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SCANNED AUG 2 2 2011

Return of Organization Exempt From Income Tax

OMB No 1545-0047

201**0**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 20 For the 2010 calendar year, or tax year beginning 2010, and ending C Name of organization Willamette Valley Law Project D Employer identification number Check if applicable Doing Business As 93-0687718 Address change E Telephone number Room/suite Number and street (or P O box if mail is not delivered to street address) Name change 503-781-1132 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated 457.729 G Gross receipts \$ Amended return Woodburn, OR 97071 H(a) Is this a group return for affiliates? Yes No F Name and address of principal officer Application pending Glenn Harris, 901 8th Ave., #705, Seattle, WA 98104 H(b) Are all affiliates included? Tyes Vo If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust 1977 M State of legal domicile ☐ Association ☐ Other ▶ L Year of formation Part I Summary Research and education regarding issues and Briefly describe the organization's mission or most significant activities: conditions affecting low-income persons working in agriculture and related sectors. Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 **Activities &** 4 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 100 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 449,468 Contributions and grants (Part VIII, line 1h) . 461,490 Program service revenue (Part VIII, line 2g) 9 13,597 7,088 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 9.262 1.173 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue - add lines 8 through 11 (must-equal-Part-VIII, column (A), line 12) 457,729 484,249 12 Grants and similar amounts pad (RarttX) column (A), lines 1-3) 40,566 13 11,730 Benefits paid to or for members (Part IX, column (A)) dine 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Professional fundraising sees (Part IX, column (A), line, 11e)
Total fundraising expenses (Part IX, column (D), line) 15 16a b Other expenses (Part IX, column (A)) ines 11a-11ti, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 284,2247 328,460 17 340,190 324,813 18 159,436 117.539 Revenue less expenses. Subtract line 18 from line 12 19 End of Year **Beginning of Current Year** 947.350 1.055.512 20 Total assets (Part X, line 16) 21 18.750 9,375 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances. Subtract line 21 from line 20 928,600 1,046,137 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign nature of office Date Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if **Paid** self-employed **Preparer** Firm's name Firm's ElN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **990** (2010)

orm 99	0 (2010)		Page 2
Part		Accomplishments esponse to any question in this Part III	. 🗆
1	Briefly describe the organization's missic Research and education regarding issues	and conditions affecting low-income persons working in agriculture and related secto	rs.
2	prior Form 990 or 990-EZ?		 ☑ No
3	If "Yes," describe these new services on Did the organization cease conducting services?	n Schedule O. g, or make significant changes in how it conducts, any program · · · · · · · · · □ Yes □	☑ No
4	501(c)(3) and 501(c)(4) organizations and	nedule O. ents for each of the organization's three largest program services by expenses. Se d section 4947(a)(1) trusts are required to report the amount of grants and allocation, if any, for each program service reported.	ection ons to
4a	See attached schedule	including grants of \$) (Revenue \$)	,
41-	(Oada) / (Farance A	including growth of the Alexander Al	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	,
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Sc (Expenses \$ including of		
4e	Total program service expenses ▶	306,325	

Part	Checklist of Required Schedules		V	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	Yes	NO
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	.	1
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		1
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	+	
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	↓	1
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? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		/
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	↓	✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	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	✓	
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		1
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		√
d 25a	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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		1
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		,
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		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)?	35	1	1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		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	<u> </u>

art	٧	Check if Schedule O contains a response to any question in this Part V				. 🗆
					Yes	No
		er the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
		er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С		the organization comply with backup withholding rules for reportable payments to	o vendors a			
^ -	_	ortable gaming (gambling) winnings to prize winners?		1c	√	interior.
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax				
		tements, filed for the calendar year ending with or within the year covered by this return	2a	2b	1.00	200
þ		t least one is reported on line 2a, did the organization file all required federal employment to te. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see inst				(C.11)
3a		the organization have unrelated business gross income of \$1,000 or more during the year		За		7
b		Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a		any time during the calendar year, did the organization have an interest in, or a signature of		ity		
		er, a financial account in a foreign country (such as a bank account, securities account, o				
	acc	count)?		4a		 ✓
b	If "	Yes," enter the name of the foreign country:				
		e instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia				
5a		s the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?			✓
с 6а		Yes" to line 5a or 5b, did the organization file Form 8886-T?	 M. and did t	. 50	-	+
0a		partization solicit any contributions that were not tax deductible?	o, and did i	. 6a	.	1
b		Yes," did the organization include with every solicitation an express statement that such	contributions		+	
-		s were not tax deductible?		. 6b	,	
7	•	ganizations 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 goo	ods 💹		
		d services provided to the payor?		· 7a		✓
b		Yes," did the organization notify the donor of the value of the goods or services provided?			<u> </u>	ļ.—
С		I the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it w			
		juired to file Form 8282?	ا میا	. 70		(4)
d		Yes," indicate the number of Forms 8282 filed during the year	7d	ct? 7 €		1
e f		I the organization receive any funds, directly or indirectly, to pay premiums on a personal b I the organization, during the year, pay premiums, directly or indirectly, on a personal bene			—	1
g		ne organization, during the year, pay premiums, directly of intellectly, on a personal bene ne organization received a contribution of qualified intellectual property, did the organization file Form				1
h		ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file				1
8		onsoring organizations maintaining donor advised funds and section 509(a)				342
	-	ganizations. Did the supporting organization, or a donor advised fund maintained b				
	org	anization, have excess business holdings at any time during the year?		. 8		✓
9		onsoring organizations maintaining donor advised funds.				32
а		the organization make any taxable distributions under section 4966?		. 98	-	√
ъ		I the organization make a distribution to a donor, donor advisor, or related person?		. 9t		√
10		ction 501(c)(7) organizations. Enter: iation fees and capital contributions included on Part VIII, line 12	10a	, i		
a b		oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		11 7	
11		ction 501(c)(12) organizations. Enter:	[]			
а		oss income from members or shareholders	11a		10.15	
b	Gro	oss income from other sources (Do not net amounts due or paid to other sources				
	_	ainst amounts due or received from them.)	11b			
12a		ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		? 12	a	267
b		Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		ction 501(c)(29) qualified nonprofit health insurance issuers.		4.0		3.2
а		the organization licensed to issue qualified health plans in more than one state?		. 13	a	- -
ь		te. See the instructions for additional information the organization must report on Scheduli ter the amount of reserves the organization is required to maintain by the states in which	u U.			
U		e organization is licensed to issue qualified health plans	13b			
С		ter the amount of reserves on hand	13c		12A 12P	
14a		If the organization receive any payments for indoor tanning services during the tax year?		. 14	а	1
b		Yes, " has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O	. 14		+

Part '	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions. Check if Schedule O contains a response to any question in this Part VI	es in S	and s	for a dule
Section	on A. Governing Body and Management		[
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent	- 200 to 100 to	Yes	No V
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	1	
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6 7a		√ √ √
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		/
a b 9	The governing body?	8a 8b 9	✓	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37.7	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
12	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 14	Does the organization have a written document retention and destruction policy?	14		1
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?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a		¥.7:
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its 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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s)s only	y) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Larry Kleinman, 300 Young St., Woodburn, OR 97071	of the)	

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J 555 (25.	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

✓ Check this box if neither the organization nor	any related	d orga	aniz	atio	n co	ompe	nsa	ated any curren	t officer, director	, or trustee.
(A)	(B)			((>)	(E)	(F)			
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	c Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Glenn Harris, President	.5	1								
(2) Eli Jimenez, Vice President	.25	1								
(3) Marina Espinoza, Secretary-Treasurer	.25	1								
(4) Monica Smith, Board member	.25	1	İ							
(5) Theresa L. Wright, Board member	.25	1								
(6)										
(7)										
(8)										
(9)										
(10)										
(11)	-									
(12)	-					-				
(13)										
(14)	1									
(15)	-			Γ						
(16)	-						T			

Part	VII Section A. Officers, Directors, Trus	tees, Key	Emplo	уеє	9S, &	and	Highe	st (Compensated	Employees (co	ontinued)
	(A)	(B)			-	C)			(D)	(E)	(F)
	Name and title	Average hours per		<u> </u>			hat ap		Reportable compensation	Reportable compensation from	Estimated amount of
		week	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	from	related	other
		(describe hours for	절호	냚	¥	1	loye	록	the organization	organizations (W-2/1099-MIS	compensation from the
		related	9 5	ma		ğ	8 9		(W-2/1099-MISC)	(organization
		organizations in Schedule	ste	trustee		#	pens				and related organizations
		O)	•	8			NAT OF	Ì			
(17)					 						
J											
(18)											
(19)			 	_							
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(20)		<u> </u>									
(27)						Γ					
(28)					┝	┝		\vdash			
(20)		1									
1b	Sub-total							▶			
С	Total from continuation sheets to Part	-						▶			
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	<u> </u>	L	
2	Total number of individuals (including bu reportable compensation from the organ			nose	e lis	ted	abov	e) w	vho received m	ore than \$100	,000 in
										***	Yes No
3	Did the organization list any former o employee on line 1a? If "Yes," complete									nest compens	
	• •									· · · · ·	
4	For any individual listed on line 1a, is the organization and related organizations	oreater th	poπa an \$.bie 150	COL	npe 12	nsauc f "Ye	אווכ פי	and other comp complete Sci	nedule J for	such
	individual										
5	Did any person listed on line 1a receive of										
	for services rendered to the organization										
Section	on B. Independent Contractors										
1	Complete this table for your five highest	compensa	ted in	dep	enc	lent	contr	ract	tors that receiv	ed more than	\$100,000 of
	compensation from the organization.							П		—————	
	(A) Name and business add	fress							(B) Description of:	services	(C) Compensation
Pinero	os y Campesinos Unidos del Noroeste, 300 Y	oung St., V	Voodb	urn,	, OR	970	71	se	e schedule for l	Pt. III, #4a	\$261,000
								\vdash			
2	Total number of independent contractor received more than \$100,000 in compensations.								hose listed ab	ove) who	

Part	VIII	Statement of Reve	enue		_				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude	(D) evenue ed from tax r sections 513, or 514
इ इ	1a	Federated campaigns	1a						1
E 2	b	Membership dues .		,					Į
8, E	С	Fundraising events .							Į
# a	d	Related organizations		1					i
3, E	е	Government grants (cont		,				1	
tion	f	All other contributions, gif	ts, grants,		į				1
ig ig		and similar amounts not incl	luded above 11	449,468					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions include							
	h	Total. Add lines 1a-1f	·		449,468			 	
Program Service Revenue				Business Code					
eve	2a			- 				 	
e B	b			-					
Σįς	C .			-	-			-	
Š	d			-			 		
ran	e	All other programs con						 	
Log	f g	All other program serve Total. Add lines 2a-2f						1	
<u> </u>	3	Investment income (including div	dends interest			T	T	
		and other similar amo			7,088				7,088
	4	Income from investment						 	
	5		•	•				1	
		·	(ı) Real	(II) Personal	*			ż	84 4 8
	6a	Gross Rents						*	,
	b	Less: rental expenses							
	С	Rental income or (loss)					- %-3	<u> </u>	
	d	Net rental income or (>				ļ	
	7a	Gross amount from sales of	(i) Securities	(II) Other	₹ .	,			· 🎶 💢
		assets other than inventory			ļ			1	**
	b	Less. cost or other basis							
		and sales expenses .					vato.	*	. "4
	°.	Gain or (loss)						 	
	d	Net gain or (loss) .		·			······································	1	
ē	8a	Gross income from fu	ndraising		İ				
ē	~~	events (not including \$	ricialing						
Revenue		of contributions reporte	ed on line 1c).		:				Y '
		See Part IV, line 18 .		a					
Other	ь	Less: direct expenses		b					4
U		Net income or (loss) fr		g events . ►		1			
	9a	Gross income from ga							á
		See Part IV, line 19 .		а					79
	b	Less: direct expenses		b					
		Net income or (loss) fr					ļ		
	10a	Gross sales of in							
	١.	returns and allowance				•		İ	ļ
	b	Less: cost of goods so Net income or (loss) fr		b_			 		
	С	Miscellaneous Re		Business Code				+	
	11a	utility reimbursements		Dualifess COOP	1,173		 		1,173
	b				1,1/3		_	+	1,1/3
	C				-		 	+	
	d	All other revenue .			 		 	+	
	e	Total. Add lines 11a-		. ' 	1,173			1	
	12	Total revenue. See in			457,729			1	8,261

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 not	required to complet		ana (D).
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	11,730	11,730		To the second
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
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				
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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b c	Management				
d e	Lobbying				
f 9 12	Investment management fees Other	303,152	303,152		
13 14	Office expenses	1,033		1,033	
15 16	Royalties	16,889		16,889	
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest	2,153 533	2,140	13 533	
21 22 23	Payments to affiliates	3,835	-	3,835	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a b	Fees	865	145	865	
c d e					
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	340,190	317,022	23,168	
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	117,696	1	58,111
	2	Savings and temporary cash investments	701,892	2	779,289
	3	Pledges and grants receivable, net		3	
-	4	Accounts receivable, net		4	
ĺ	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		_7_	
Ř	8	Inventories for sale or use		_8_	
	9	Prepaid expenses and deferred charges	ton	9	
	10a			*.3	
		other basis. Complete Part VI of Schedule D 176,225			
	Ь	Less: accumulated depreciation 10b 52,298	127,762		123,927
	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		14 15	04 105
	15 16	Other assets. See Part IV, line 11	047.250		94,185
		Total assets. Add lines 1 through 15 (must equal line 34)	947,350	16 17	1,055,512
	17 18	Accounts payable and accrued expenses		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<u> </u>	20	
(n	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Ē	—	employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,750	23	9,375
	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	18,750	26	9,375
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
ces		lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
ā	29	Permanently restricted net assets		29	75 · ** ***
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţŞ	30	Capital stock or trust principal, or current funds		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	·	32	
Ne.	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	928,600	34	1,046,137

om 99	90 (2010)			Paç	ge 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u> </u>	V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		457	7,729
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,190
3	Revenue less expenses. Subtract line 2 from line 1	3			7,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3,600
5	Other changes in net assets or fund balances (explain in Schedule O)	5			2
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<u> </u>			
•	column (B))	6		1,04€	6,137
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990:	plain in		Yes	No
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		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for complete of the audit, review, or compilation of its financial statements and selection of an independent accounts.	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	oplain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yes issued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		4.4	286	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		-

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

ons. Inspection
Employer identification number

Willa	mette	e Valley Law Pr	oject							93-068	7718		
Pa	rt I	Reason fo	or Public Char	ity Status (All organ	nizations	must c	omplete	this par	t.) See ir	nstruction	ns.		
The	organ	uzation is not a	a private founda	tion because it is: (For	r lines 1 t	hrough 1	1, check	only one	box.)				
1		A church, conv	ention of church	nes, or association of	churches	describe	ed in sect	tion 170(b)(1)(A)(i)				
2		A school descr	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)							
3		A hospital or a	cooperative hos	spital service organiza	tion desc	ribed in s	ection 1	70(b)(1)(A)(iii).				
4	h	nospital's nam	e, city, and state										
5			n operated for to (1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or o	operated	by a gov	vernmenta	ıl unit d	escrib	ed in
6		A federal, state	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).				
7	described in section 170(b)(1)(A)(vi). (Complete Part II.)							ublic					
8		A community t	rust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)						
9		An organizatio	n that normally	receives: (1) more tha	ın 33¹/₃%	of its su	pport fro	m contri	butions,	membersh	nip fees,	and g	gross
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses						esses						
	а	acquired by th	e organization a	fter June 30, 1975. Se	e sectio	n 509(a)(2). (Comp	olete Part	t III.)				
10		An organizatio	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio	n 509(a)(4).			
11		An organizatio	on organized an	d operated exclusive	ely for th	e benefit	of, to p	erform t	the funct	ions of, c	or to ca	rry ou	t the
				licly supported organ								ee se	ction
	5			describes the type of s						1e throug	_		
		a 🗌 Type		Type II c		e III–Fund	-	_		d L		III-Ot	
•				that the organization									
			_	rs and other than one	or more	publicly	supporte	ed organi	izations c	lescribed	in section	on 509	(a)(1)
		or section 509						_					_
1		_		written determination	on from 1	ne IRS t	nat it is	a Type	ı, ıype ı	ii, or type	e III sup	portin	-
		•	heck this box .										Ш
9	f	following person	ons?	ne organization accep	•							<u></u>	
	(ndirectly controls, eithody of the supported of					described	d in (ii) an	d 11g(i)	Yes	No
	((ii) A family me	ember of a perso	on described in (i) abo	ve?						11g(ii		
	((iii) A 35% cor	trolled entity of	a person described in	(i) or (ii) a	above?.					11g(iıi)	
i	n F	Provide the fol	lowing informati	on about the supporte	ed organi	zation(s).							
(i		of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the		mount o	of
	orga	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	SL	pport	
				(see instructions))	<u> </u>		supp	ort?	υ,	S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
—— (B)									 				
			·										
(C)											_		
(D)						<u>L</u>							
(E)													

	(Complete only if you checked the						lify under
Sooti	Part III. If the organization fails to	quality unde	r the tests iis	tea below, pi	ease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	368,251	405,710	925,175	461,490	449,468	2,610,094
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	368,251	405,710	925,175	461,490	449,468	2,610,094
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		, in the second second	the special			967,528
6	Public support. Subtract line 5 from line 4.				328		1,642,566
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	368,251	405,710	925,175	461,490	449,468	2,610,094
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,094	1,166	11,280	13,597	7,088	35,225
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				9,262	1,173	10,435
11	Total support. Add lines 7 through 10			P. 1			2,655,754
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	<u>.</u>	<u></u>			<u> </u>
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2010 (line					14	62 %
15	Public support percentage from 2009 Sci	hedule A, Part	II, line 14 .			15	61 %
16a	331/3% support test—2010. If the organi						
	box and stop here. The organization qua	-	•	_			
b	331/3% support test—2009. If the organ check this box and stop here. The organ					15 IS 33'/3% 	or more, . ► □
17a	10%-facts-and-circumstances test—2	•				Sa. or 16h and	line 14 is
174	10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta	inces" test, che	eck this box a	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check tl	nis box and st	op here.
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	s, 16a, 16b, 17a			_

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

20

Section A. Public Support Calendar year (or facat year beginning in) ▶ 1 (9) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 (9) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 (9) 2006 (b) 2007 (e) 2008 (d) 2009 (e) 2010 (f) Total 1 (9) 2006 (b) 2007 (e) 2008 (d) 2009 (e) 2010 (f) Total 2 (F)	Part	(Complete only if you checked th				ization failed	to qualify ur	nder Part II.
Section A. Public Support Callendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Giffs, grants, contributions, and membership fiese received (por or floude any "ususal grants,") Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's baset and either paid to or expended on its behalf. Tax revenues levied for the organization's baset search and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on lites 1,2, and 3 received from disqualified persons. A mounts included on lines 1,2, and 3 received from other than disqualified persons that exceed the grader of \$5,000 or 1% of the amount on lites 1,2, and 3 received from other than disqualified persons that exceed the grader of \$5,000 or 1% of the amount on lites 13 for the year c Add lines 7a and 7b. Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) a Manutis from line 6.) Lymaleted business taxable income (less section 511 taxes) from businesses accition from members of the organization of public Support Percentage 10 Other income. Do not include gain or loss from the sale of capital assets (Explain mPart IV). 11 Net income, Do not include gain or loss from the sale of capital assets (Explain mPart IV). 12 Total support percentage from 2009 Schedule A, Part III, line 15. 15 Public support percentage from 2009 Schedule A, Part III, line 17. 16 Investment income percentage from 2009 Schedule A, Part III, line 17. 17 Investment income percentage from 2009 Schedule A, Part III, line 17. 18 Investment income percentage from 2009 Schedule A, Part III, line 17. 19 303/6% support test—2000								
1. Gits, gards, controlators, and membership fear received. Do not include any hursus grains. 1 2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-everal purpose. 3. Gross receipts from activities that are not an unrelated trade or busness under section 513 4. Tax revenues levited for the organization's benefit and either paid to or expended on its behalf. 5. The value of services or facilities furnished by a governmental unit to the organization without charge. 6. Total, Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3 received from disqualified persons. b. Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7a and 7b. 6. Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 b. 10a. Gross income from interest, dividends, payments received on securities loans, entities of more from interest, dividends, payments received on securities loans, entities on the companies of the payment of the securities of the companies of the payment of the companies of the companies of the payment	Secti							
received. (Do not linclude any *unusual grants.*) 2 Gross recipits from admissions, marchandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-evempt purpose. 3 Gross recipits from activities that are not an unrelated trade or busness under section 513 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons in cluded on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of Add lines 7a and 7b . 8 Public support (Subtract line 7c from line 6). 9 Amounts from line 6 . 103 Gross income from interest, dividends, payments received on securifies loars, entity, received on securifies loars, entity, received and the part of the payments of the payments of the payments received on securifies loars, entity, received and the payments received on securifies loars, entity, received and the payments received on securifies loars, entity, received and the payments received on securifies loars, entity, received and the payments received on securifies loars, entity, received payments received on securifies loars, entity, received payments received on securifies loars, entity, received payments received on securifies loars, entity, received payments received on securifies loars, entity, received payments received on securifies loars, entity, received payments received on securifies loars, entity, received payments, received on securifies loars, entity, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, received payments, re	Calen		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's surveying purpose. 3 Gross receipts from activities that are not an unrelated trade or busness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons. b Amounts included on lines 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for theyear c. Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 8). 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, nyalties and income from smiler sources. b Unrelated business taxable income (less section \$111 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business are singularly carried on loss from the sale of capital assets (Explain in Part N). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage for 2009 Schedule A, Part III, line 15. 19 Julies support percentage for 2000 (line lock above to the lock the box on line 14, and line 15 is more than 331-9%, and line 17 is not more than 331-9%, check this box and stop here. The organization did not check the box on line 1	1							
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Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page	. 4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
"Other inc	ome" is rent payments and reimbursement of utilities costs.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Di

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
• 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
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• 5	, . 🗸	that have NOT filed Form 5768 (election		•	•
If the	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35a (Proxy Ta	ax), then
Nome	Section 501(c)(4), (5), or (6) orga e of organization	nizations: Complete Part III.		Employer iden	tification number
				' '	93-0687718
	mette Valley Law Project	e organization is exempt unde	or coation E01/s		
		e organization is exempt under the organization's direct and indire			organization.
1					
2 3					
Ŭ	Volunteer nours				
Par	t I-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3	_	ed a section 4955 tax, did it file For	•		
4 a			· · · · · ·		LYes LNo
	If "Yes," describe in Part			\ F04	(-)(0)
		e organization is exempt under expended by the filing organization			(C)(3).
1	-	expended by the filling organization.			
2		filing organization's funds contribu			
		ties			
3		openditures. Add lines 1 and 2.			
4		file Form 1120-POL for this year?			
5		es and employer identification num			
		nts. For each organization listed, entributions received that were pron			
		fund or a political action committee			
			T		
	(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
					
(2)					
(3)					
(4)					
('')					
(5)			-		
(6)					

Sched	ule C (Form 990 or 990-EZ) 2010					Page 2
Par	t II-A Complete if the organization section 501(h)).	on is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
A (heck ► ☐ if the filing organization b	elongs to an affi	iliated group.			
в	Check ▶ ☐ if the filing organization c	hecked box A a	nd "limited conti	rol" provisions a	pply.	
	Limits on Lob (The term "expenditures" r	bying Expenditu neans amounts p			(a) Filing organization's totals	(b) Affiliated group totals
12	Total lobbying expenditures to influence	e public opinion (grass roots lobbyi	na)	15,000	
ŀ		•	•		5,000	
		_		25,000		
d Other exempt purpose expenditures					320,190	
ě				,	340,190	
1					68,038	
	If the amount on line 1e, column (a) or (b)	is: The lobbying r	nontaxable amount	is:		
	Not over \$500,000	20% of the am	ount on line 1e.		.:	3 D
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		4
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		<u>.</u>
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000.		* 3
	Over \$17,000,000	\$1,000,000.				·
	Grassroots nontaxable amount (enter 2	25% of line 1f)			17,009	
•	Subtract line 1g from line 1a. If zero or	less, enter -0-			0	
i	Subtract line 1f from line 1c. If zero or	less, enter -0-				
j	If there is an amount other than zer reporting section 4911 tax for this year	•	1h or line 1i, did 	•		Yes No
	(Some organizations that n	nade a section 50	Period Under Sec 01(h) election do tions for lines 2a	not have to comp	olete all of the five	Đ
	Lobbyir	ng Expenditures	During 4-Year Av	eraging Period	-	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2	Lobbying nontaxable amount	89,069	82,303	96,850	68,038	336,260
	Lobbying ceiling amount					

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying nontaxable amount	89,069	82,303	96,850	68,038	336,260			
b	Lobbying ceiling amount (150% of line 2a, column (e))	·				504,390			
С	Total lobbying expenditures	13,755	21,500	30,100	20,000	85,355			
d	Grassroots nontaxable amount	22,267	20,576	24,212	17,009	84,064			
е	Grassroots ceiling amount (150% of line 2d, column (e))		•			126,096			
f	Grassroots lobbying expenditures	9,170	13,200	21,500	15,000	58,870			

Part		filed	Form	5768		Page
	(election under section 501(h)).	(6	a)	·	(b)	
		Yes	No	Aı	noun	t
1	During the year, did the filling 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 b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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?		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV	Carrest Michigan				
J	Total. Add lines 1c through 1	- 18 St.,	1.00	100 miles	. 24	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	A STATE OF THE STA	. 7 3.35	N. Kr.	Addis.	······································
b	If "Yes," enter the amount of any tax incurred under section 4912	₩.,		 -		
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				A	RA Y
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(0)(5)			ard Co	**************************************
rait	501(c)(6).	(C)(S),	ui se	Clion		
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		+***
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		+
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		1
	III-B Complete if the organization is exempt under section 501(c)(4), section 501				i	1
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."		is ar		ed	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour political expenses for which the section 527(f) tax was paid).	its of		1		
_			0-	4		
a	Current year		2a			
b	Carryover from last year		2b 2c	 		
C	Total		3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		3	<u> </u>		
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lot and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	4	├─		
		• •	5	<u> </u>		
Pari		C. and C) II	D line	4: AI	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line blete this part for any additional information.	o, and r	art II-	b, line	II. AI	50,
comp	icte this part for any additional information.					
			•••••			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Open to Public

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

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number

93-0687718

Willan	nette Valley Law Project		93-0687718
Par		or Advised Funds or Other Similar Fuorm 990, Part IV, line 6.	inds or Accounts. Complete if the
	1.4//	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject	ct to the organization's exclusive legal con	trol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the		* * *
Par		plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g.,	•	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ition held a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
þ	Total acreage restricted by conservation eas		
C	Number of conservation easements on a ce		
d	Number of conservation easements include historic structure listed in the National Regis		
2	•		20
3	Number of conservation easements modifie tax year ►	d, transferred, released, extinguished, or to	smillated by the organization during the
4	Number of states where property subject to	concentration assembnt is located	
5	Does the organization have a written po		nspection handling of
Ŭ	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
•		wing, inspecting, and emoroning conservation	on casements daming the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation ea	esements during the year
·	▶ \$	moposting, and officioning contest tation oc	isome daming the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
9	In Part XIV, describe how the organization re	eports conservation easements in its reven	
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Part	III Organizations Maintaining Colle	ections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	-	
	public service, provide, in Part XIV, the text	of the footnote to its financial statements t	hat describes these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in it	is revenue statement and balance shee
	works of art, historical treasures, or other public service, provide the following amount	· · · · · · · · · · · · · · · · · · ·	education, or research in furtherance o
	(i) Revenues included in Form 990, Part VIII		▶ \$
	(ii) Assets included in Form 990, Part X .		→ \$
2	If the organization received or held works		
-	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, Iir		
	Assets included in Form 990, Part X		

Pane	. 2

Part										
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther recor	ds,	check any of th	e followi	ng that are	a sign	ificant us	e of its
а	☐ Public exhibition		d l		Loan or excha	nge prog	rams .			
b	☐ Scholarly research		e		Other					
C	☐ Preservation for future generations									
4	Provide a description of the organization	n's collections	and expla	in h	ow they further	the orga	inization's e	xempt	purpose	in Part
5	XIV. During the year, did the organization so assets to be sold to raise funds rather th								□Yes	□No
Part	IV Escrow and Custodial Arrangline 9, or reported an amount of	gements. Co on Form 990,	omplete if Part X, li	f the	organization	answer	ed "Yes" to	Form		
1a	Is the organization an agent, trustee, c included on Form 990, Part X?					tions or	other assets	s not	☐ Yes	□No
þ	If "Yes," explain the arrangement in Part	XIV and comp	lete the fo	llow	ing table:		Τ	A		
								Amo	unt	
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			
2a	Did the organization include an amount of		art X, line	217				•	☐ Yes	∐ №
Par	If "Yes," explain the arrangement in Part Endowment Funds. Complete		-ation or		erad "Vaa" ta l	Form 00	O Port IV	lina 10	<u> </u>	
r ai	Endowment Funds. Complete	(a) Current year	(b) Pro				(d) Three years			rs back
1a	Beginning of year balance	(a) Current your	(0)1111	o. you	(0) 1 110 700	15 Dack	(d) Throo yours	Duoit	(0) 1 001 700	
b	Contributions		 						·	
C	Net investment earnings, gains, and		- 							100
	losses								ž	
d	Grants or scholarships		1				· 24 /	à l'		7
e	Other expenditures for facilities and		†						<u> </u>	
	programs						. 24%	\$35.		i
f	Administrative expenses		1							
g	End of year balance	·	 				and the same of th			
2	Provide the estimated percentage of the	year end bala	nce held a	as:	•			• • • • • •		
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment ▶	%								
C	Term endowment ▶ %	•								
3a	Are there endowment funds not in the	ossession of t	the organi	zatio	on that are held	and adr	ninistered fo	or the		
	organization by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIV the intended uses of									
Pari		T		_		,		_		
	Description of investment	(a) Cost or o		(b)	Cost or other basis (other)		ccumulated preciation		(d) Book va	alue
1a	Land		70,000	_						70,000
b	Buildings		106,225			<u> </u>	52,29	8	_	53,927
C	Leasehold improvements			<u> </u>				+		
d	Equipment			-		ļ		+		
E Total	Other		000 0	<u> </u>	diamen (D) Bar 4	O(a) ;				100 555
ı vtal.	Add lines 1a through 1e. (Column (d) mu	si equal rorm	eeu, Part	۸, ۵۵	numm (B), ime m	υ(<i>υ).)</i> .	<u> ▶</u>			123,927

Part VII	Investments - Other Securitie	s. See Form 990, Part X	, line 12.	
(é	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year mark	
(1) Financia	I derivatives			<u> </u>
	held equity interests			
(A)				
(B) (C)		·		
(D)		- -		
(E)				·
(F)				
(G)				
(H)				
(1)	61 15 000 D-4V 1 (D) V 10) D	<u> </u>	negoti ji na wasanite e	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		V 11 40	
Part VIII	Investments – Program Relate		X, IINE 13.	tion
	(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)		<u>_</u>		
(4)				
(5)				
(6)			-	
<u>(7)</u> <u>(8)</u>				
(9)				
(10)	***			
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, F	Part X, line 15.		
		(a) Description		(b) Book value
	uction in progress			94,185
(2)		-		
(3)		<u> </u>		
(4)				
(6)				
(7)		·		
(8)				
(9)				
(10)				
Total. (Coll Part X	umn (b) must equal Form 990, Part X, Other Liabilities. See Form 99		<u> </u>	94,185
1.	(a) Description of liability	(b) Amount		
	l income taxes	\-,	•	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		 		
(11)	(h) must equal Form 000 Dark V and (D) the 051 h			
	(b) must equal Form 990, Part X, col. (B) line 25.)		to the organization's financial stateme	inte that range the
organizatio	n's liability for uncertain tax positions	under FIN 48 (ASC 740).	to the organization s illiancial stateme	ina macreports me

	XI Reconciliation of Change in Net Assets from Form 990 to Audited Fir		ments		
	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
	Total expenses (Form 990, Part IX, column (A), line 25)		2		
	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
	Net unrealized gains (losses) on investments		4		
	Donated services and use of facilities		5		
	Investment expenses		6		
	Prior period adjustments		7		
	Other (Describe in Part XIV.)		8		
	Total adjustments (net). Add lines 4 through 8		9		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
	XII Reconciliation of Revenue per Audited Financial Statements With			urn T	
	Total revenue, gains, and other support per audited financial statements		1		
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments				
b					
C					
d •		. .	. 2e		
е	Add lines 2a through 2d		. 3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		. 40		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_		
	, , , , , , , , , , , , , , , , , , , ,				
	XIII Reconciliation of Expenses per Audited Financial Statements Wi			eturn	
	Reconciliation of Expenses per Audited Financial Statements With Total expenses and losses per audited financial statements	th Expenses	per R	eturn	
rt	Total expenses and losses per audited financial Statements With Amounts included on line 1 but not on Form 990, Part IX, line 25:	th Expenses	per R	eturn	
rt	Total expenses and losses per audited financial statements	th Expenses	per R		
rt	Total expenses and losses per audited financial statements	th Expenses	per R		
rt a	Total expenses and losses per audited financial statements	th Expenses	per R		
a b	Total expenses and losses per audited financial statements	th Expenses	per R		
a b c	Total expenses and losses per audited financial statements	th Expenses	per R		
a b c	Total expenses and losses per audited financial statements	th Expenses	per R		
rit a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d	th Expenses	. 2e		
a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1	th Expenses	. 2e		
a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	th Expenses	2e 3		
ab cde ab	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	th Expenses	. 2e		
ab cde ab	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Other (Describe in Part XIV.)	th Expenses	2e 3		
abcde abc	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	th Expenses	2e 3		
abcde abc	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	th Expenses	2e 3		
abcde abc	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	th Expenses	. 26 . 3 . 44 . 5	IV, lines 1b a	nd 2b; provid
abcde abc	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	th Expenses	. 26 . 3 . 44 . 5	IV, lines 1b a	nd 2b; provide
abcde abc	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	th Expenses	. 26 . 3 . 44 . 5	IV, lines 1b a	nd 2b; provide
a b c d e a b c rit	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	th Expenses	. 26 . 3 . 44 . 5	IV, lines 1b a	nd 2b; provid

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2010 Open to Public Inspection

%□ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Employer identification number or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to general support general support general support general support √Yes 93-0687718 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance \$6,145 \$1,050 \$2,720 (d) Amount of cash \$1,815 grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance can be duplicated if additional space is needed. 501-c-3 501-c-3 501-c-3 501-c-3 61-1590160 93-0992858 93-1055994 65-1203900 Enter total number of other organizations (b) EIN (3) Salem-Keizer Coalition for Equal P.O. Box 4290, Salem, OR 97302 (1) Farmworker Housing Dev. Corp. 1274 5th St., Woodburn, OR 97071 1 (a) Name and address of organization 700 Marion St., Salem, OR 97301 (4) Mano a Mano Family Center 2991 Saddle Club SE Salem, OR Willamette Valley Law Project Name of the organization (2) CAUSA Part I <u>(2</u> Part N 9 ε 8 6 9 12

Schedule I (Form 990) (2010)

Cat. No. 50055P

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

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) The organization's volunteer fiscal manager gathers information on the grantee organizations and reports it to the board of directors. (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance recipients Part IV 1 none ო S N

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

93-0687718 Willamette Valley Law Project ı provides financial management and board administration services without charge 990 Pt. VI, #3: 990 Pt. VI, #8b: The organization has no committees 990 Pt. VI, #11b: The board reviewed the 990 via email and phone follow-up. 990 Pt. VI, #12 through #14: These policies are being formally adopted in 2011 990 Pt. VI, #15: No compensation is paid. 990 Pt. XI, #5: deduction for rounding

Willamette Valley Law Project 93-0687718

Schedule in Support of Part III: Page 1 of 4

Form 990: 2010

<u>Exempt purpose</u>: Research and education regarding issues and conditions affecting low-income persons working in agriculture and related sectors.

A. Program services provided by independent contractors

Education and Research Activities on Farmworker Labor and Environmental Rights

Concerning federal or state statutory rights and guarantees afforded or denied to agricultural workers in the areas of wages, working conditions, employment relations, organization and free assembly and expression, as well as government policies and practices in enforcing these rights and guaranteees:

- 1. Conduct legal research.
- 2. Draft alternative statutory or regulatory language.
- 3. Survey awareness of and interest in labor rights issues among agencies, organizations and individuals.
- 4. Present information and analysis on farm labor rights issues to interested groups and individuals.
- 5. Survey farmworker to document conditions related to and determine prevailing attitudes on farm labor rights issues.
- 6. Assemble documentation and data on specific agricultural chemicals unsed in Oregon.
- 7. Document instances of chemical exposure to humans and the resulting effects.
- 8. Survey awareness of and interest in pesticide issues among agencies, organizations and individuals.
- 9. Present information and analysis on pesticide issues to interested groups and individuals.
- 10. Identify and enlist the participation of medical professionals in addressing pesticide exposures and issues.
- 11. Identify and pursue appropriate courses of action to limit or eliminate damage to humans or the environment caused by agricultural chemicals.

Amount allocated: \$27,500.00

Education and Research Activities on Immigrants' Rights

- 1. Establishment and operation (open to the public) of a "popular" archives containing materials relating to immigrants and the institutions they affect or in which they participate.
- 2. Education and training for community organizations and their memberships on issues relating to immigrants.
- 3. Development and provision of educational classes for immigrants on topics of interest including U.S. citizenship.
- 4. Facilitating expressions of immigrants' concerns to wider audiences, including media and decision-makers.

Amount allocated: \$35,000.00

Willamette Valley Law Project 93-0687718

Schedule in Support of Part III: Page 2 of 4

Form 990: 2010

Community based mass communication

- 1. Developing and testing methods for fostering cross-cultural understanding through work and community experience.
- 2. Developing and testing methods for farmworker leadership development.
- 3. Expanding opportunities for participation in work of service to the farmworker community.
- 4. Surveying concerns of farmworker women.
- 5. Educating farmworker women, their families and those who support them about the root problems which farmworker women face and potential solutions.
- 6. Facilitating farmworker women to develop and implement solutions to problems they identify.

Amount allocated: \$106,000.00

Cultural Heritage Education and Participation

- 1. Research and preparation of materials on the contribution of Latino leaders to U.S. society and the promotion of human rights;
- 2. Organization of community-based and public school-based activities which promote recognition of Latino heroes and their legacies;
- 3. Collaboration with public school districts and staff on development and testing of innovative strategies for increasing student, teacher and parent awareness of and respect for the contributions of Latino heroes;
- 4. Monitoring and providing relevant information about public policy affecting these and related matters;
- 5. Leadership development and governance training which equips community members engaged in these activities to effectively administer, direct, and evaluate their efforts.

Amount allocated: \$36,390.00

CAPACES Leadership Development and Technical Assistance for Community-Based Organizations

- 1. Conduct leadership skill and communications capacity trainings, round-tables and gatherings for community-based organizations serving primarily the Latino communities in the Northern and Mid-Willamette Valley.
- 2. Conduct technical and computing capacity assessments of those organizations and their staffs.
- 3. Engage and educate funders and civic leaders about capacity issues affecting those and similarly-situated organizations.
- 4. Provide limited support to expand technical and communications capacity.
- 5. Conduct fundraising, building development and program develop activities to establish the CAPACES Leadership Institute.

Amount allocated: \$101,435.00

Willamette Valley Law Project 93-0687718

Schedule in Support of Part III: Page 3 of 4

Form 990: 2010

Summary of Contracted Program Services:

Total Contract Services	\$306,325.00
CAPACES Leadership Development	101,435.00
Total Research and Education Activities	\$204,890.00
Latino Cultural Heritage	36,390.00
Immigrants' Rights Community Based Mass Communication	35,000.00 106,000.00
Farmworker Labor Rights	\$27,500.00

Willamette Valley Law Project 93-0687718 Schedule in Support of Part III: Page 4 of 4

Form 990: 2010

B. Support grants:

General support grants were made to these 501(c)(3) organizations to increase their capacity and promote more productive community service through collaboration.

<u>Farmworker Housing Development Corporation</u>. Builds and manages farmworker housing with farmworker participation and offers adult education, after-school, computer and Head Start programs, plus resident organizing, services and related programs.

Amount granted: \$6,145.00

<u>CAUSA</u>: Conducts public education and advocacy to promote understand of and support for immigrants' rights and immigrants' contributions to society, as well as the effects of demographic trends on immigrant communities and on society as a whole.

Amount granted: \$1,050.00

Mano a Mano Family Center: Provides basic services to Salem's Latino community and organizes on key community issues, including a wide variety of cultural and educational classes, plus information and referral and food bank support. The organization sponsors projects which develop Latino youth leadership, promote respect for immigrants rights and contributions to society, and build information technology literacy and communication capacity.

Amount granted: \$1,815.00

<u>Salem-Keizer Coalition for Equality</u>. The Coalition promotes educational accountability and equity in the Salem-Keizer School District and its programs serving low-income and minority children. The Coalition has raised awareness about the achievement gap in Oregon public education between students of color and student from the dominant culture and seeks innovative strategies to close the gap. The Coalition's programs uniting Latino, African-American and Marshallese parents.

Amount granted: \$2,720.00