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990 **990**

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)

2009

2009

OMB No 1545-0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning January 13, 2010, 2009, and ending June 30 , 20 10 D Employer identification number C Name of organization LANE COUNTY DEFENSE CONSORTIUM Check if applicable use IRS label or Doing Business As 1723259 Address change Number and street (or PO box if mail is not delivered to street address) Telephone number orint or Room/suite Name change type 541) 687-9001 725 Country Club Road Initial return Specific City or town, state or country, and ZIP + 4 Terminated Instruc **EUGENE, OR 97401** G Gross receipts \$ Amended return F Name and address of principal officer Don Diment - President Application pending H(a) Is this a group return for affiliates? Yes 767 Willamette Street, Suite 208 Eugene, OR 97401 H(b) Are all affiliates included? ☐Yes If "No." attach a list (see instructions) Website: ► http://www.lanecountydefense.com H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust 🔲 Association 🔲 Other 🕨 2010 M State of legal domicile: OR L Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Lane County Defense Consortium is a State contraced provider of legal representation for indigent defendants in Lane County, Oregon. The Consortium Governance consists of fourteen attorneys located in fourteen separate law offices. The Attorney members provide representation in a variety of offenses ranging from probation violation and misdemeanor charges to felonies. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of employees (Part V. line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 0 7a 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 0 7b **Current Year** 452,580 8 Contributions and grants (Part VIII, line 1h) . 0 9 Program service revenue (Part VIII, line 2g) . . . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 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) 452,580 352,172 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,341 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 373,513 18 Total expenses. Add lines 13-17 (must equal Part R column (A), fline 25) Revenue less expenses. Subtract line 18 from line #2 79,067 Beginning of Current Year End of Year 79,067 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 79.067 Net assets or fund balances. Subtract line Part II Signature Block Under penalties of perjund examined #fis turn, including accompanying schedules and statements, and to the best of my knowledge arer (other than officer) is based on all information of which preparer has any knowledge Sian Here Type or print name and title Check if Preparer's identifying number Preparer's signature employed ▶ __ 12/22/10 Paid P00829393 Preparer's

13

1163998

484-6693

✓ Yes ☐

No

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

McElhany, Shotola, Merwin & Hale, LLC

975 Willagillespie Road Eugene, OR 97401

FIN

▶ 93 ⊹

▶ (541)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. To establish and make available a group of attorneys to provide representation to indigent persons accused of crimes in the Lane County Circuit Court; To maintain and improve the qualifications and skills of group attorneys in fulfilling representation of indigent persons.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
	(Code:) (Expenses \$ 352,172 including grants of \$ 352,172) (Revenue \$ 0 \(\) The organization had one program service; to facilitate the assignment of and monitor the performance of legal counsel to represent indigent defendants in Lane County, Oregon. The exempt purpose achievements include contracting with the State of Oregon to provide oversight and monitoring of attorneys providing court appointed counsel to indigent persons.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >
70	rotal program service expenses #

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
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		✓
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		✓
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		✓
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		✓.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	√	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.		1	· ·
•	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	4 4	√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	<u> </u>		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
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 United States? If "Yes," complete Schedule F, Part III	16		✓
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		1
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	:	1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	لــــا	

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		1
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	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		1
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a 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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		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	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		<u> </u>
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		1
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	38	1	

Par	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		r∓g ^a cui ar-ga	T. (2)
-	U.S. Information Returns. Enter -0- if not applicable	燕	right.	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		5-63-11 12-21
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	H-16	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	21		100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	43.	بر در ایم مکیند ایم	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		20 1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		10 A 10	,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Land	
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
Ь	If "Yes," enter the name of the foreign country: ▶	Mark I	\$1.5°	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		E	77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	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	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
	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	14 1 11 1	شننا	
	and services provided to the payor?	7a		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	at and	\ <u>\</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	22.	Inglish S	1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	.2	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h ~ , ≈	3,1	1 - 2
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	11- ,,	. 5 . 9	
	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	ar 1	## \rZ_
9	Sponsoring organizations maintaining donor advised funds.	92.5 	. A .	
	Did the organization make any taxable distributions under section 4966?	9a	 	<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on Part VIII, line 12	, e.c	±6.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	17.4	20.3	1.
	Section 501(c)(12) organizations. Enter:	8	,	1.
	Gross income from members or shareholders		1 1	13.5
b	Gross income from other sources (Do not net amounts due or paid to other sources against	112	F	1 ,4
10-	amounts due or received from them.) Section 4047(a)(1) per exempt charitable truete. Is the exemptation files form 200 in less of Form 10412.	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	124		

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	划道	The state of	3,-1
b	Enter the number of voting members that are independent	S,	1 1	4 75 +
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	200		[]
_	any other officer, director, trustee, or key employee?	2		✓_
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_	✓	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6	√	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			s Majori
_	the year by the following:			- + 1
а	The governing body?	8a	✓	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	√	
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	9a	1	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	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?	11	✓	<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	T. Sec.	7 3
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
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	√	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	✓	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	F. 134	+	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a dila		أحسنا
а	The organization's CEO, Executive Director, or top management official	15a	√	ļ.
b	Other officers or key employees of the organization	15b	√	a ,
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			A 15 P
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			المراسا
	with a taxable entity during the year?	16a	~ 02	✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		7 A A S	10
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		نست	تعنانا
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon			
18	Section 6104 requires an organization to make its Forms 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.			
	Own website Another's website Dupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization. ► Bradley Cascagnette, Administrator 725 County Club Road Eugene, OR 97401			

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. 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, 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

Check this box if the organization did not contain	pmpensate	any o	curr	ent	off	cer, d	lirec	tor, or trustee.					
(A)	(B)			•	C)			(D)	(E)	(F)			
Name and Title	Average				k all	that ap		Reportable	Reportable	Estimated			
	hours per week	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee		Former Highest compensate employee Key employee		Former Highest compensate employee Key employee		-lighest compensated amployee (ey employee		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
Don Diment - President	.25	1		✓				0	0	0			
Dan Koenig - Vice President	.25	1		√				0	0	0			
Kevin Merwin - Treasurer	.25	√		1				0	0	0			
Mike Buseman - Secretary	.25	✓		1				0	0	0			
Becky Davis - Member	.25	√						0	0	0			
								-					

and related organization 1b Total 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services endered to the organization? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services endered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services endered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services endered to the organization. 6 Description of services. Complete the table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (a) Description of services. Complete Schedule J for such person. Complete the table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.	Par	VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (co	ontinued)
house pix land with the regularization of the format of the regularization from the organization in from the organization of the organization in from the organization of the organization in from the organization in from the organization of the organization in from the organization in from the organization of the organization in from the organization in from the organization in from the organization of the organization in from the organization			(B) (C)									(F)
Total		Name and title	hours per					,		compensation from	compensation from related	amount of other
1b Total 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 lst any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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. 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 Section 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 Compensation				idual trustee rector	utional trustee	er	employee	est compensated oyee	ier	organization		from the organization
1b Total 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 lst any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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. 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 Section 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 Compensation												
1b Total 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 ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If ""es," complete Schedule J for such individual. 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. 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 Section 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 Compensation				i								
1b Total 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 ≥ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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. 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 Section 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 Compensation of services Compensation Compensation												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes 1				:								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes 1												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes 1												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes 1												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes 1												
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes I Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 Section B. Independent Contractors 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 Did the organization list any former officer, director or trustee, key employee, or highest compensated Yes I Yes I (B) Description of services of the organization from the organization for services or accrue compensation from any unrelated organization for services and organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services and organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services or accrue compensation from any unrelated organization for services in the organizati												
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes 1			-									
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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. 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 Section 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) (B) Description of services (C) Compensation	3								oye	e, or highest o	compensated	ليقتقن المحمد المقتمد
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	4	the organization and related organizations	sum of repo greater tha	ortabl in \$15	e c	omp	en: If '	sation 'Yes,"	and cor	d other compe	nsation from ile J for such	
Section 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) (B) (C) Compensation Compensation	5	Did any person listed on line 1a receive	or accrue Yes," comp	comp olete	oen: S <i>ch</i>	satı edu	on i ele u	from I for s	any auch	unrelated org	anization for	
compensation from the organization. (A) Name and business address Description of services Compensation	Sec											
Name and business address Description of services Compensation	1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	acto	rs that receive	d more than \$1	00,000 of
	_		iress					·			ervices	
							_					
2 Total number of independent contractors (including but not limited to those listed above) who received									L			

Par	: VII	Statement of Reve	nue					
	, ·.				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Fundraising events	its, l above 1f	452,580	452,580			
Program Service Revenue	2a b c d e f	All other program service Total. Add lines 2a-2f		Business Code		<u></u>		
	3 4 5	Income from investment of ta	ax-exempt bond	d proceeds				
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal		A STANCE	A second	
	Į.	· 	(i) Securities	(ii) Other	- 15 ·			
	С	Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	angles and
. Revenue	8a	events (not including \$ of contributions reported o	undraising n line 1c).					
Other	С	Less: direct expenses . Net income or (loss) from Gross income from gaming	b	vents ►				
	b	See Part IV, line 19 Less direct expenses Net income or (loss) from	a	ties ►		in the second		2
	b	Gross sales of inventor returns and allowances. Less: cost of goods sold Net income or (loss) from significant Miscellaneous Revenue	a b lades of invento	ory ► Business Code				· , 1
	11a b c	wiscenaneous Revenue		Dusiness Code				a
		All other revenue			452,580	- ,		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	ot required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 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			W. The Co	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	352,172	352,172		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			And the second	
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 8	Other salaries and wages				-
9 10	Other employee benefits				
	Fees for services (non-employees): Management	15,000 4,300		15,000 4,300	
С	Legal	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,	
	Professional fundraising services. See Part IV, line 17 Investment management fees		The second second second	After Thistippe a	
g 12	Other	400		462	
13 14	Office expenses	970		970	
15 16 17	Royalties				
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.				
20 21	-				
22 23	Depreciation, depletion, and amortization. Insurance	164		164	
24	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.)				
a b	Professional Development	445		445	
c d					
e f 25	All other expenses	373,513	352,172	21,341	
26	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 campaign and fundraising solicitation				

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	77,726
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	2000年1000年100日	75.	通信的 海路运输
		employees, and highest compensated employees. Complete Part II of Schedule L		5	The state of the s
	6	Receivables from other disqualified persons (as defined under section	·····································	E327	境,透明記はいはい
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	- Marie Aliana Aliana	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9			9	
	10a	Prepaid expenses and deferred charges	The same of the same	174	金融等等等的
	104	other basis. Complete Part VI of Schedule D		25	
	ь	Less: accumulated depreciation 10b 164	The state of the s	10c	1,341
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV. line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	1	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	79,067
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	· · · · · · · · · · · · · · · · · · ·	- J-1.2	
ab	ł	employees, highest compensated employees, and disqualified	THE PART OF THE PARTY.		He did a wife in soften a window
		persons Complete Part II 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		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		16. 15. 22.	William in the
<u>a</u>	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets	TE NO THE RESERVE	29	The state of the s
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	79,067
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	ļ
Š	33	Total net assets or fund balances		33	79,067
	34	Total liabilities and net assets/fund balances	<u> </u>	34	79,067

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other	المراجعة ال المراجعة المراجعة ال	湖	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c_	16.00	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		新	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	E		-20
	issued on a consolidated basis, separate basis, or both:			£ %
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2.2		
За	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?	3a		✓
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		<u> </u>

Form **990** (2009)

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

1723259 LANE COUNTY DEFENSE CONSORTIUM 27 : Organizations Maintaining Donor Advised 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) . 2d Number of conservation easements included in (c) acquired after 8/17/06. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 . . . Assets included in Form 990, Part X

Page	1
raye	-

Schedule	D (Form	agni	2000

Par	t III Organizations Maintainin	g Collections	of Art, H	istori	cal Treasure	es, or	Other Similar	Asset	s (conti	nued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	Public exhibition		d		Loan or exc	hange	programs			
b	Scholarly research		е		Other					
С	Preservation for future generation	ons								
4	Provide a description of the organizate Part XIV.	tion's collections	and exp	olain h	ow they furth	er the	organization's e	exempt	t purpose	e in
5	During the year, did the organization so assets to be sold to raise funds rather to	olicit or receive do	onations on ined as p	of art, I part of	nistorical treas the organizati	sures, c	or other similar] Yes [∃ No
Pai	Escrow and Custodial Art IV, line 9, or reported an ar					answ	ered "Yes" to	Form 9	990, Par	t
1a	Is the organization an agent, trustee, included on Form 990, Part X?					utions (or other assets	not .	Yes [□ No
b	If "Yes," explain the arrangement in F	art XIV and com	nplete the	e follov	ving table:	_				
						-		Amou	nt	
С	Beginning balance					·	lc			
d	Additions during the year					. 11	ld			
е	Distributions during the year					. 1	le			
f	Ending balance					٠. لــــــــــــــــــــــــــــــــــــ	if			
	Did the organization include an amount "Yes," explain the arrangement in F	Part XIV.						. L	_ Yes	No
Pai	t V Endowment Funds. Com	plete if the org	ganızatio	n ans	wered "Yes	<u>" to F</u>	orm 990, Part	<u> IV, lin</u>	e 10.	
	<u> </u>	(a) Current year	(b) Pro	or year	(c) Two yea			ack (e) Four year	s back
1a	Beginning of year balance				E. J. S.	E GO	11 11 11 11 11		₹ <u>*</u> **	
b	Contributions				C. T. T. T.	神ない	1 和於一點出版上	次在一些	新年 建	
С	Net investment earnings, gains,					1			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and losses				200 (A.S.)					(T 1) H
d	Grants or scholarships					E 187 197 1	- The fire	5.4	il King	·
е	Other expenditures for facilities					5.5				
	and programs				2 25 37	145.5 46.50	The state of the state of	2 · 5	Ster Hand Steril	<u>- 10 1 -</u>
f g	Administrative expenses End of year balance		<u>. </u>		· 1000年		Charles and the state of		Partie .	
2	Provide the estimated percentage of	the year end bal	lance hel	d as.						
а	Board designated or quasi-endowme	nt ▶	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶ %									
За	Are there endowment funds not in the	possession of th	ie organiz	ation	that are held	and ad	ministered for th	ne		
	organization by.		•					-	Yes	No
	(i) unrelated organizations							. 3	3a(i)	
	(ii) related organizations							. 3	Ba(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organ							. L	3b	
4	Describe in Part XIV the intended use	s of the organization	ation's er	ndowr	nent funds.					
Par	t VI Investments—Land, Buil	dings, and Eq	uipment	t. See	Form 990,	Part X	, line 10.			
	Description of investment	(a) Cost or oth			Cost or other asis (other)	(c) Accumulated depreciation	(d	l) Book valu	ne
1a	Land						, ,			
b	Buildings									
c	Leasehold improvements									
d	Equipment				1,505		164			1,341
е_	Other									
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Form 99	90, Part X,	, colun	nn (B), line 10(c)) .				

(a) Description of security or category (b) Book value (c) Method of valuation. Cost or end-of-year market value Financial derivatives	Part VII Investments—Other Securit	ios Soc Form 000 Part	V line 12
Cost or end-of-year market value Financial derivatives Closely-held equity interests Closely-held equity Closely-held equity interests Closely-held equity			
Closely-held equity interests Other Total. (Column (b) must equal from 990, Part X, col. (B) line 12) ▶ Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Book value (c) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal from 990, Part X, col. (B) line 13) ▶ Part IX Other Liabilities. See Form 990, Part X, line 15. (a) Description (b) must equal from 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 15. (b) Book value Total. (Column (b) must equal from 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Total. (Column (b) must equal from 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Total. (Column (b) must equal from 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Total. (Column (b) must equal from 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Total. (Column (b) must equal from 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Total. (Column (b) must equal from 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Total. (Column (b) must equal from 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. Part X Other Liabilities. See Form 990, Part X, line 25. Part X Other Liabilities. See Form 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, col. (B) line 25.) ▶ Part X Other Liabilities. See Form 990, Part X, col. (B) line 25. Part X Other Liabilities. See Form 990, Part X, col. (B) line 25. Part X Other Liabilities. See Form 990, Part X, col. (B) line 25. Part X Other Liabilities. See Form 990, Part X, col. (B) line 25. Part X Other Liabilities. See Form 990, Part X, col. (B) line 25. Part X Other Liabilities. See Form 990, Part X, col. (B) line 25. Part X Oth	(including name of security)		
Total. (Column (b) must equal form 990, Part X, col. (B) Ine 12) ► Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation (c) Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal form 990, Part X, col. (B) Ine 15.] Total. (Column (b) must equal form 990, Part X, col. (B) Ine 15.] (b) Amount Federal income taxes (c) Figure 25. Figure 25. Figure 25.	Financial derivatives		
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Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ater	nents
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	-
6 7	Investment expenses	7	
8		8	
9	Other (Describe in Part XIV.)	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	r Return
1	Total revenue, gains, and other support per audited financial statements	1	T
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	A	£
		经	
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	necoveries of prior year grants		
d	Other (Describe in Fair Xiv.)	2	Prince
е	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	1.20	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	120	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	3011	
c	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
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:	\$3.50 m	være Lage: Mag
а	Donated services and use of facilities		k' e zan
b	Prior year adjustments		**************************************
С	Other losses	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	[2]
d	Other (Describe in Part XIV.)	٠	s l
е	Add lines 2a through 2d	2	e .
3	Subtract line 2e from line 1	3	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7.6	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	1	\$ 4. 2
c	Add lines 4a and 4b	4	c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5
Pai	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4:	Part IV. lines 1b
and	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar	nd 4t	o. Also complete
	part to provide any additional information.		
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Scheaule D (For	rm 990) 2009	Page 3
Part XIV	Supplemental Information (continued)	
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 1723259 Lane County Defense Consortium Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes Νo Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (g) Written the organization? principal amount by board or agreement? committee? Tο Nο Nο Yes Yes Yes · 医乳腺素 医乳头样 Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount and type of assistance organization Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction organization's interested person and the transaction revenues? organization No \$10,449 and Contract payments for Michael J. Buseman, President of Secretary of Lane County Defense Michael J. Buseman, P.C. \$11,088 services provided as Consortium attorney representing

indigent defendants served by the Lane County Defense Consortium

SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**09**

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

or to provide any additional information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LANE COUNTY DEFENSE CONSORTIUM

27 1723259

EXILE GOOKITE	ETEROE CONTOUR 127 11 2223
Part VI Section A	9.
President	Don Diment - 767 Willamette Street, Suite 208 Eugene, OR 97401
Vice President	Dan Koenig - 767 Willamette Street, Suite 204 Eugene, OR 97401
Treasurer	Kevin Merwin - 975 Willagillespie Road Eugene, OR 97401
Secretary	Mike Buseman - 801 East Park Street Eugene, OR 97401
Member	Becky Davis - 259 East 5'th Avenue, Suite 300-C Eugene, OR 97401
Part VI Section B.	.11A.
The Company Tre	asurer (who also served as return preparer) reviewed the Form 990 with the board retained
administrator for	both completeness and accuracy. After satisfaction of both the treasurer and administrator, the
Form was sent ou	at to all board members for their independent review. A meeting was then held at which the Form
was discussed in	detail and upon mutual consent of the entire board the Form was signed and prepared for filing.
*	
Part VI Section B.	. 12c.
The Company add	ministrator annually reviews and files all conflict of interest statements from all Company officers,
directors, trustee	s and key employees. The Company administrator also continually monitors the overall activity
of the Company t	o help ensure compliance with its stated written policy.
Part VI Section B.	15a and 15b.
The board review	ed and approved the compensation of the Company administrator based on 1) the average time spent
per month by the	administrator performing his duties and 2) compensation rates set for administrators of other tax
exempt entities th	nat perform similiar services with the same funding source as the Company. This process was last
undertaken April	

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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Part VI Section C. 19.	
The organization makes its governing documents, conflict of interest policty and financia	l statements available
to the public upon request.	
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