | | 1e | | | |
| f | Endi | ng balance | | | | | | | | 1f | | | |
| 2a | Dıd t | the organization include | an amount on Fo | rm 990, Par | t X, line | 21, for | escrow | or cu | stodial a | ccount lia | ıbılıty? | □ Ye | es 🗌 No |
| b | If "Y | es," explain the arrange | | | | | | | | | | | |
| Pa | rt V | Endowment Fund | ds. Complete ıf | | | | | | | | | | |
| _ | _ | | | (a)Currer | nt year | (b) P | rior yeai | - | (c)Two ye | ears back | (d)Three ye | ars back | (e)Four years back |
| | - | ning of year balance . | | | | | | | | | | | |
| | | ibutions | | | | | | | | | | | |
| | | vestment earnings, gair | | | | | | | | | | | |
| | | s or scholarships | | | | | | | | | | | |
| е | | expenditures for facilities rograms | es | | | | | | | | | | |
| f | Admir | nistrative expenses . | | | | | | | | | | | |
| g | | f year balance | | | | | | | | | | | |
| 2 | | ride the estimated percei | | ent year end | balance | (line 1 | g, colur | nn (a) |)) held a | 5 | | | |
| а | | rd designated or quasi-e | ndowment > | | | | | | | | | | |
| b | Perm | nanent endowment 🟲 | | | | | | | | | | | |
| С | | porarily restricted endov | | | | | | | | | | | |
| | | percentages on lines 2a, | | • | | | | | | | | | |
| 3a | orga | there endowment funds inization by | · | sion of the | organızat | ion tha | t are he | eld an | d admını | stered foi | r the | _ | Yes No |
| | (i) u | ınrelated organizations | | | | | • | | | | | <u> </u> | a(i) |
| b | | related organizations . 'es" on 3a(ii), are the rel | | ns listed as r | equired o | on Sche | dule R | · . | • • | | | | a(ii) 3b |
| 4 | Desc | cribe in Part XIII the inte | ended uses of the | organizatio | n's endov | wment f | funds | | | | | | |
| Pai | rt VI | | | | | | _ | | | _ | | | |
| | Dess | Complete If the ord | ganization answ (a) Cost or oth | | " on For (b) Cost | | | | | | m 990, Pa lepreciation | | ne 10. (d) Book value |
| | Desci | ription of property | (investme | | (b) cost | or other | Dasis (C | icher) | (C) Acci | umulated d | ергесіаціоп | | (d) Book value |
| 1a | Land | | | | | | | | | | | | |
| b | Buildii | ngs | | | | | | | | | | | |
| С | Lease | hold improvements | | | | | | | | | | | |
| d | Equip | ment | | | | | | 1,750 | | | 1,750 | | |
| е | Other | · | | | | | | | | | | | |
| Tota | J. Add | l lines 1a through 1e (Co | olumn (d) must ei | gual Form 9 | 90. Part | X. colur | mn (B) | line | 10(c)) | | | | |

| Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12. | organization ar | nswered "Yes" on | Form 990, Part IV, line 11h | b. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|--------------------------------------------------------|-------|
| (a) Description of security or category (including name of security) | (b) Book value | Cost | (c) Method of valuation or end-of-year market value | |
| (1) Financial derivatives | · · · | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | | |
| Part VIIII Investments—Program Related. Complete if the organization answered 'Yes' on For | rm 990, Part IV | , line 11c. See Fo | orm 990, Part X, line 13. | |
| (a) Description of investment | (b) Book val | ue | (c) Method of valuation or end-of-year market value | |
| (1) | | 2030 | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y | /os' on Form 990 | Part IV June 11d S | Son Form 990 Part V June 15 | |
| (a) Description | res on rollingso, | raitiv, iiile iiu s | (b) Book | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) (E) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | | |
| Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. | | | | |
| 1. (a) Description of liability (1) Federal income taxes | (b |) Book value | | |
| ACCRUED EXPENSES | | 1,234 | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of tl | he feetnete to the | 1,234 | noial obstomants that | |
| organization's liability for uncertain tax positions and part XIII, provide the text of the organization's liability for uncertain tax positions under FIN 48 (ASC 740). | | | | |

| | 3 | | | | |
|---|--------------------------------|----|-------|----|--|
| d | Other (Describe in Part XIII) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | _ | 3 | |

3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Schedule D (Form 990) 2018

2

5

1

2

3

4

b

а

Part XII

4a 4b

2a

2h

2c

2d

2a

2b

20

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 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

4c

4c

2e 3

Schedule D (Form 990) 2018

| e | 2, | Part |
|---|----|------|
| | | |

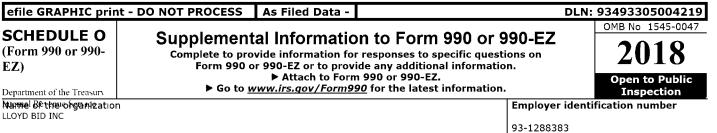
Page 4

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part 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 XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

| Schedule D (Fo | orm 990) 2018 | Page 5 | |
|------------------|-------------------|---------------------|----------------------------|
| Part XIII | Supplemental Info | rmation (continued) | |
| Return Reference | | Explanation | |
| | | | Schedule D (Form 990) 2018 |

| efile GRAPHIC print - DO | NOT PROCESS | As Filed Data - | | | | | DLN: 93493305004219 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|----------------------------|---------------------------------------|
| Note: To capture the full c | | ocument, please se | elect landscape mode | : (11" x 8.5") whe | n printing. | | |
| Schedule I (Form 990) | | Governments | Other Assistand and Individuals | s in the Unite | d States | | 2018 |
| Department of the Treasury Internal Revenue Service | Col | | ation answered "Yes," o ▶ Attach to Form rw.irs.gov/Form990 for | 990. | • | | Open to Public Inspection |
| Name of the organization LLOYD BID INC | | | | | | 93-128 | rer identification number 88383 |
| Part I General Inform | ation on Grants | and Assistance | | | | | |
| Does the organization main the selection criteria used to Describe in Part IV the organization. Part II Grants and Other A | to award the grants anization's procedur | or assistance? es for monitoring the u | se of grant funds in the Un | ited States | | , | ✓ Yes No |
| | | | ditional space is needed | into complete in the or | gamzation anowered Tes | on rom 330, 1 | are 10, mile 21, for any redipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Descrip noncash ass | |
| (1) GO LLOYD 700 NE MULTNOMAH 340 PORTLAND, OR 97232 | 93-1146337 | | 167,458 | 0 | | | TO SUPPORT DISTRCT VITALITY |
| (2) LLOYD ECODISTRICT 2203 LLOYD CENTER PORTLAND, OR 97232 | 45-5114020 | | 150,379 | 0 | | | TO ACHIEVE SUSTAINABILITY GOALS |
| 2 Enter total number of secti | on 501(c)(3) and go | vernment organization: | s listed in the line 1 table . | | | | • 0 |
| 3 Enter total number of other | r organizations listed | d in the line 1 table . | | | | | > 2 |
| For Paperwork Reduction Act Notice | e, see the Instruction | ns for Form 990. | | Cat No. 50055 | ;p | | Schedule I (Form 990) 2018 |

| Schedule I (Form 990) 2018 | | | | | | Page 2 |
|---------------------------------------------------|-------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|
| Part III Grants and Other A Part III can be duple | | | als. Complete if the org | janization answered "Yes | " on Form 990, Part IV, line 22 | |
| (a) Type of grant or assis | | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplemental | Information | on. Provide the inf | ormation required in | Part I, line 2; Part III | , column (b); and any other a | dditional information. |
| Return Reference | Explanation | on | | | | |
| Grantmaker's Description of How Grants are Used | THE ORGAN | IIZATION SELECTS A | ND AWARDS GRANTS E | SASED ON THE GRANTEE | S ABILITY TO CONTRIBUTE TO PRO | OGRAM SUCCESS AND ACCOMPLISH THE GRANT |



| Return Reference | Explanation |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 PROGRAM ENHANCEMENT ESDTHE LLOYD ENHANCED SERVICES DISTRICT WORK ED WITH WATSON CREATIVE AND NEIGHBORHOOD PARTNERS TO DEVELOP A BRANDING AND PROMOTIONS PLA N THIS INCLUDES A STYLE GUIDE, WEBSITE WITH LOGO, AND IMAGE LIBRARY THERE ARE PLANS IN T HE WORKS FOR A COMPREHENSIVE ROLLOUT WITH BANNERS, WINDOW CLINGS AND MORE TO REINFORCE THE NEIGHBORHOOD BRAND AND IDENTITY LLOYD ECODISTRICTTHE LLOYD ECODISTRICT STRIVES TO ACHIEVE SUSTAINABILITY GOALS BY WORKING DIRECTLY WITH BUSINESSES, RESIDENTS, AND ORGANIZATIONS IN THE DISTRICT TO COLLABORATE ON PROJECTS IN THE AREAS OF TRANSPORTATION, WATER, ENERGY, AN D WASTE THE LLOYD ECODISTRICT IS DESIGNED TO ENHANCE THE REPUTATION OF THE LLOYD DISTRICT AS AN APPEALING PLACE TO WORK, LIVE, AND DO BUSINESS, WHILE GROWING THE LLOYD ECODISTRICT AS THE MOST SUSTAINABLE LIVING AND WORKING DISTRICT IN NORTH AMERICA MAJOR ACCOMPLISHMENT S OF 2017 - 12 4% REDUCTION IN BUILDING ENERGY USE SINCE 2010 250,000SF OF 300,000SF SO LAR PANELS INSTALLED - NEW BUILDINGS PERFORMING BETWEEN 11-30% BETTER THAN CODE - PUBLISHED THE WASTE REDUCTION ACTION PLAN, A MAJOR COMMUNITY PLANNING EFFORT ESTABLISHING FOURTEEN ACTIONS TO BE UNDERTAKEN OVER THE NEXT FIVE YEARS TO REACH OUR 2035 GOAL TO BECOME A ZERO WASTE COMMUNITY - BEGAN A PARTNERSHIP WITH RIGHT 2 DREAM TOO, A HOMELESS REST AREA THAT M OVED TO THE LLOYD NEIGHBORHOOD IN JUNE 2017 LAUNCHED A "SLEEP AND RECHARGE" CAMPAIGN UT HEBAY PORTLAND TO FUNDRAISE FOR SOLAR POWERED CHARGING BOXES RAISED \$11,000 COLLECTED 80 NEW SLEEPING BAGS FOR RIGHT 2 DREAM TOO WORKED WHITS THE ORD ANIZAL LIGHTS FROM CATLIN GABEL AND B ENSON POLYTECHNIC HIGH SCHOOL TO BUILD AND INSTALL 10 SOLAR POWERED CHARGING BOXES ON THE TINY HOMES AT THE REST SITE COLLABORATED WITH LLOYD BUSINESSES AND INDIVIDUALS TO FUNDRAI ISE \$20,000 FOR 10 ADDITIONAL TINY HOMES FOR THE SITE CONTINUE TO PARTNER WITH THE GRG ANIZATION AND NEIGHBORING PARTNERS TO PROVIDE CRITICAL OPERATIONS AND MATERIALS - COMPLETE DE BIGHT LIGHTING FALL MIGRATION HELD A FILM PREMIERS FOR A FI |

| Return Reference | Explanation |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d Other Program Services Description | ONTRACTORS TO EMPLOYEES - HELD THE FIRST MODEL THE WAY SUSTAINABLE AWARDS FUNDRAISER, AN E VENT HONORING THE WORK OF LOCAL PARTNERS, ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS THAT BEST MODELED THE WAY TO COMMUNITY-BASED SUSTAINABILITY RAISED \$20,000, WITH 109 GUESTS - SECURED \$150,000 TO BE ABLE TO CONTINUE OUR ENERGY EFFICIENCY AND WASTE REDUCTION WORK FO R THREE YEARS - COMPLETED THE FIRST INTERSECTION MURAL IN LLOYD PARTNERED WITH RESIDENTS , BUSINESSES, AT-RISK YOUTH AND LIKE-MINDED NONPROFITS TO DEVELOP AND PAINT AN INTERSECTIO N MURAL IN LLOYD WORKED WITH RESIDENTS FROM RETIREMENT COMMUNITY ON OUTREACH AND MARKETI NG CAMPAIGNS OTHER PROGRAM SERVICES 5 PEDESTRIAN THE PEDESTRIAN COMMITTEE WORKS TO MAKE W ALKING IN LLOYD SAFE, FUN, EASY, AND INTERESTING DURING 2017 WE INCREASED THE WALKING MODE SLIGHTLY TO 2 5% WE HOSTED 12 GUIDED WALKS, ATTENDED BY MORE THAN 85 PEOPLE WE MAINTAIN ED SEVEN "INSPIRATION STATIONS" OUR VERSION OF POETRY POSTS, FILLED WITH WORDS AND PICT URES BY LLOYD RESIDENTS AND EMPLOYEES WE LAUNCHED AN ANTI-LITTER CAMPAIGN WITH POSTERS, F LYERS AND IDEAS FOR RESIDENTS AND EMPLOYEES TO HELP STAMP OUT LITTER WE ORGANIZED THREE "T RASH MOBS", WITH 52 VOLUNTEER REGISTRATIONS MORE THAN 45 BAGS OF GARBAGE AND COUNTLESS CI GARETTE BUTTS WERE COLLECTED |

990 Schedule O, Supplemental Information

Return Explanation

Reference

| Form 990, | THE ORGANIZATION IS IN THE PROCESS OF DEVELOPING A FORMAL FORM 990 REVIEW PROCESS FOR THE 2016 |
|---------------|-------------------------------------------------------------------------------------------------|
| Part VI, Line | FILING, THE CUSTODIAN OF THE BOOKS WILL BE PROVIDED A DRAFT TO REVIEW PRIOR TO FINAL SUBMISSION |
| 11b Form | |
| 990 Review | |
| Process | |

Return Explanation
Reference

| Form 990, | THE ORGANIZATION IS PLANNING ON ADOPTING A CONFLICT OF INTEREST POLICY, AS WELL AS A WHISTLE BLOWER |
|---------------|-----------------------------------------------------------------------------------------------------|
| Part VI, Line | AND DOCUMENT RETENTION AND DESTRUCTION POLICIES IN THE NEAR FUTURE |
| 12c | |
| Explanation | |
| of Monitoring | |
| and | |
| Enforcement | |
| of Conflicts | |

| Return Reference | Explanation |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, ANY AMENDMENTS OR RESTATEMENTS TO THE ARTICLES, AND ITS MOST RECENT THREE YEARS OF THE FORM 990 AVAILABLE TO THE PUBLIC FOR INSPECTION AND COPYING UPON REQUEST THE LLOYD BID HAS DETERMINED THAT IT IS NOT IN ITS BEST INTEREST TO MAKE ANY ADDITIONAL DOCUMENTS OR INFORMATION AVAILABLE TO THE PUBLIC |