SCANNED WAR 2 7 2012

Return of Organization Exempt From Income Tax

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

"Open to Public"

OMB No 1545-0047

epartment of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

2010 JUL 1. and ending JUN 30, A For the 2010 calendar year, or tax year beginning C Name of organization D Employer identification number Check if POLICE ACTIVITIES LEAGUE OF THE Address change GREATER PORTLAND AREA Name change 94-3118749 Doing Business As Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Termin-(503)823-0250 449 N.E. EMERSON Amended return 834,152. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-PORTLAND, OR 97211 H(a) Is this a group return pending F Name and address of principal officer PATRICA TENEYCK Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status X 501(c)(3) ____ 501(c) (4947(a)(1) or 527 (insert no) If "No," attach a list (see instructions) J Website: WWW.PORTLANDPAL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation. 1989 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets 42 Number of voting members of the governing body (Part VI, line 1a) 42 Number of independent voting members of the governing body (Part VI, line 1b) 4 51 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 <u> 280</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column Cinin <u>o.</u> 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b Prior Year **Current Year** MAR 1 2 2012 885,229. 694,955.Contributions and grants (Part VIII, line 1h) Revenue 128,066. 87,960. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, aំក្នុ 257 115. 28,647. -445. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1,002,093. 822,691. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ω. ο. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 624,107. 515,464. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 22,857. **b** Total fundraising expenses (Part IX, column (D), line 25) 452,905. 458,918. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 077,012. 974,382. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -74,919.-151,691.Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 608,324. 457,018. 20 Total assets (Part X, line 16) 21 96,361. 70,060. Total liabilities (Part X, line 26) 511,963. 386,958. Net assets or fund balances Subtract line 21 from line 20 ুPart াি 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. Sign PATRICA TENEYCK, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Paid GARY MCGEE ₽00743279 Firm's name GARY MCGEE & CO. Preparer Firm's EIN 808 S.W. THIRD AVENUE Use Only Firm's address

LHA For Paperwork Reduction Act Notice, see the separate instructions.

PORTLAND, OR 97204

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2010)

Yes

Phone no (503) 222-2515

GREATER PORTLAND AREA

Pai	rt (II Statement of Program Service Accomplishments	[
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission.	
	SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3		X No
3	If "Yes," describe these changes on Schedule O	140
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	404 700	956.)
	THE PAL BUD MONNES AND THE BEAVERTON YOUTH CENTER OFFER YEAR-ROUND	
	ACTIVITIES INCLUDING RECREATION, TUTORING, SPORTS INSTRUCTION,	
	COMMUNITY SERVICE PROJECTS, CRIME PREVENTION, ARTS & CRAFTS, AND	
	COMPUTER LABS/LEARNING CENTERS. AT THE PAL CENTER, A FREE SUPPER IS	
	SERVED DAILY DURING THE SCHOOL YEAR TO YOUTH; AND FREE LUNCH IS SERV	/ED
	DURING THE SUMMER.	
	72 557	110
4b	(Code:) (Expenses \$ 72,557. including grants of \$) (Revenue \$ 22,49) PAL OFFERS TWO CORE SUMMER CAMPS FOR ECONOMICALLY DISADVANTAGED YOUT	119.)
	AS WELL AS A WINTER BREAK AND SPRING BREAK CAMP. THE WEEK-LONG SUMM	
	SPORTS CAMPS INCLUDE VARIOUS SPORTS, SUCH AS FOOTBALL, VOLLEYBALL,	317
	SOCCER, TENNIS, AND BASKETBALL, AS WELL AS LUNCH AND ANTI-DRUG/VIOLE	INCE
	PREVENTION EDUCATION EACH DAY. PAL'S FOUR WEEK NATIONAL YOUTH SPORT	
	PROGRAM PROVIDES SPORTS INSTRUCTION, EDUCATION, BREAKFAST AND HOT LU	
	DAILY.	
	THE BEAVERTON YOUTH CENTER OFFERS AN OUTSTANDING YEAR-ROUND BOXING	
	PROGRAM WHICH IS RUN STRICTLY BY VOLUNTEERS. SEVERAL OF THE BOXERS	
	COMPETE REGIONALLY AND NATIONALLY.	
4c	(Code:) (Expenses \$ 95,268. including grants of \$) (Revenue \$)
	PAL ACT AS THE FISCAL AGENT FOR GGAPP WHICH IS A FIVE-YEAR DRUG	
	PREVENTION PROGRAM FUNDED BY THE EXECUTIVE OFFICE OF THE	
	PRESIDENT/OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) AND THE	
	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). PAL WORKS WITH YOUTH, FAMILIES, AND THE FAITH COMMUNITY, AND	-
	COORDINATES LOCAL EFFORTS. PAL PROVIDES INFORMATION AND SUPPORT ABO	71177
	SUBSTANCE ABUSE; ENHANCES SKILLS FOR YOUTH, FAMILIES AND COMMUNITY	501
	MEMBERS; REDUCES BARRIERS AND ENHANCES ACCESS TO HEALTHY ACTIVITIES	
	CHANGES INCENTIVES AND CONSEQUENCES OF SUBSTANCE ABUSE IN THE	<u>′</u>
	COMMUNITY; WORKS TO CHANGE THE PHYSICAL DESIGN OF THE COMMUNITY; AND	D
	ATTEMPTS TO MODIFY POLICIES AND SYSTEMS TO SUPPORT AN ACTIVE, DRUG	FREE
	COMMUNITY. GGAPP STAFF AND VOLUNTEERS WORK WITH ALL OF PAL'S PROGRA	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 85,988 • including grants of \$) (Revenue \$ 3,691 •)	
4e	740 (01	
		(2010)

POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA

Part (V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u> _	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	:		
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	۰ س	-	٠, ,
	as applicable	4	<u> </u>	لغدث
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		- <u>A</u>
•	the organization's separate of consolidated infancial statements for the tax year include a foothore that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		 -
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٠,,	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	├—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20-		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	l	

GREATER PORTLAND AREA

Part (V	Checklist	of Rec	juired Sch	edules (continued)	

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts i and if I X Did the organization report more than \$5,000 of grants and other assistance to induduals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts i and III X Did the organization answer "yes" to Part IX, section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule II" "Yes," complete Schedule II" "Yes," to the year, that was usued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule K If "No"; go to line 25 24a Did the organization have a tax-exempt bond issue with an outstanding part per line 24b through 24d and complete Schedule K If "No"; go to line 25 25b Did the organization in misest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization and \$5010(91) and \$5010(V	NI.
United States on Part IX, column (A), Inne 17 if "riss," complete Schedule I, Parts I and II 2	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A). Ine 21 if "Yes," complete Schedule i, Part I and III 2 23 Did the organization answer "Yes" to Part VII. Section A), Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule is Schedule is the year, that was issued after December 31, 2002? if "Yes," answer lines 24b through 24d and complete Schedule K. If "No", 9 to line 25 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", 9 to line 25 25b Did the organization have a tax an "on behalf of" issuer for bonds outstanding at any time during the year obtained and any proceeds of tax-exempt bonds? 25c Did the organization amantan an escrow account other than a refunding escrow at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Se", "complete Schedule L, Part II" 25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Se", "complete Schedule L, Part II" 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 25c In the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 25d Schedule L, Part III "Ves," complete Schedule L, Part IV (See A) and thy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV (See A) and thy of which a current or			21		Х
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 22 X 23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and to 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 II. **I **No", go to line 25** b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? d Dd the organization are an an escrow account other than a refunding escrow at any time during the year? d Dd the organization are an an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I, Part II b Is the organization aware that engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I, Part II b Is the organization as of the end of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II b If the organization are part or of the reassistance to an officer, director, trustee, key employee, ubstantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule I, Part IV b A remitty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV A neutry of which a current or former officer, director, trustee, or key employee or a fam	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 23			22		Х
Schedule J A 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 25 D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? D Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds? D Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds? D Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds? D D Hamp of the preson during the year? If "yes," complete Schedule L, Part II" that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II" that our by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualried person outstanding as of the end of the organization is tax year? If "Yes," complete Schedule L, Part IV the A current or former officer, director, trustee, key employees, highly compensated employee, or disqualried person outstanding as of the end of the organization is a year? If "Yes," complete Schedule L, Part IV the A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV that A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV that the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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," arawer intes 240 through 24d and complete Schedule K. If "No", go to line 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 22d 22d 22d 2d 2d 2d 2d 2d 2d 2d 2d 2d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ļ	
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Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I b Is the organization what that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I b Is the organization as not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I p Did the organization provide a grant or other assistance to an officer, director, trustee, every employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I IV pod the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (if "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV in the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, histonical freasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 22b If the organization own 100% of an entity disregarded as separ	24a	· · · · · · · · · · · · · · · · · · ·			1
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 25b X 27D Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributors? If "Yes," complete Schedule R, Part IV 27D Did the organization on a controlled entity within the meaning of section 512(b)(13)? 28D In the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, ine 2 30D Did the organization organization controlled entity within the meaning of section 512(b)(13)? 31D Di					
c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Do the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I is the organization and that the transaction has not been reported on any of the organization is pnor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I is Dd the organization or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I is Dd the organization or party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions? A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule M is Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M is Dd the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M is part I is Dd the organization own 100% of an entity disregarded as separate from the organization under Regulat					<u> X</u>
any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 26b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 27c Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, lightly compensated employee, or disqualified contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 27d In the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d X 29d Did the organization as current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d X 29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 29d Did the organization related to any tax-exempt or or taxable entity? 29d			24b	<u> </u>	
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	50		30		x
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94-3118749 GREATER PORTLAND AREA Form 990 (2010) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 46 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 51 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). × a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 * Sponsoring organizations maintaining donor advised funds. N/A a Did the organization make any taxable distributions under section 4966? 9a N/A 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 N/A a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a N/A 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2010) GREATER PORTLAND AREA 94-3118749 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a b 2 3 4 5 6 7a b 8 a b	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	2 3 4 5 6 7a 7b	Yes X X	No X X X X X X X
1a b 2 3 4 5 6 7a b 8 a b	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	2 3 4 5 6 7a 7b 8a 8b	X	X X X X
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3 4 5 6 7a 8 a b	officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3 4 5 6 7b 8a 8b	X	X X X
3 4 5 6 7a b 8	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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3 4 5 6 7b 8a 8b	X	X X X
4 5 6 7a b 8	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	4 5 6 7b 7b 8a 8b	X	X X X
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5 6 7a b 8	Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5 6 7a 7b 8a 8b	X	X X
6 7a b 8	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	7a 7b 8a 8b	X	X X
7a b 8 a b	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	7a 7b 8a 8b	X	X
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8 a b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	7b 8a 8b	X	X
8 a b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	8a 8b	X	
a b	by the following The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	8a 8b	X	- 1 1
a b	The governing body? Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	8a 8b	Х	
b	Each committee with authority to act on behalf of the governing body? 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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	8b		
	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? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Λ	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		37
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Y
				<u> </u>
Seci	Describe agreement on heavy local chanters businels on a stillate of		Vaal	No.
400		400	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	348		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	latination i
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	120		
	to conflicts?	12b	$ \mathbf{x} $	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	 -	
	in Schedule O how this is done	12c	x	
	Does the organization have a written whistleblower policy?	13	Х	
	Does the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent	53.	٠,,	N. J.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	333	,	
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	, K		3 %
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	17	3	,
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		13.3	The state of
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			141
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for	-	-
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial	
	statements available to the public			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person of the pers	ation 1	_	
	THE ORGANIZATION - (503)823-0250			
	449 N.E. EMERSON, PORTLAND, OR 97211			

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee			Highest compensated Complement Complement Complement Complement Compensated Compensate Compensated Com	-	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHIEF SCOTT ANDERSON										
MEMBER	1.00	X						0.	0.	0
SAC ARTHUR BALIZAN										
MEMBER	1.00	Х	<u> </u>		<u> </u>			0.	0.	0
BRITTNEY DAVIDSON	1]	_	_
MEMBER	1.00	X			L	L		0.	0.	0
LT. COL. STEVE DEPTULA	1	١								
MEMBER	1.00	X	_		_	<u> </u>		0.	0.	0
COLENE DOMENECH	1 00	٠,								
MEMBER ROBYN ENGLEKING	1.00	X	_		_	-		0.	0.	0
MEMBER	5.00	x						0.	0.	0
BRENDAN FINN	3.00	1	┝	-	⊢	┢	_	- 0.	<u> </u>	
MEMBER	1.00	x			ŀ			0.	0.	0
CHIEF GERALD GIGER	1.00	 ^	⊢	-	┢	╁─		ļ -		
MEMBER	1.00	x						0.	0.	0
STEVEN HOLLINGSWORTH		ᢡ		 - 		┢	_			<u>_</u>
MEMBER	5.00	X	1		1			0.	0.	0
JOHN HREN		\vdash			 	十一				
MEMBER	1.00	X	ļ			ļ		0.	0.	0
CHIEF KEN JOHNSON										
MEMBER	1.00	X		1				0.	0.	0
BRETT JONES		П								
MEMBER	1.00	X			1			0.	0.	0
CHIEF CRAIG JUNGINGER		l								
MEMBER	1.00	X						0.	0.	0
CAPT. JEFF KAER			1							
MEMBER	1.00	X				_		0.	0.	0
BRENT KEYS					1				_	
MEMBER	1.00	X	<u> </u>	<u> </u>	匚	<u> </u>	<u> </u>	0.	0.	0
CHIEF PHIL KLAHN	1 00				ļ					
MEMBER	1.00	Х	 	<u> </u>	_	↓_	_	0.	0.	0
MIKE KUYKENDALL	5 00]	Ì		1			_	_
MEMBER	5.00	X				<u>l</u> .		0.	0.	0

Form **990** (2010)

Form 990 (2010)

Part VIII Section A. Officers, Direct		mple	oyee	s, a	nd i	High	est	Compensated Employ	ees (continuea)		
(A)	(B)	1		(0	C)			(D)	(E)	1	(F)
Name and title	Average			Pos				Reportable	Reportable	Est	tımated
	hours per	(c	heck	all	that	app	ly)	compensation	compensation	am	ount of
	week		1				Γ	from	from related	1	other
	(describe	durector						the	organizations		pensation
	hours for	S	噩			Sate		organization	(W-2/1099-MISC)		om the
	related] []	Ī	\) 왕	ng r	\	(W-2/1099-MISC)		_	anization
	organizations in Schedule) <u>=</u>	toua	١	اق و	E B	_				d related
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	E G			orga	inizations
JOHN LAWRENCE	<u> </u>	╁	 		-	 	\vdash			 	
MEMBER	1.00	X						0.	0.	.	0.
DAVID LESH							Г				
PAST CHAIR	5.00	X	1	1	Ì	1	1	0.	Ι 0.		0.
CLIFF MADISON						Г	Π				
MEMBER	1.00	X						0.	0.	.	0.
AST. CHIEF BRIAN MARTINEK		Т									
MEMBER	5.00	X		1			l	0.	0.	.	0.
MARK MCGINNIS		Т					Т				
MEMBER	1.00	X	1	l	l	ł	1	0.	0.	.	0.
CHIEF DEPUTY TIM MOORE		T							"	1	
MEMBER	1.00	X					l	0.	0.	.	0.
MAYNARD ORME		T	T				┪	† · · · · · · · · · · · · · · · · · · ·		 	
MEMBER	1.00	x		ľ				0.	0.	.	0.
CHIEF MIKE REESE		\top	Τ			1				T	
MEMBER	1.00	X	1	1	ļ	1	l	0.	0.	.	0.
MIKE ROSENBERG		✝	T			1		† · · · · · · · · · · · · · · · · · · ·			
MEMBER	1.00	X				1		0.	0.		0.
1b Sub-total			_	1		┢		0.	0.		0.
c Total from continuation sheets	to Part VII. Section A					•		95,614.	0		7,191.
d Total (add lines 1b and 1c)	,,	•						95,614.	0		7,191.
2 Total number of individuals (inclu-	ding but not limited to t	hose	e liste	ed a	bov	e) w	ho r	eceived more than \$100	0.000 in reportable		
compensation from the organizat	-					-,					0
							-	 			Yes No
3 Did the organization list any form	er officer, director or tr	uste	e. ke	v en	olan	vee.	or I	highest compensated e	mplovee on		
line 1a? If "Yes," complete Sched				,		, ,	•	3		3	X
4 For any individual listed on line 1a			omo	ensa	atioi	n an	d ot	ther compensation from	the organization	13	138.
and related organizations greater										4	X
5 Did any person listed on line 1a re									idual for services		1
rendered to the organization? If "	•					•		G		5	X
Section B. Independent Contractors					•						
1 Complete this table for your five t	nighest compensated in	ndep	end	ent c	cont	ract	ors	that received more than	\$100,000 of compen	sation f	rom
the organization NONE	, , ,								,,,		-
	(A)							(B)		(C	
Name and	business address							Description of	services	Comper	
							-				
									1		
		•									
									Ĭ		
					-						

Total number of independent contractors (including but not limited to those listed above) who received more than

94-3118749

POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA

Form 990 (2010)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation hours compensation amount of from from related other per week the organizations compensation 4ighest compensated employee organization (W-2/1099-MISC) from the ndiwdual trustee or director (W-2/1099-MISC) organization nstitutional trustee and related organizations Officer D.A. MICHAEL SCHRUNK MEMBER 1.00 x 0. 0. 0. CHIEF GEOFF SPALDING x MEMBER 1.00 0. 0. 0. SHERIFF DAN STATON 0. MEMBER 1.00 X 0. 0. BETH ANNE STEELE 1.00 X 0. 0. 0. MEMBER LISA TURPEL 1.00 X MEMBER 0. 0. 0. JOE VAUGHN MEMBER 1.00 Х 0 0. 0. SGT, GEORGE WEATHEROY 1.00 Х 0. 0. MEMBER 0. KRISTIN WEBB MEMBER 1.00 X 0. 0. 0. RICK WHIDDEN 0. 1.00 X 0. 0. MEMBER DAVE WILLIAMS 5.00 X MEMBER 0. 0. 0. FRED WILLIAMS 1.00 X 0 . 0. 0. MEMBER MIKE WILLIAMS 5.00 X MEMBER 0. 0. 0. GREG MOTTAU 5.00 X X 0. CHAIR 0. 0. MIKE CASEY 1.00 X X VICE CHAIR 0. 0. 0. MATHEW PAZ X 0. TREASURER 1.00 X 0. 0. TYECE OKAMURA 10.00 X X 0. SECRETARY 0. 0. MAURA WHITE CIOETA EXECUTIVE DIRECTOR 40.00 X 37,959. 0. 1,145. BETH FAULHABER PROG./INTERIM EXEC. DIR. 40.00 X 57,301. 0. 6,046. PATRICIA TENEYCK X 0. EXECUTIVE DIRECTOR 40.00 354 0. 7,191. 95,614. Total to Part VII, Section A, line 1c

Pa	irt Yl	III Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	1 a	a Federated campaigns	1a	743.			[,	()
gra	l t	b Membership dues	1b		,	>	,	
s, ç	0	c Fundraising events	1c	12,206.	}	,	,	,
g ar	(d Related organizations	1d	_		· ·		3.5
Ę.Ë	6	e Government grants (contributi	ons) 1e	476,143.		*.4	[14 个 . 1	[t] , t] \$3]
itio S	f	f All other contributions, gifts, grant	s, and					
äţ		sımılar amounts not ıncluded abov	/e 1f	205,863.			·	
Contributions, gifts, grants and other similar amounts	ξ	g Noncash contributions included in lines	1a-1f \$]	^	٠,	
<u>a</u> Č		h Total. Add lines 1a-1f			694,955.	´, ,	i i i	
		_		Business Code				, ·
ce	2 a			900099	121,437.			Militaria sariir sa saayaanaa ahaa ahaa ahaa ahaa ahaa
Program Service Revenue	t	b MEMBERSHIP FEES		900099	6,629.	6,629.		
n S	c	c						
lran Pev	C	d					· 	
rog	e	e	<u></u> -					
<u>-</u>	f	 All other program service rever 	nue	<u> </u>				
_		g Total. Add lines 2a-2f		<u> </u>	128,066.	· · · · · · · · · · · · · · · · · · ·	(m _t	夜!
	3	Investment income (including	dividends, intere	est, and	44-		1	
	_	other similar amounts)		>	115.			115.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a							
		b Less rental expenses				₃. ; , *.		
		c Rental income or (loss)		L	<u></u>	* 3	<u> </u>	
		d Net rental income or (loss)	0.0	<u> </u>				
	/ a	a Gross amount from sales of	(i) Securities	(II) Other	. ","	, , , , , , , , , , , , , , , , , , ,		\$ 2.3 t
	1	assets other than inventory			κ ,	` *,	;*,	
		b Less cost or other basis				•	<i>'</i>	[a ²]
	_	and sales expenses				, , , , , ,		
- 1	d	c Gain or (loss) d Net gain or (loss)			35'			
ا ـ		Gross income from fundraising	events (not		*			. 4
nge		including \$12,2			,		* ~	, }
Other Reve		contributions reported on line						
Æ		Part IV, line 18	•	11,016.	* / 4,	*		
ᇐ	ь	Less direct expenses	a b	11,461.	1	ř		***
δ		Net income or (loss) from fund		11/101.	-445.			-445.
		Gross income from gaming act	•		113.			
		Part IV, line 19	a a					
	b	Less direct expenses	b					and because for
		Net income or (loss) from gami						
		Gross sales of inventory, less r					· · · · · · · · · · · · · · · · · · ·	
		and allowances	а		ĺ			
	b	Less: cost of goods sold	b					
1		Net income or (loss) from sales	of inventory		· · · · · · · · · · · · · · · · · · ·			
[_	Miscellaneous Revenue		Business Code				
ľ	11 a							
	b	·						
	С	·						
	d	d All other revenue						
	е	Total. Add lines 11a-11d		•				
naan	12	Total revenue. See instructions.			822,691.	128,066.	0.	-330.
03200 12-21	-10			_ _			-	Form 990 (2010)

POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA

Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			\$ 148.1 117851 180 Hz	, g (5 5 9 70% A)
	trustees, and key employees	69,693.	38,331.	17,423.	13,939.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	373,108.	278,790.	94,318.	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	4,019.	3,060.	959.	
9	Other employee benefits	4,019. 28,300.	21,225.	7,075.	
10	Payroli taxes	40,344.	29,030.	10,183.	1,131.
11	Fees for services (non-employees)				
а	Management				
	Legal	- ·			
c	Accounting	45,713.		45,713.	
	Lobbying			<u> </u>	
e	Professional fundraising services. See Part IV, line 17			W. 400 & 1	
f	Investment management fees		, W.	***	
g	Other	18,560.	18,560.		
12	Advertising and promotion				
13	Office expenses	14,850.	9,390.	5,460.	
14	Information technology				
15	Royalties				
16	Occupancy	58,154.	50,721.	7,433.	
17	Travel	14,190.	12,947.	1,243.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,185.		2,185.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,854.	12,854.		
23	Insurance	15,458.	12,358.	3,100.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	PROGRAM EXPENSES	261,335.	261,335.		
b	OTHER	11,148.		3,361.	7,787.
С	BANK CHARGES	3,073.		3,073.	
d	BAD DEBT EXPENSES	1,398.		1,398.	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	974,382.	748,601.	202,924.	22,857.
26	Joint costs. Check here I if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0.12.21.10				Form 990 (2010)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	146,705		41,271.
	2	Savings and temporary cash investments	63,714		63,308.
	3	Pledges and grants receivable, net	114,506	3	43,824.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	, Y , , , , , , , , , , , , , , , , , ,	· .	
		employees, and highest compensated employees. Complete Part ii	1.5		
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	(9)		*, *, *, *, *, *, *, *, *, *, *, *, *, *
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	* * * * * * * * * * * * * * * * * * * *	'- '	\
	1	employers and sponsoring organizations of section 501(c)(9) voluntary	, 4	1	
Ś	ĺ	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	9,099.
	10a	Land, buildings, and equipment. cost or other		,	
	١.	basis Complete Part VI of Schedule D 10a 412, 2			,
		Less accumulated depreciation 10b 256,2		_	155,972.
	11	Investments - publicly traded securities	116,858	+	143,544.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11	600 334	15	457.010
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	608,324	+	457,018. 60,644.
	18	Accounts payable and accrued expenses Grants payable	01,944	17	00,044.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
w	21	Escrow or custodial account liability Complete Part IV of Schedule D		20	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees		21	• , ,
ΙĠΕ		highest compensated employees, and disqualified persons. Complete Part			
ٿ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	14,417		9,416.
	25	Other liabilities. Complete Part X of Schedule D		25	7,2200
	26	Total liabilities. Add lines 17 through 25	96,361		70,060.
		Organizations that follow SFAS 117, check here and comple		1 -	Ny / N
S		lines 27 through 29, and lines 33 and 34.			,
ĕ	27	Unrestricted net assets		27	
3ali	28	Temporanly restricted net assets		28	
뒫	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here X and	. *	-	
Ģ		complete lines 30 through 34.		<u> </u>	, , , , , , , , , , , , , , , , , , ,
sets	30	Capital stock or trust principal, or current funds	0.		0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	511,963.		386,958.
_	33	Total net assets or fund balances	511,963.		386,958.
	34	Total liabilities and net assets/fund balances	608,324.	34	457,018.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

.
Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010

Open to Public Inspection

Name of t	he organizati	on POLICE	ACTIVITIES L	EAGUE	OF T	HE		Ei	nployer ic	lentification	on nu	nber
		GREATER	PORTLAND AR	EA					94	-3118	749	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions				
The organ	ization is not a	private foundation I	because it is. (For lines 1	1 through 1	1, check	only one b	ox)					
1 🗀			s, or association of churc	_		-	-	١.				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)								
з 🔲			tal service organization (•	n section	170(b)(1)(A)(iii).					
4 🔲	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	e,
	city, and stat								•	•		•
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental unr	t describe	d in		
	_	(b)(1)(A)(iv). (Comple		•	·	•	Ū					
6 🗔	A federal, sta	te, or local governm	ent or governmental unit	t described	l ın sectio	n 170(b)(1)(A)(v).					
7 X			eives a substantial part					or from the	general p	ublic desci	rıbed ı	n
	section 170(b)(1)(A)(vi). (Complete Part II)											
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	om contri	butions, n	nembershi	p fees, and	d gross rec	eipts	from
			nctions - subject to certa									
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization at	fter June 3	0, 197	5
	See section	509(a)(2). (Complete	Part III)									
10 🖳	An organizati	on organized and or	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	\$).				
11	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of	or to carr	y out the p	ourposes o	f one	or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	I) or section	n 509(a)(2	?) See se o	ction 509(a)(3). Chec	ck the box	that	
	describes the	type of supporting	organization and compli	ete lines 1	1e through	11h.						
	a L Type I	ь 🗀	ا Type اا و	тур لــــا	e III - Func	tionally int	egrated		d L	Type III - C	Other	
e 📖	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	ns box									
g	•		organization accepted ar			•		•				_
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (III) below,		Yes	No
	-		upported organization?							11g(i)		
	•	•	n described in (i) above?							11g(ii)		
		•	person described in (i) o	. ,						11g(III)	L.,	
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		,	(iii) Type of	0. 11. 0		(15)	1.6 11.	1 (14) 10	tho			
	of supported	(ii) EIN	organization		rganization sted in your		I notify the ion in col.	(vi) Is organizatio	on in col.	(vii) Am		f
orga	anization		(described on lines 1-9	governing			support?	(i) organiz U.S	ed in the	supp	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(666	103	140	103	110	103	110			
									1			
				 					 			
				 					 			
				[
			<u> </u>					<u> </u>	 			
							Ì					
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				1			\	1	1 1			
							<u> </u>					
T-4-1		l]	1	l	I	I	1	1 1			

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 GREATER PORTLAND AREA

94-3118749 Page 2

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

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

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						•
	membership fees received. (Do not						
	include any "unusual grants ")	667,945.	524,489.	657,942.	883,886.	694,955.	3,429,217.
2	Tax revenues levied for the organ-						·
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge	80,000.	80,000.	80,000.		80,000.	400,000.
4	Total. Add lines 1 through 3	747,945.	604,489.	737,942.	963,886.	774,955.	3,829,217.
5	The portion of total contributions	35	. · · ·		1 1/4	72 45	
	by each person (other than a		8	, ~ ,			
	governmental unit or publicly	, ,	* * * * * * * * * * * * * * * * * * * *				
	supported organization) included	,	•		**************************************		
	on line 1 that exceeds 2% of the	· .	3."	, , , , , , , , , , , , , , , , , , , ,	,		
	amount shown on line 11,				(ds	· · · · · · · · · · · · · · · · · ·	
	column (f)	*					308,740.
6	Public support. Subtract line 5 from line 4		š	() .	海 宝		3,520,477.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006 747, 945.	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	747,945.	604,489.	(c) 2008 737, 942.	963,886.	774,955.	3,829,217.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	27,037.	4,713.	1,648.	257.	115.	33,770.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					·	
10	Other income Do not include gain					·	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	-	ν,	٠	**	, ,	3,862,987.
12	Gross receipts from related activities	etc (see instruction	ons)			12 1	,020,135.
13	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio		· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop	o here			•	,	ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				•
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	91.13 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	89.45 %
16a	33 1/3% support test - 2010.if the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
t	33 1/3% support test - 2009. If the c	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2010.If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					•	ightharpoons
b	10% -facts-and-circumstances tes					7a, and line 15 is 1	10% or
	more, and if the organization meets ti						
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization						s ▶□
						dule A /Form 990	

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization	on failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	iow, picase comp	Actor art III				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	<u> </u>	(4) 200.	(0/2000	3-7-000	1 (0) = 0	(7)
membership fees received (Do not					}	
include any "unusual grants.")						
2 Gross receipts from admissions,			 			
merchandise sold or services per-						
formed, or facilities furnished in		1				
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						ı
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				-	1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			· 			
from other than disqualified persons that			1			
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			 			
c Add lines 7a and 7b	*		· // // // // // // // // // // // // /		. 196	
8 Public support (Subtract line 7c from line 6) Section B. Total Support	* 1 <u>11 </u>	* **		3,	7.	
		4) 2227	1	48.555	1	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties			. l			
and income from similar sources			j			
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·				-	
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain		<u> </u>			-	
or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>		
14 First five years. If the Form 990 is for	the organization's	s first, second, th	nird, fourth, or fifth ta	ax year as a sect	tion 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publi					 ,	
15 Public support percentage for 2010 (li	ne 8, column (f) d	livided by line 13	, column (f))		15	
16 Public support percentage from 2009					16	
Section D. Computation of Inves	tment Incom	e Percentag	<u>e</u>			
17 Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by	line 13, column (f))		17	
18 Investment income percentage from 2		-			18	
19a 33 1/3% support tests - 2010. If the			x on line 14, and line	e 15 is more than		17 is not
more than 33 1/3%, check this box an	=				· ·	▶
b 33 1/3% support tests - 2009. If the	•		•			and
line 18 is not more than 33 1/3%, che						_
20 Private foundation. If the organization					-	
Lo , , , rate rouniustion, il the olugilization	I GIG HOLDICON A	DUA UNI (III ID 14.		no DON GITU SEE	และเนษเพาอ	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

POLICE ACTIVITIES LEAGUE OF THE Name of the organization GREATER PORTLAND AREA

Employer identification number 94-3118749

Par	t I' Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the					
·	organization answered "Yes" to Form 990, Part IV, line 6							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds					
	are the organization's property, subject to the organization's	_	Yes No					
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be u	used only					
	for charitable purposes and not for the benefit of the donor of	• •	•					
	impermissible private benefit?		Yes No					
Par	t II * Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)						
	Preservation of land for public use (e.g., recreation or e		orically important land area					
	Protection of natural habitat	Preservation of a certif						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last					
	day of the tax year.							
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structul	re					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements	t holds?	L Yes L No					
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements du	ırıng the year ▶					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year ▶ \$					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170()	h)(4)(B)(ı)					
	and section 170(h)(4)(B)(ii)?		L Yes L No					
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes t	he organization's accounting for					
	conservation easements							
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.					
	Complete if the organization answered "Yes" to Form							
1a	If the organization elected, as permitted under SFAS 116 (A)	, ,						
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIV,					
	the text of the footnote to its financial statements that descri							
b	If the organization elected, as permitted under SFAS 116 (A	•						
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	blic service, provide the following amounts					
	relating to these items							
	(i) Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$					
_	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre		gain, provide					
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:						
a	Revenues included in Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X		▶ \$					

		PORTLAND A						18749		_
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	or Other	Simila	r Asse	ts (contu	nued)	
, З	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t are a sigr	nificant us	se of its	collection	rtem	s
	(check all that apply).		-							
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or oth	er sımılar a	ssets		_	_	_
	to be sold to raise funds rather than to be ma						<u> </u>	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered	"Yes" to Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21	<u></u>							
1a	Is the organization an agent, trustee, custode	an or other intermed	liary for contribution	s or other as	sets not in	cluded		_		_
	on Form 990, Part X?							Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.							
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe	orm 990, Part X, line	21?				L	Yes	L	No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V 🐉 Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part						
		(a) Current year	(b) Prior year	(c) Two year) Three ye		(e) Four	years	
1a	Beginning of year balance	116,858.	102,227.	11	0,084.			- 3Æ'		77 x 3
b	Contributions				38		300	nia III.		
C	Net investment earnings, gains, and losses	26,686.	14,631.		7,857. 🗠	₹X	H.	.) m	^	<u> Airl</u>
d	Grants or scholarships		····			· ·	, #' 4	*		
е	Other expenditures for facilities					\$		· Š	۸.	***********
	and programs					<u> </u>	***,	(6)	M.,	
f	Administrative expenses				\$2,	, , ,)		× ×	7	Ž. ;
g	End of year balance	143,544.	116,858.	10	2,227.	<u> </u>	<u> </u>	* * * * * * * * * * * * * * * * * * *	ien	}
2	Provide the estimated percentage of the year	r end balance held a	ıs							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100.00	%								
С		%								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administe	ered for the	e organiza	ition	_		
	by								Yes	No
	(i) unrelated organizations							3a(ı)		<u>X</u>
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIV the intended uses of the									
Pai	t 🌿 Land, Buildings, and Equipm	nent. See Form 990), Part X, line 10.							
	Description of investment	(a) Cost or o	4	or other		umulatec	f	(d) Book	valu	е
		basis (investr	nent) basis	(other)	depr	eciation				
	Land				* *,*		- ` `			
b	Buildings			4 0-0		 	_ _			
С	Leasehold improvements			4,058.		28,08		15	9, 9	72.
d	Equipment		$\frac{1}{2}$	8,193.		28,19	3.			0.

Schedule D (Form 990) 2010

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

GREATER PORTLAND AREA

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation ost or end-of-year market	
(1) Financial derivatives			ost or end-or-year market	
(2) Closely-held equity interests	· · · · · · · · · · · · · · · · · · ·	- 		
(3) Other				
(A)			·-	
(B)				
(C)		 		
(D)				
(E)	 		·	· · · · · · · · · · · · · · · · · · ·
(F)	 			
(G)				
(H)				
(1)			······································	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			· · · · · · · · · · · · · · · · · · ·	,
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13		
		<u> </u>	(c) Method of valuation	n
(a) Description of investment type	(b) Book value	C	ost or end-of-year marke	
(1)			-	
(2)				
(3)				
(4)			 	
(5)		 - ···	· · · · · · · · · · · · · · · · · · ·	
(6)		-		
(7)	<u> </u>			
		 		
(9)				·
(10)	. 			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)		**		٠,٠ , , , , , , , , , , , , , , , , , ,
Part IX Other Assets. See Form 990, Part X, Irr	ne 15		·	
	a) Description			(b) Book value
(1)	-			
(2)				
(3)				
(4)		 		
(5)				
(6)		······································		*******
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) II	me 15)		•	
Part X Other Liabilities. See Form 990, Part	X, line 25			
(a) Description of liability	<u> </u>	(b) Amount		
(1) Federal income taxes			7	
(2)			7	
(3)				
(4)				
(5)		_	┪	
(6)			┥ .	
(7)		· · · - · · · · · · · · · · · · · · · ·	-	
(8)			-,	1
(9)			┥ ゚, ゙゚	•
(10)			-	
7:0			┥	
(11)	I			
(11) Total. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote in Pan XIV, provide the text of the footnot 2. FIN 48 (ASC 740)	ine 25.)		_	

POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA

Pai	rt XI	Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ements
. 1	Total	revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total	expenses (Form 990, Part IX, column (A), line 25)		2	
3	Exce	ss or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net u	inrealized gains (losses) on investments		4	
5		ated services and use of facilities		5	
6	Inves	stment expenses		6	
7		period adjustments		7	
8		r (Describe in Part XIV.)		8	
9	Total	adjustments (net) Add lines 4 through 8		9	
10	Exce	ss or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
		Reconciliation of Revenue per Audited Financial Statemer			Return
1	Total	revenue, gains, and other support per audited financial statements			1
2		unts included on line 1 but not on Form 990, Part VIII, line 12.			1. A. C
а	Net u	unrealized gains on investments	2a		•
b		ated services and use of facilities	2b		1. (
С	Reco	overies of prior year grants	2c		7
d		r (Describe in Part XIV.)	2d		1. [3]
е		lines 2a through 2d			2e
3		ract line 2e from line 1			3
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1.			*
а		stment expenses not included on Form 990, Part VIII, line 7b	4a		
b		r (Describe in Part XIV)	4b		-
С		lines 4a and 4b			1 4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5
Pa		I Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses per	Return
1	Total	I expenses and losses per audited financial statements			1
2		unts included on line 1 but not on Form 990, Part IX, line 25			
а		ated services and use of facilities	2a		24
b	Prior	year adjustments	2b		1 4
С		er losses	2c		1,
d	Othe	er (Describe in Part XIV)	2d		1
е		lines 2a through 2d			2e
3		tract line 2e from line 1			3
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1			in all and
а		stment expenses not included on Form 990, Part VIII, line 7b	4a		\$ \tau_{\text{str}}
b	Othe	er (Describe in Part XIV)	4b		1 , ⁵ · [
С		lines 4a and 4b			7 4c
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5
		V Supplemental Information			
Com	plete 1	this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4: Pa	rt IV. lines 1	1b and 2b, Part V, line 4, Part
		art XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl			
		V, LINE 4: PROVIDE OPERATING SUPPORT TO			
		· · · · · · · · · · · · · · · · · · ·			

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Schedule D (Form 990) 2010

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010

Open To Publication

Name of the organization

POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA

Employer identification number 94-3118749

Part 5 Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Y	'es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pure	tion of ition of I fundra I (include profess	non-govern govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
		+				
		-		<u> </u>		
		-	<u> </u>			
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		 				<u> </u>
		<u> </u>	<u> </u>			
Total			<u> </u>			L
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	oution:	s or has been notifie	d it is exempt from r	egistration

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

Schedule G (Form 990 or 990-EZ) 2010 GREATER PORTLAND AREA

94-3118749 Page 2

		of fundraising event contributions and gr	(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e l			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	18,110.			18,110.
	2	Less. Chantable contributions	7,500.			7,500.
	3	Gross income (line 1 minus line 2)	10,610.			10,610.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	8,200.			8,200.
Direct	7	Food and beverages				
	8	Entertainment Other direct expenses	2,193.			2.193.
	10	Direct expense summary Add lines 4 throug		<u> </u>		10.3934
	11	-				2,193. (10,393, 217.
Pa		II Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	'
		\$15,000 on Form 990-EZ, line 6a				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
/en				bingo/progressive bingo		col. (a) through col (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			<u> </u>	
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		>	()
	8	Net gaming income summary Combine line	1, column d, and line 7	_		
а	ls '	ter the state(s) in which the organization operate organization licensed to operate gaming a No," explain.	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses i			year?	Yes No
	_					

Sch	edule G (Form 990 or 990 EZ) 2010 GREATER PORTLAND AREA 94-	3118749 Page 3
	Does the organization operate gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in	†
	The organization's facility	13a %
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address >	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party > \$	
c	If "Yes," enter name and address of the third party	
	.	
	Name	
	Address ▶	
40		
16	Gaming manager information	
	Name >	
	Gaming manager compensation > \$	
	Description of services provided	
	L Director/officer L Employee L Independent contractor	
17	Mandatory distributions:	
	a is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year ▶ \$	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	on (see instructions)
_		
_		
_		
_		

SCHEDULE 0

(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.

2010
Open to Public Inspection

Name of the organization

POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA

Employer identification number 94-3118749

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PAL OFFERS SAFE AND SUPPORTIVE EDUCATIONAL, ATHLETIC AND LEADERSHIP
DEVELOPMENT PROGRAMS TO ALL YOUTH IN AN ENVIRONMENT THAT PROVIDES LAW
ENFORCEMENT AND THE COMMUNITY AT-LARGE WITH MENTORSHIP AND ROLE
MODELING OPPORTUNITIES THAT ENCOURAGE YOUTH AS THEY BECOME ENGAGED
CITIZENS, INVESTED IN THEMSELVES AND THEIR COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PAL OFFERS SAFE AND SUPPORTIVE EDUCATIONAL, ATHLETIC AND LEADERSHIP
DEVELOPMENT PROGRAMS TO ALL YOUTH IN AN ENVIRONMENT THAT PROVIDES LAW
ENFORCEMENT AND THE COMMUNITY AT-LARGE WITH MENTORSHIP AND ROLE
MODELING OPPORTUNITIES THAT ENCOURAGE YOUTH AS THEY BECOME ENGAGED
CITIZENS, INVESTED IN THEMSELVES AND THEIR COMMUNITY.
PAL BELIEVES IN A COMMUNITY IN WHICH ALL CHILDREN KNOW THEY ARE SAFE,
CARED FOR, VALUED AND SUPPORTED BY FAMILY, THE COMMUNITY AND LAW
ENFORCEMENT.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PAL ALSO RUNS A VERY SUCCESSFUL FALL FOOTBALL LEAGUE THAT OFFERS
PLAYABILITY FOR AT RISK AND DISADVANTAGED YOUTHS. THE PLAYER'S FEE IS
REDUCED AND MANY YOUTHS ARE OFFERED SCHOLARSHIPS DEPENDING ON NEED.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
STUDENT OPTIONS TO ACHIEVE RESULTS (SOAR) IS A 21ST CENTURY LEARNING
CENTER PROGRAM WHICH PROVIDES AFTER-SCHOOL PROGRAMS FOR YOUTH AGES 5-11

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

032211 01-24-11 AT MOLALLA ELEMENTARY SCHOOL WITH SESSIONS IN FALL, WINTER, SPRING &
SUMMER. YOUTH MEMBERS RECEIVE SPECIAL TUTORING, PARTICIPATE IN CLASSES
(RECREATION, NUTRITION, ARTS & CRAFTS, AND OTHER SKILL-BUILDING
CLASSES), AND ARE TESTED ANNUALLY TO MEASURE IMPROVED SCHOOL SUCCESS
AND COMMUNITY ATTACHMENT. PARENTS ARE ENGAGED THROUGH WORKSHOPS, OPEN
HOUSES, AND FUN EVENTS.

EXPENSES \$ 85,988. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,691.

FORM 990, PART VI, SECTION A, LINE 4: THE BY-LAWS WERE COMPLETELY

REWRITTEN TO COMPLY WITH CURRENT LAWS AND PRACTICES. IN PARTICULAR, THE

BY-LAWS WERE AMENDED TO REFLECT THE FACT THAT THE ORGANIZATION IS NOT A

MEMBERSHIP ORGANIZATION, TO LIMIT THE NUMBER OF BOARD OF DIRECTORS TO 23

MEMBERS, AND ADD AN ADVISORY COUNCIL.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS PREPARED BY AN OUTSIDE CPA AND REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER,
AND MEMBER OF A COMMITTEE OF THE GOVERNING BOARD DELEGATED POWERS ANNUALLY
SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE
POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. IF A CONFLICT OF
INTEREST IS DECLARED, THE CONFLICTED MEMBER IS EXCUSED FROM ANY RELATED
DELIBERATIONS AND DECISION MAKING.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization POLICE ACTIVITIES LEAGUE OF THE GREATER PORTLAND AREA	Employer identification number 94-3118749
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	26,686.
	· · · · · · · · · · · · · · · · · · ·
	
	
	

Form **8868** (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

ightharpoons• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Employer identification number Type or POLICE ACTIVITIES LEAGUE OF THE print GREATER PORTLAND AREA 94-3118749 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 449 N.E. EMERSON return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PORTLAND, OR 97211 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990-T (corporation) Form 990 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 Form 990-EZ 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION • The books are in the care of ► 449 N.E. EMERSON - PORTLAND, OR 97211 Telephone No ► (503)823-0250 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If it is for part of the group, check this box Image and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year ► X tax year beginning JUL 1, 2010 , and ending JUN 30, If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За 0. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3h \$ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this bo	ЭX		X
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form 8	8868.	
 If you are filing for an Automatic 3-Month Extension, comple 					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed)	
Type or DOLLTON A CONTINUE OF THE OFFICE OF			Empl	loyer identification	number
police ACTIVITIES LEAGUE OF	THE				
File by the GREATER PORTLAND AREA			9	<u>4-3118749</u>	
extended Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
due date for diling your 449 N.E. EMERSON					
return See City, town or post office, state, and ZIP code. For a functions	oreign add	ress, see instructions			
PORTLAND, OR 97211					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		•	0 1
	1 = .	r			
Application	Return	Application			Return
Is For	Code	is For			Code
Form 990	01	Form 1041-A			08
Form 990-BL Form 990-EZ	02	Form 4720		· · · · · · · · · · · · · · · · · · ·	09
Form 990-PF	03	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			ely file	nd Form 8868	
THE ORGANIZATI		matic o-month extension on a previou	Sty Inc	<u> </u>	
• The books are in the care of ► 449 N.E. EMERS		PORTLAND. OR 97211			
Telephone No ► (503)823-0250	<u> </u>	FAX No ▶			
If the organization does not have an office or place of busines	s in the Ur	· 			
If this is for a Group Return, enter the organization's four digit				r the whole group, c	heck this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐	_			_	
4 I request an additional 3-month extension of time until		15, 2012			
5 For calendar year, or other tax year beginning	JUL 1	, 2010 , and ending	JUN	30, 2011	
6 If the tax year entered in line 5 is for less than 12 months, of			Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension				- ·	
THE INFORMATION NECESSARY TO	PREPA	RE A COMPLETE AND AC	CUR	ATE TAX RE	TURN
IS NOT YET AVAILABLE.				· <u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any			
nonrefundable credits See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-				
tax payments made. Include any prior year overpayment a	llowed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your pa	-	th this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System) See instr		111-16	8c	\$	0.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that, am authorized to prepare this f	orm.	panying schedules and statements, and to th	e best o	r my knowledge and be	ellet,
		2 /1	D-1-	2/8/19)
Signature Title			Date	' ' ' '	1 0011
・フ				Form 8868 (Re	v. 1-2011)