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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public

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Amended return Application pending F Name and address of principal officer LESLIE NORI KAY 620 SW FIFTH AVENUE SUITE 1220 PORTLAND, OR 97204 H(a) Is affi 420 SW FIFTH AVENUE SUITE 1220 PORTLAND, OR 97204 H(b) Are 10 SW FIFTH AVENUE SUITE 1220 PORTLAND, OR 97204 H(b) Are 11 Websites ► WWW MBABAR ORG Twenty MBABAR ORG 12 Summary 1 Briefly describe the organization's mission or most significant activities LAWYERS ASSOCIATED FOR JUSTICE, SERVICE, PROFESSIONALISM, EDUCATION 2 Check this box ► if the organization discontinued its operations or disposed of more that 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees. (Part V, line 2a) 5 Total number of employees. (Part V, line 2a) 6 Total number of employees. (Part V, line 2a) 7 Total gross unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 1c) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grents and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 19 17 Other expenses (Part IX, column (A), lines 11e-11d, 11f-24f) 18 Total expenses (Part IX, column (A), lines 11e-11d, 11f-24f) 19 Revenue less expenses Subtract line 18 from line 20 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Return of filter 23 Fignature Block 24 Check if series with the propagate of proprint name and title 25 Fignature Block 26 Filter of filter 26 Filter of filter 27 Filter of filter 28 Filter of filter 29 Filter of filter 20 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Filter of filter 23 F	(503) 222	-3275
Terminated Amended return Application pending F Name and address of principal officer LESLIE NOR I KAY 620 SW FIFTH AVENUE SUITE 1220 PORTLAND, OR 97204 H(a) 1s, affine	te G Gross receipt	
PORTLAND, OR 97204 F Name and address of principal officer LESLIE NOR LKAY 620 SW FIFTH A VENUE SUITE 1220 PORTLAND, OR 97204 Website: P WWW MBABAR ORG From of organization P Copposition Trust Association Tother P LWYERS ASSOCIATED FOR JUSTICE, SERVICE, PROFESSIONALISM, EDUCATION Briefly describe the organization's mission or most significant activities LWYERS ASSOCIATED FOR JUSTICE, SERVICE, PROFESSIONALISM, EDUCATION 3 Number of voting members of the governing body (Part VI, line 1a)	G Gloss receipt	
F Name and address of principal officer LESIJE NORI (AY 2020 WF1FTH AVENUE SUITE 1220 PORTLAND, OR 97204 H(b) Are Tax-exempt status		
LESLIE NORIKAY G20 SW FIFTH AVENUE SUITE 1220 PORTLAND, OR 97204 H(b) Are PORTLAND, OR 97204 H(c) Gr Website:		
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PORTLAND, OR 97204	tnis a group retu liates?	TYes ▼ No
## Website: ▶ WWW MBABAR ORG Website: ▶ WWW MBABAR ORG Cromm of organization Forgonation Trust Association Other ▶ L Year of Part Summary		
Website: ► WWW MBABAR ORG Website: ► WWW MBABAR ORG Cromm of organization Corporation Trust Association Other ► Lyear of Part I Summary	all affiliates inclu	
Website: ► WWW MBA BAR ORG	No," attach a lis oup exemption n	st (see instructions)
Part I Summary Briefly describe the organization is mission or most significant activities LAWYERS ASSOCIATED FOR JUSTICE, SERVICE, PROFESSIONALISM, EDUCATION	oup exemption in	idilibel F
Part I Summary 1 Briefly describe the organization's mission or most significant activities LAWYERS ASSOCIATED FOR JUSTICE, SERVICE, PROFESSIONALISM, EDUCATION 2 Check this box I if the organization discontinued its operations or disposed of more than 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11) 17 Other expenses (Part IX, column (A), lines 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 22 Total assets or fund balances Subtract line 21 from line 20 23 Signature Block Under penaltees of pegury, I declare that I have examined this return, including accompanying schedules and added, it is true, cortect, and complete Declaration of preparer (other than officer) is based on all inform lines of ficer 1 Ersile XAY PRESIDENT 1 Ersile XAY PRESIDENT 2 Ersile X	f 100c	M Chata of land damage Of
### Brefly describe the organization's mission or most significant activities LAWYERS ASSOCIATED FOR JUSTICE, SERVICE, PROFESSIONALISM, EDUCATION #### Professional for the organization discontinued its operations or disposed of more than 3 Number of voting members of the governing body (Part VI, line 1a)	Tormation 1906	M State of legal domicile OR
2 Check this box PT if the organization discontinued its operations or disposed of more that 3 Number of voting members of the governing body (Part VI, line 1a)		
A Number of independent voting members of the governing body (Part VI, line 1b)	AND LEADERS	HIP
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A Number of independent voting members of the governing body (Part VI, line 1b)		
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8 Contributions and grants (Part VIII, line 1h)	7	7a 44,33
8 Contributions and grants (Part VIII, line 1h)		7b
9 Program service revenue (Part VIII, line 2g)	rior Year	Current Year
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	398,834	396,298
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,350	305,696
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,108	7,830
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 Beginn 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform lines. 10 Signature of officer 10 Date Check if self-employed). 11 Firm's name (or yours signature) DENNIS C JOHNSON 12 Self-employed If self-employed, or self-employed If self-employed, or self-employed If self-employed, or self-e	57,274	105,545
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	700 566	0.4 5 0.60
14 Benefits paid to or for members (Part IX, column (A), line 4)	799,566	815,369
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a	21,000	20,750
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 Beginn 20 Total assets (Part X, line 16)	366,088	422,598
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 Beginn 20 Total assets (Part X, line 16)		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 Beginn 20 Total assets (Part X, line 16)		
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 Beginn 20 Total assets (Part X, line 16)	384,158	386,955
Beginn 20 Total assets (Part X, line 16)	771,246	830,303
Beginn 20 Total assets (Part X, line 16)	28,320	-14,934
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informs ****** Signature of officer Date Preparer's signature DENNIS C JOHNSON DENNIS C JOHNSON Dennis correct that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informs Date Check if self-empolyed in the preparer's signature of the preparer's signa	ing of Current	End of Year
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informations. ****** Signature of officer Date Preparer's signature DENNIS C JOHNSON McDONALD JACOBS PC If self-employed),	Year	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informations. ****** Signature of officer Date Preparer's signature DENNIS C JOHNSON McDONALD JACOBS PC If self-employed),	1,418,521	1,040,389
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all informations. ****** Signature of officer Date Preparer's signature DENNIS C JOHNSON McDONALD JACOBS PC If self-employed),	1,022,492	659,294
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. ****** Signature of officer LESLIE KAY PRESIDENT Type or print name and title Preparer's signature Dennis C Johnson Dennis C Johnson Date Check if self-employed is felf-employed, if self-employed,	396,029	381,095
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. ****** Signature of officer Date Preparer's signature DENNIS C JOHNSON Date Check if self-employed Firm's name (or yours if self-employed), McDONALD JACOBS PC If self-employed),		
Fign there ******* 203 ******* Signature of officer Data		
Signature of officer LESLIE KAY PRESIDENT Type or print name and title Preparer's signature DENNIS C JOHNSON Date Check if self-empolyed Firm's name (or yours if self-employed), McDONALD JACOBS PC If self-employed),	ideal of Willen prepe	arer has any knowleage
LESLIE KAY PRESIDENT Type or print name and title Preparer's signature DENNIS C JOHNSON Date Check if self-empolyed Firm's name (or yours in McDONALD JACOBS PC if self-employed),	10-06-10	
Type or print name and title Preparer's signature DENNIS C JOHNSON Date Check if self-empolyed Firm's name (or yours if self-employed), McDONALD JACOBS PC if self-employed),		
Type or print name and title Preparer's signature DENNIS C JOHNSON Date Check if self-empolyed I Firm's name (or yours if self-employed), McDONALD JACOBS PC if self-employed),		
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Preparer's Firm's name (or yours McDONALD JACOBS PC If self-employed),	(see instruction	
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address and 7ID + 4	_ EIN ►	
address, and ZIP + 4 520 SW YAMHILL STE 500	<u>.</u>	(F02) 227 272 :
PORTLAND, OR 97204	Phone no 🕨 ((503) 227-0581

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO FURTHER THE ADMINISTRATION OF JUSTICE, PROMOTE THE CONTINUING LEGAL EDUCATION OF ATTORNEYS, AND PROVIDE MEMBERS WITH OPPORTUNITIES FOR SOCIAL AND PROFESSIONAL RELATIONSHIPS

							Form 990 (2009)
4e	Total program service expenses	- \$	830,30	3			
	(Expenses \$	ıncludıng ç	grants of	f\$) (Revenue \$)
4d	Other program services (Descr	ıbe ın Schedule (O) See a	also Additional Data	for Description		
	THE MBA PROVIDED \$20,750 IN GRANT LAW, INCREASE ACCESS TO JUSTICE, A				LE AND EDUCATIONAL A	CTIVITIES WHICH	I FURTHER THE STUDY OF
4c	(Code) (Expen	·	20,750	ıncludıng grants of \$, ,	(Revenue \$)
	SPECIAL PROGRAMS AND EVENTS FURT AND PROMOTE SOCIAL AND PROFESSIO EVENTS INCLUDING THE ANNUAL DINNI DROP-IN SOCIALS AND MBA OPEN HOU	DNAL INTERRELATION ER, WINTERSMASH I	NSHIPS OF FAMILY BC	FASSOCIATION MÉMBER DWLING EVENT BENEFITI	S THE MBA PLANNED A	ND PRESENTED S	SEVERAL SOCIAL/COLLEGIAL
4b	(Code) (Expen	ses \$	720,272	ıncludıng grants of \$) ((Revenue \$	73,312)
4a	(Code) (Expen THE CONTINUING LEGAL EDUCATION PI ONE OR MORE OF THE 69 SEMINARS PI	ROGRAM FACILITATE			GAL EDUCATION OF LA	(Revenue \$ WYERS OVER 1,2	130,770) 200 INDIVIDUALS ATTENDED
	/Codo \/Evnon	sos ¢	90 291	including aronto of #	\ \	/Dayanua ¢	120 770 \
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	organizations ar	nd sectio	on 4947(a)(1) trust	s are required to re	•	•
	services?	on Schedule O	• •			,	res / No
3	Did the organization cease condu	cting, or make s	ıgnıfıcan	it changes in how it	conducts, any prog		- Yes ✓ No
	If "Yes," describe these new serv	ices on Schedule	e O				
2	Did the organization undertake ar the prior Form 990 or 990-EZ?		gram se	rvices during the ye	ear which were not l		Yes 🔽 No

art TV	Check	list of	Peguired	Schedules

	• • • • • • • • • • • • • • • • • • •		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S ? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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 II	26		No
27	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 III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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	35		No
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	990 (2009)			Page					
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable								
	1a 0								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable								
_	1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	v						
2-	gaming (gambling) winnings to prize winners?	1c	Yes						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No					
Ь	If "Yes," enter the name of the foreign country								
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c							
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
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 to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_							
	benefit contract?	7e 7f							
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?								
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g							
	required?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess								
_	business holdings at any time during the year?	8							
9 -	Sponsoring organizations maintaining donor advised funds.	_							
	Did the organization make any taxable distributions under section 4966?	9a							
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club								
_	facilities								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the								
	year 12b								

year

620 SW FIFTH AVENUE SUITE 1220

PORTLAND, OR 97204 (503) 222-3275

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

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 14						
ь	Enter the number of voting members that are independent 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
100	venue couc.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο			
	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					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
	.2 Thus the organization provided a copy of this Form 550 to an intempers of its governing body before ining the form						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13		Νο			
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
ь	taxable entity during the year?	16a		No			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply						
10	Own website Another's website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table		_	L			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the JUDY EDWARDS	ne orga	ınızatıor	n ►			

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

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) A verage hours	verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
LESLIE N KAY PRESIDENT	10 00	Х		х				0	0	0
JEFF CRAWFORD BOARD MEMBER	20	Х						0	0	0
SARAH CROOKS BOARD MEMBER	50	Х						0	0	0
KEITH GARZA BOARD MEMBER	20	Х						0	0	0
Julia hagan Board member	50	Х						0	0	0
SCOTT HOWARD BOARD MEMBER	20	Х						0	0	0
JUSTIN LEONARD BOARD MEMBER	50	Х						0	0	0
SUSAN MARMADUKE BOARD MEMBER	20	Х						0	0	0
GREGORY MOAWAD BOARD MEMBER	20	Х						0	0	0
BONNIE RICHARDSON BOARD MEMBER	20	Х						0	0	0
LISA UMSCHEID SECRETARY	2 00	Х		х				0	0	0
MICHELLE DRUCE TREASURER	2 00	Х		х				0	0	0
CAROL BERNICK BOARD MEMBER	50	Х						0	0	0
STEVEN BLACKHURST BOARD MEMBER	50	Х						0	0	0
JUDY EDWARDS EXECUTIVE DIRECTOR	50 00			х				105,060	0	6,488
MICHAEL DWYER IMMEDIATE PAST PRESIDENT	50						х	0	0	0

For	n 990 (2009)			Page 8
1b	Total	0		6,488
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
		\Rightarrow		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0	<u> </u>		
		F	orm 99 0) (2009)

Form 99								Page 9
Part \	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# £	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es 1b	393,540				
s, g	c	Fundraising eve	ents 1c					
# # #	d	Related organiz	zations 1d					
E, S	e	Government grants	s (contributions) 1e					
fior sr s	f	All other contribution	ons, gifts, grants, and 1f	2,758				
這 長	g		butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f\$_	•	_	396,298			
ें ल	h	Total. Add lines	s 1a-1f	•	396,298			
е		CONTINUITING	L FRUCA	Business Code				
ven	2a	CONTINUING LEGA	AL EDUCA		130,770	130,770		
2 <u>2</u>	b	MEETINGS	FEINITY		73,312	73,312		
Š	c d	SPONSORSHIP & A COMMITTEE INCOM	-		56,910	56,910		
Š	e e	COMMITTEE INCO	<u> </u>		44,704	44,704		
Ē	f	All other progra	am service revenue					
Program Serwce Revenue	'							
	g		s 2a-2f		305,696			
	3		ome (including dividender)	. H	7,830			7,830
	4		stment of tax-exempt bond	F	1,111			.,
	5			· · · · · · · · · · · · · · · · · · ·	45,788			45,788
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)	•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d		[ss)	_ , , , ,▶				
	8a		rom fundraising					
пе		events (not inc	luding					
Other Revenue			reported on line 1c)					
Ω.		See Part IV, lin	ne 18					
<u> </u>	Ь	lass direct av	penses b					
₹	c		(loss) from fundraising	events 🟲				
	9a	Gross income f	rom gamıng actıvıtıes					
		See Part IV, lin	ne 19 a					
	Ь	less directey	penses b					
	c		(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	inventory, less owances .					
	Ь	less cost of -	a oods sold b					
	c		(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	ADVERTISING	i		44,333		44,333	
	ь	OTHER INCOM	1 E		15,424	15,424		
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d		59,757			
	12	Total revenue.	See Instructions	▶	815,369	321,120	44,333	53,618

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 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	20,750			<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,730			
3	Grants and other assistance to governments, 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, trustees, and key employees	111,248			
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	234,108			
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	43,588			
LO	Payroll taxes	33,654			
.1	Fees for services (non-employees)				
а	Management				
ь	Legal	1,075			
С	Accounting	36,454			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	28,773			
ļ	Information technology				
5	Royalties				
5	Occupancy	47,760			
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	6,472			
3	Insurance	4,046			
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	EXPENSES RELATED TO UBT	37,824			
b	MEETING AND EVENT EXPEN	58,198			
c	COMMITTEE EXPENSES	45,426			
d	CONTINUING PROFESSIONAL	39,590			
e	MEMBERSHIP EXPENSES	16,295			
f	All other expenses	65,042			
5	Total functional expenses. Add lines 1 through 24f	830,303			
:6	Joint costs. Check here ► ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Part X Balance Sheet (A) (B) Beginning of year End of vear 8,535 30.861 1 Cash—non-interest-bearing 1 1.337.209 938.047 2 2 3 3 4 3.952 4 27.807 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 32,573 9 19,788 9 58.114 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 34.228 36.252 23.886 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 1,418,521 16 1,040,389 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 40.518 40,139 17 17 Accounts payable and accrued expenses 18 18 312,206 369,049 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 669.768 25 Other liabilities Complete Part X of Schedule D 25 250,106 26 Total liabilities. Add lines 17 through 25 1,022,492 26 659,294 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 396.029 381.095 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 396,029 33 381,095 34 Total liabilities and net assets/fund balances 1.418.521 1.040.389 34

Part XI Financial Statements and Reporting

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes				
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	Separate basis Consolidated basis Both consolidated and separated basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

Additional Data

Software ID: Software Version:

EIN: 23-7315437

Name: MULTNOMAH BAR ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code) (Expenses \$	including grants of \$) (Revenue \$	

PROFESSIONALISM AND LEADERSHIP TRAINING WERE PROVIDED THROUGH THE MANAGING PARTNERS ROUNDTABLES AND MID-SIZE FIRM ROUNDTABLES, MENTOR AND MENTEE PROGRAM AND PROFESSIONALISM PANELS AT FIRMS, THE DA'S OFFICE AND A LAW SCHOOL FIFTEEN COMMITTEES COMPLETED PROJECTS ON VARIOUS TOPICS, INCLUDING JUDICIAL SCREENING, EQUALITY, CONTINUING EDUCATION, COURT LIAISON AND YOUTHFILM CIVICS EDUCATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EXPENSES RELATED TO UBT	37,824			
MEETING AND EVENT EXPEN	58,198			
COMMITTEE EXPENSES	45,426			
CONTINUING PROFESSIONAL	39,590			
MEMBERSHIP EXPENSES	16,295			

DLN: 93493166003150

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

● Se ● Se If th	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pr zations Complete Part III	section 501(h)) onder section 501	Complete Part II-A Do (h)) Complete Part II-E	not co 3 Do	omplet not co	e Part II-B mplete Part	t II-A	n
Na	me of the organization LTNOMAH BAR ASSOCIATION	·		Employe	erıde	ntıfıca	ition numb	er	
				23-731					
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section	า 52	7 org	<u>janizatio</u>	n.	
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	cal campaign act	tivities in Part IV					
2	Political expenditures			I	-	\$			
3	V olunteer hours					_			
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).					
1	<u> </u>	e tax incurred by the organization und			 -	\$			
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955	 -	\$			
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?				┌ Yes	Г	No
4a	Was a correction made?						Yes	Г	No
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt under	section 501(c) except sectio	n 50	1(c)	(3).		
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function activities	-	\$			
2	Enter the amount of the filing o	rganization's funds contributed to ot	her organization:	s for section 527					
	exempt funtion activities				-	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	20-POL, line 17b	-	\$			
4	Did the filing organization file F	Form 1120-POL for this year?					┌ Yes	Г	No
5	were made For each organizate contributions received that we	nd employer identification number (E) ion listed, enter the amount paid from re promptly and directly delivered to iittee (PAC) If additional space is ne	n the filing organ a separate polit	ızatıon's funds Also (ıcal organızatıon, suc	enter	the ar	mount of po	olitica	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	n's	coi dir	A mount on tributions and promprectly delives eparate p	recei tly an ered t olitica	ived d to a al

enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	00				
	Over \$17,000,000					
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C (Form 990 or 990-EZ) 2009				age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and have (election under section 501(h)).	s NOT f	iled Fo		8
		(:	a)	(b)	
		Yes	No	A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), oı	r sectio	n
_	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2 Yes	<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Νo
Par	Tt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Paanswered "Yes".				n
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a	<u> </u>		
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	art IV Supplemental Information				
	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 so, complete this part for any additional information	, and Part	II-B, line	11	
		anation			

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DLN: 93493166003150

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai	Revenue Service F Attach to Fo	orm 990. F See separate instructions.		пізре	Cuon
	ne of the organization TNOMAH BAR ASSOCIATION		Emp	loyer identification num	nber
			23-7	7315437	
Pa	rt I Organizations Maintaining Donor Ad		-unds	or Accounts. Comp	lete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	 	b) Funds and other acc	ounts
	Total number at end of year	(a) Donor advised funds	+ '	T unus and other acc	Ounts
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
,	Aggregate value at end of year				
	,				
•	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	<u> </u>	nor advi	red ☐ Ye	s
)	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•		s No
aı	t II Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part IV, line 7	
<u>.</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of a Preservation of a	certifie	ically importantly land a d historic structure onservation	rea
				Held at the End of t	he Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d		
3	Number of conservation easements modified, transfe the taxable year ▶		ted by th	e organization during	
	Number of states where property subject to conserva				
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and Ye	s
•	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	uring the year ►	
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts durıng	; the year ► \$	
\$	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ection	Γ Ye	s
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's financia		· · · · · · · · · · · · · · · · · · ·	
ar	TIII Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resea	rch ın fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			<u> </u>	
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for finan	<u> </u>	
а	Revenues included in Form 990, Part VIII, line 1			▶ - \$	
	Revenues included in Form 550, rait vill, lille i			- Ψ	

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	the	<u>r Similar As</u>	sets	; (cor	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	a sıgnıfıca	ant u	se of its collect	ion		
а	Public exhibition		d	\vdash	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	/ furthe	r the or	ganızatıon	ı's ex	empt purpose ı	n		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t									┌ Ye	:S	Г No
Pai	rt IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar											
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets r		_ Yе	:S	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		г					
_							-	_	An	ount		
C C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	,	e 21?							Ye	s	∏ No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete	(a)Current Year)Prior \			orm 990, Years Back		t IV, line 10. Three Years Back	(e)Fo	ur Ye	ars Back
1a	Beginning of year balance	(a)carrent rear	(5)	<i>)</i> 1 1101	cai	(C) WO	Tears back	(4)	Thice reary back	(0)	ui ice	ars back
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
Ь	Permanent endowment 🕨 %	•										
c	Term endowment ► %											
3а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held	l and ad	ministere	d for	the	Γv	'es	No
	(i) unrelated organizations								3a(-	110
	(ii) related organizations								3a(_		
Ь	If "Yes" to 3a(II), are the related organization	•							3Ł	,		
4	Describe in Part XIV the intended uses of th											
Par	rt VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.	ı			
	Description of investment				a) Cost o sıs (ınve		(b) Cost or basis (oth		(c) Accumulated depreciation	d (1) Boo	ok value
1a	Land		•							\perp		
b	Buildings									\perp		
c	Leasehold improvements						:	3,755	5	53		3,202
d	Equipment						5-	4,359	33,6	75		20,684
е	Other			- [1			

23,886

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Federal Income 1376s	(b) A mount		
Federal Income Taxes			
MEDICAL PREMIUM PAYABLE	(b) A mount 250,106		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
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	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493166003150

Department of the Treasury

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

Internal Revenue Service			F Attach to Form 9	190			Inspect ion
Name of the organization						Employer identif	fication number
MULTNOMAH BAR ASSOCIAT	ION					23-7315437	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization main the selection criteria usedDescribe in Part IV the or	l to award the grants	orassistance?					▽ Yes
Form 990, Part I'	V, line 21 for any r	Governments and recipient that received 0) if additional space	d more than \$5,000	. Check this box if n	o one recipient rec		000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTNOMAH BAR FOUNDATION (MBF)620 SW FIFTH AVE SUITE 1220 PORTLAND,OR 97204	202738888	501 (C)(3)	20,750				GRANTS ARE GIVEN TO THE MBF FOR USE IN PROMOTING EDUCATION & UNDERSTANDING OF OUR LEGAL SYSTEM

Schedule I	(Form 990) 2009	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 3	22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information.	Complete this part to	provide the information red	uired in Part I. line 2.	and any	other additional information.
		Complete tine part to	provide the information red	an da mi i ar c 1/ mio 2/	arra arry	cerer additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 ORGANIZATION FOLLOWS UP PERIODICALLY WITH RECIPIENT ORGANIZATION, ENSURING THE FUNDS ARE SPENT PROPERLY

As Filed Data -

DLN: 93493166003150

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Supplemental Information to Form 990

Name of the organization
MULTNOMAH BAR ASSOCIATION

Employer identification number

23-7315437

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		SINCE THE PRIOR IRS FORM 990 WAS FILED, THE ORGANIZATION CHANGED DIRECTOR YEARS FROM 4 TO 3, ADDED THE OPTION OF ELECTRONIC VOTING FOR FUTURE MEMBER ELECTION OF DIRECTORS, AND CHANGED THE BY LAWS
Form 990, Part VI, Section A, line 6		MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE CHANGES TO BY LAWS
Form 990, Part VI, Section A, line 7a		REGULAR MEMBERS AS DEFINED BY BYLAWS MAY VOTE FOR DIRECTORS
Form 990, Part VI, Section A, line 7b		CHANGES TO BYLAWS ARE SUBJECT TO APPROVAL BY MEMBERS
Form 990, Part VI, Section B, line 11		THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE TREASURER OR PRESIDENT ADDITIONALLY, THE 990 IS MADE AVAILABLE FOR THE BOARD TO REVIEW
Form 990, Part VI, Section B, line 12c		ALL BOARD MEMBERS SIGN A STATEMENT EACH YEAR AND PLEDGE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY
Form 990, Part VI, Section B, line 15		IMMEDIATE PAST PRESIDENT AND 3 DIRECTORS REVIEWED THE EXECUTIVE DIRECTOR IN 2009 AND USED THE NATIONAL NABE COMPENSATION SURVEY RESULTS TO DETERMINE EXECUTIVE DIRECTOR'S SALARY, ALONG WITH MERIT CONSIDERATIONS THE EXECUTIVE DIRECTOR USES THE NABE COMPENSATION SURVEY TO DETERMINE THE SALARIES FOR KEY EMPLOYEES
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES IT'S IRS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT PUBLIC

THE OVERSIGHT PROCESS FOR THE FINANCIAL STATEMENT REVIEW DID NOT CHANGE DURING THE TAX YEAR

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

Cat No 51056K

Schedule O (Form 990) 2009

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DLN: 93493166003150

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

MULTNOMAH BAR ASSOCIATION

DULE R Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Department of the Treasury

P Attach to Form 990. See separate instructions.

Employer identification number

23-7315437

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

(d) Total income (e) End-of-year assets (f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

MULTNOMAH BAR FOUNDATION

620 SW FIFTH AVENUE SUITE 1220

PORTLAND, OR 97204 20-2738888 DEDICATED TO INCREASING PUBLIC'S UNDERSTANDING OF THE LEGAL SYSTEM

OR

501(C)(3)

MULTNOMAH BAR 509(A)(1) ASSOCIATION

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

che	edule R (Form 990) 2009		Paç	ge 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	: Gıft, grant, or capıtal contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р	Yes	
q	Other transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
_	(b)		(c)	
			t involve	ed
1)	3, 6-3, 6-3, 7			

(1) (2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No