

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the 2	0 <u>11 calen</u>	dar year, or tax	year begi	nning		, 20	11, and end	ling		,	
В	Check if app	olicable	С							D Employ	er Identific	ation Number
	Addres	s change	Oregon Wo	men Lav	vers					93-	099404	40
	Name	change	PO Box 40		-					E Telepho	one number	
	Initial r	•	Portland,	OR 972	240						-595-	
	Termin									- 505		7020
	$\vdash$	led return								G 0	ė	208,152.
	H	ation pending	F Name and add	race of princip	al officer C	oncetta	Sahwasi	ngor	H(a) Is this	G Gross r a group retur		
	Арриса	ation penaing	Same As C		ar officer C	Oncecta	ociiweo.	Liiger		l affiliates inc		Yes X No
_	Tay ayam	nt status		X 501(c) (	6	(manual man)	4047(-)(1)		If 'No,	'attach a list	(see ınstru	
<u>-</u>	Tax-exem	•				(insert no.)	4947(a)(1)	or 527			_	
<u></u>	Websit		w.oregonwe							exemption n		
K		organization	X Corporation	Trust	Association	Other►		L Year of Form	aton 198	9 Ms	tate of lega	al domicile OR
56		Summar										
	1 Bri	efly descri	be the organiza	ation's miss	sion or most	significant a	activities: _	<u>Educati</u>	<u>on, Mut</u>	: <u>ual_S</u> u	pport	
e C				<b>-</b> -	<b></b>			- <b></b>				
Activities & Governance				<b></b>	<del>_</del>	<b></b> -	<del></del>	<b>-</b> -			<del></del>	<del></del>
Ven	2						·					
Ĝ		eck this bo	ting members			ued its opera		sposed of n	nore than 2	25% of its		
ಶ			dependent votı					ine 1h)			3	26 26
ties			of individuals		_			•			5	7
ţi			of volunteers (				art v, mio	Luj			6	
Ac			ed business rev				ne 12				7a	5,190.
			l business taxal								7b	0.
		<del></del>								Prior Year		Current Year
	8 Cor	ntributions	and grants (Pa	art VIII, line	e 1h)					146,1		141,518.
Ē	9 Program service revenue (Part VIII, line 2g)									54,1		60,616.
Revenue		10 Investment income (Part VIII, column (A), lines 3, 43 and 7 and 7 and 1									18.	623.
æ			e (Part VIII, col						-		35.	5,190.
	<b>12</b> Tot	tal revenue	e – add lines 8	through 11	l (must∑equa	al Part VIII, d	olumn (A)	(Ine 12)		209,3		207,947.
	<b>13</b> Gra	ants and si	milar amounts	paid (Part	IX, column	(A), Nhes 12:	3 <u>/</u> 2012	IRS-C				
	<b>14</b> Bei	nefits paid	to or for memb	pers (Part								
	<b>15</b> Sal	laries, othe	er compensation	n, employe	e benefits/(		83,0	82.	86,686.			
Expenses	l		fundraising fee:		il K		<u> </u>		<del></del>			
Ë			_	-				- 1	77.			
Ä			sing expenses (	-		_	121		100 105			
	1		es (Part IX, co			•			-	131,4	129,135.	
	l		es. Add lines 13	-	•		A), line 25)	•		214,5		215,821.
_		venue less	expenses. Sub	otract line	18 from line	12				-5,2		<u>-7,</u> 874.
9 O			<b>.</b>						Beginni	ng of Currer		End of Year
Net Assets Fund Baland	l		(Part X, line 16	-					<u> </u>	162,4		156,462.
A P	<b>21</b> Tot	tai liadilitie	s (Part X, line :	26)					<u> </u>		548.	4,492.
_			fund balances	. Subtract	line 21 from	line 20				<u>15</u> 9,8	344.	151,970.
Pe	Ki II .	<u>Signatur</u>	e Block									
Und	er penalties	of perjury, I d	eclare that I have ex	amined this re	eturn, including	accompanying so	hedules and s	tatements, and	to the best of	my knowledge	and belief	, it is true, correct, and
	ipieue Decia	12 doi: or prep	O IA A AA	A	177	1 of willow prepar	er nas any kik	wiedge		- + + /		
		<u> </u>	eville	11/	MATTE						1411	
Sig	jn 💮	Signatu	re of officer							ate	,	
He	re		<u>dra Matthe</u>						Hist	orian/	Sec	
		—— <u>'</u> '	print name and title		<del></del>							
		1	reparer's name		Prepharer's si	gnafur Halla		Date /_	1	Check 2	If PT	IN
Pa	id	Mary H	I. Steele		<u> I WWW</u>			11/9	112	self-employ	ed P	01279214
Pro	reparer Firm's name Mary H. Steele, LTC//EA											
	e Only	Firm's addre	ess PO Bo							Firm's EIN	▶ 93-1	.297948
			Portla	and, OF	97292-	6448				Phone no	(503)	
Mar	the IRS	discuss th	is return with the				tructions)				, /	Yes No

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

Form 990 (2011) Oregon Women Lawyers	93-099	4040		Page 2
Partill Statement of Program Service Accomplishments				
Check if Schedule O contains a response to any question in this Part III	·			X
1 Briefly describe the organization's mission:				
Education, Mutual Support				
			. <del>_</del>	
2 Did the organization undertake any significant program services during the year which were not listed	on the prior	_	_	
Form 990 or 990-EZ?		∐ Yes	X	No
If 'Yes,' describe these new services on Schedule O.		_	_	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program s	services?	Yes	: X	No
If 'Yes,' describe these changes on Schedule O.				
4 Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	rvices, as me amount of gra	asured by ants and a	expen Illocatio	ses. ons to
	(Revenue \$			)
Conducted continuing education seminars and training sessions for approximately 1300 members) and non-member legal professionals		<u>s,</u>		
			. — — —	
	<del></del>			
lawyers, women judges, law schools and legal professional assoc	iations.			
4c (Code:) (Expenses \$ including grants of \$)  Coordinated the Contract Lawyer Referral Service, which offers of working as contract lawyer or sole practitioner and provides networking for contract lawyers.	(Revenue \$ education referral	on the	ne to	) pic 
			<del>_</del>	
4d Other program services. (Describe in Schedule O.)  See Schedule O				
(Expenses \$ including grants of \$ ) (Revenue \$	\$		)	
4e Total program service expenses ►		<b>-</b>	m 900	(2011
BAA TEEA0102L 07/05/11		го	rm <b>990</b>	(4UT)

Form 990 (2011) Oregon Women Lawyers
Part W Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)7f 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?/f 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?/f 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ł	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>7f 'Yes,' complete Schedule D, Part VI</i>	11a	Х	
I	Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		X
(	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		Х
	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		<u>X</u>
	e Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11e		<u>X</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		<u>X</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u> </u>
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		X
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		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III	19		<u>X</u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

Form 990 (2011) Oregon Women Lawyers

Part IV: Checklist of Required Schedules (continued)

	The state of the s			
			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		<u>X</u>
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		Χ_
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		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		Х
ł	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	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? Yes, complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	. Y	X
	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):			1000
4	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c 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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	_	X
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	_	X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 (	(2011)

# Form 990 (2011) Oregon Women Lawyers Park V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

onour in contention of topportunity question in this tract v			<del>, L</del>
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	Yes	No
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1 c		X
ments, filed for the calendar year ending with or within the year covered by this return	7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see instructions) <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		V	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3a	X	+-
·	3b	Х	<del> </del>
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		X
b If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		\$ 20	V.
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<del>                                     </del>	<del>  ^</del>
· · · · · · · · · · · · · · · · · · ·	30		+
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь	Х	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			100
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	*		58. N
a Did the organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations.Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			2
11 Section 501(c)(12) organizations.Enter:			: 5
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		14 7	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		716
Note. See the instructions for additional information the organization must report on Schedule O.			3
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			N. A.
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
BAA TEEA0105L 07/05/11	Form	990	(2011)

Form 990 (2011) Oregon Women Lawyers 93-0994040 Pant VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No

1	a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	26										
	b Enter the number of voting members included in line 1a, above, who are independent	26										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation officer, director, trustee or key employee?	nship with any other	2		X							
3	Did the organization delegate control over management duties customarily performed by or unde of officers, directors or trustees, or key employees to a management company or other person?	r the direct supervision	3		х							
4	Did the organization make any significant changes to its governing documents											
	since the prior Form 990 was filed?											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?		6		Х							
7	a Did the organization have members, stockholders, or other persons who had the power to elect of members of the governing body?	r appoint one or more	7a		Х							
	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or other persons other than the governing body?	rs,	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertak the following:	en during the year by										
	a The governing body?		8a	X	Ĺ							
	<b>b</b> Each committee with authority to act on behalf of the governing body?		8b	Х								
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	be reached at the	9		Х							

No Yes 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their Х operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy of 'Yes,' describe in Schedule O how this is done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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 The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	161	
Sec	organization's exempt status with respect to such arrangements?	16b	
17	List the states with which a copy of this Form 990 is required to be filed None		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply.	available for	· public
	Own website		
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule O	lable to	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	ganızatıon <sup>,</sup>	
1	Linda Tomassi PO Box 40393 Portland OR 97240 503-595-7826		
BAA	TEEA0106L 01/23/12	Form <b>990</b>	(2011)

# 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((	<del>;</del> )					
(A) Name and title	(B) Average hours per week	unles	s per	son is	re th	an one n an offic ustee)	box, cer	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Linda Meng										
Board Member	0	X	<u></u>					0.	0.	0.
(2) Sally Anderson Hansell Board Member	0	x						0.	0.	0.
(3) Julia Philbrook										
Board Member	0	X						0.	0.	0.
(4) Frances Roberts Burge										
Board Member	0	Х						0.	0.	0.
_(5) Cashauna_Hill Secretary	1	х		х				0.	0.	0.
(6) Kathleen Hansa Rastette										
Treas/Vice Pres	1	Х		X				0.	0.	0.
	0	x						0.	0.	0.
(8) Heather Weigler									<u> </u>	
Pres/Vice .P.	1	X		х				o.	0.	0.
(9) Megan Burgess Board Member	0	х						0.	0.	0.
(10) Bonnie Cafferky Carter										
Board Member	0	X						0.	0.	0.
(11) Amber Hollister Board Member	0	х						0.	0.	0
(12) Angela Franco Lucero			H	$\dashv$			-	0.	<u> </u>	0.
Board Member	0	х						0.	0.	0.
(13) Jill Tanner Board Member	0	x						0.	0.	0.
(14) Dana Forman Board Member	0	х						0.	0.	0.

Part VIII, Section A. Officers, Directors, Trust	ees, r	<u>{ey</u>	Em	ple	oye	es,	and	d Highest Com	pensated Emp	oyees (cont)_
				(6	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	box,	unle	ss pe	rson	is bot	h an	Reportable	Reportable	Estimated
	hours per	-	Ler an	т —	т-	or/trus	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	week (descnb	Individual or director	dsu	Officer	Key employee	Highest cor employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	hours	rec	E E	<u>e</u>	em	S E	럩			and related organizations
	for related	br altr	nai		płoy	š				organization.
	organı-	ndividual trustee or director	nstitutional trustee		ee	l fe				•
	zations	, e	tee			mpensated				
	Sch O)					ä				
(15) Gloria Trainor										
Board Member	0	Х						0.	0.	0.
(16) Megan Livermore										
President Elect	1	Х		Х				0.	0.	0.
(17) Shannon Reel	$\vdash$						1			
Board Member	0	Х						0.	0.	0.
	-		l 	<u> </u>	┢	<del> </del>		1 0.	J .	
(18) Heather Hepburn					ŀ					_
Board Member	0	Х				-	-	0.	0.	0.
(19) Gina Eiben	_							_	_	_
Board Member	0	X			<u> </u>	ļ	<u> </u>	0.	0.	0.
(20) Katherine Tennyson										
Board Member	0	X		L.				0.	0.	0.
(21) Elizabeth Tedesco Milesnick	1	1			ļ		ļ			
Board Member	0	X			1			0.	0.	0.
(22) Cassandra Skinner Lopata										
Board Member	0	X	ŀ	i	1	İ		0.	l o.	0.
(23) Concetta Schwesinger									-	
President	1	X		X	1			0.	0.	0.
(24) Heather Walloch		╁╧		<del></del>			T		· ·	٠.
Board Member	0	X						0.	0.	0.
(25) Kendra Matthews	<u> </u>	1	-	┢	┢	+	1		<u> </u>	<u> </u>
Historian/Sec	1	Х		x				0.	0.	0.
1b Sub-total			<u> </u>	1	l	<u>l</u>	┢	0.	0.	0.
c Total from continuation sheets to Part VII, Section								0.	0.	0.
	^							0.	0.	0.
d Total (add lines 1b and 1c)	al & a. Ala					\l				
2 Total number of individuals (including but not limite	α το τη	ose i	ıste	a ab	ove	) W	io re	ceived more than	\$100,000 of reports	able compensation
from the organization   0										
										Yes No
3 Did the organization list any former officer, director	or trust	tee,	key	emp	oloy	ee, d	or hi	ghest compensate	ed employee	3 X
on line 1a? If 'Yes,' compléte Schedule J for such ii	raiviau	aı								3 X
4 For any individual listed on line 1a, is the sum of re	portabl	le co	mpe	ensa	ation	and	d oth	ner compensation	from	
the organization and related organizations greater t	nan \$1	50,0	007	It 'Y	es'	com	piete	e Schedule J for		4 X
									decordered	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompen complet	sauc e Sc	on ir ched	om lule .	any J fo	unre r suc	eiate ch p	ed organization or <i>erson</i>	Individual	5 X
Section B. Independent Contractors								*****		
1 Complete this table for your five highest compensation	ted inde	eper	iden	t co	ntra	ctor	s tha	at received more t	han \$100,000 of	<del></del>
compensation from the organization. Report compe	nsation	for	the	cale	enda	r ye	ar e	nding with or with	in the organization	s tax year
(A)								(B		(C)
Name and business addres	ss							Description	of services	Compensation
2 Total number of independent contractors (including	but no	t lım	ıted	to t	hos	e lıs	ted a	above) who receiv	red more than	

\$100,000 in compensation from the organization

Pai	<u>t VI</u>	II Statement of Reve	nue						
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
£ 2	1 a	Federated campaigns.		1 a		ĺ			D
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b	Membership dues .		1 b	106,118.				
S, G	С	Fundraising events	L	1 c		1			
F	d	Related organizations	_	1 d	<u>_</u>				
SE S	е	Government grants (contributions	s)	1 e					
문의	f	All other contributions, gifts, gran similar amounts not included abo	nts, and	ŀ			1		
E E			-	1f	35,400.	1			
E S	_	Noncash contributions included in	n Ins 1a-1	f: \$_					
5 4	h	Total. Add lines 1a-1f			<b>•</b>	141,518.			
- E	_			$\vdash$	Business Code	60 616	60 616	<u>.</u>	
<u>E</u>		Event, Class Registr				60,616.	60,616.		
8	b					-		<del>.</del>	
Ž.	C								
M SE	u								
RA	f	All other program service	revenue	<u>_</u>		<del></del>			
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	revenue	<b>'</b> Ц	<b>-</b>	60,616.			1
_	3		dına dıvı	dends	interest and	33,323.			
		Investment income (include other similar amounts)	anig aivi	uci ius,	► Interest and	728.			728.
	4	Income from investment of	of tax-ex	empt I	oond proceeds ►				
	5	Royalties			<b>&gt;</b>			·	
		<u></u>	(i) Re	al	(II) Personal	ł			
		Gross rents				-			y v
		Less: rental expenses							
		Rental income or (loss).	<del></del>					<del></del>	
	d	Net rental income or (loss	(ı) Secui		(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	(i) Secui	illes	100.				
	_	´			100.				
	b	Less: cost or other basis and sales expenses.			205.	-			
	c	Gain or (loss)			-105.				
		Net gain or (loss)		•	▶	-105.	-105.		
		Gross income from fundra	aisina ev	rents				· · · · · · · · · · · · · · · · · · ·	· 1
Ę.	-	(not including \$	2/3// Ig C t			į			
		of contributions reported of	on line 1	c).		1			
2		See Part IV, line 18		а					
OTHER REVENU		Less: direct expenses		b	L		_		
	С	Net income or (loss) from	fundra	sing ev	vents -				
	9a	Gross income from gamin See Part IV, line 19	ig activit	ies.					
	b	Less: direct expenses		b					
	С	Net income or (loss) from	gamıng	activi	ties 🕨				
	10a	Gross sales of inventory,	less retu	ırns					
		and allowances		a		İ			
		Less: cost of goods sold		, b	L }				J
	С	Net income or (loss) from  Miscellaneous Revenue	sales o	t inver	Business Code		-	<del></del>	ļ
ŀ	119	Advertising			- Dusiness code	5,190.		5,190.	
	b						· · · · · · · · · · · · · · · · · · ·	3,190.	<del></del>
	c								
	d	All other revenue						<del></del>	
	е	Total. Add lines 11a-11d		_	<b>&gt;</b>	5,190.	_	·· · · · · · · · · · · · · · · · · · ·	
	12	Total revenue.See instruc	ctions		►	207,947.	60,511.	5,190.	728.

# Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	78,726.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,960.			
11	Fees for services (non-employees)				
	Management .				
	Legal		<del></del>		
	Accounting	2,060.			
		2,000.	· · · ·		
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
_	Other				
12	Advertising and promotion	387.			
13	Office expenses	6,882.			
14	Information technology	2,087.			
15	Royalties				
16	Occupancy	6,000.			
17	Travel	2,796.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,621.			
23	Insurance	1,600.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Program costs	71,358.			
Ŀ	Printing and Publications	21,268.	<u></u>		
	Postage and Shipping	5,759.			
	Rebates to chapters	2,900.			
	All other expenses.	3,417.	· · · · · · · · · · · · · · · · · · ·		
	Total functional expenses Add lines 1 through 24e	215,821.			
	Joint costs. Complete this line only if				<del></del>
	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	SOP 98-2 (ASC 958-720)				

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			6,955.	1	8,826.
	2	Savings and temporary cash investments			152,055.	2	138,762.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus	itees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contraponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ed und ibuting ry emp	der section 4958(f)(1)), g employers and bloyees' beneficiary		6	
A S E T	7	Notes and loans receivable, net		<b> </b>		7	
Š	8	Inventories for sale or use	-		8		
Ť	9	Prepaid expenses and deferred charges	-	1,000.	9	5,000	
•				i	1,000.		3,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,724.			
		Less: accumulated depreciation	10b	4,850.	2,482.	10c	3,874
	l	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	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	34)	-	162,492.	16	156,462
	17	Accounts payable and accrued expenses	2,648.	17	4,492		
	18	Grants payable		18			
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability. Complete Part	V of S	chedule D		21	
Ļ	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L	stees, rsons.	key employees, Complete Part II		22	
į	23	Secured mortgages and notes payable to unrelated the	nird pa	irties	· · · · · · · · · · · · · · · · · · ·	23	<del>-</del> -
S	24	. ,	•	F	···-	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Corr	•	-		25	
	26	Total liabilities. Add lines 17 through 25			2,648.	26	4,492
Ņ		Organizations that follow SFAS 117, check here►	aı	nd complete lines			
		27 through 29 and lines 33 and 34.					•
Ş	27	Unrestricted net assets				27	
ASSETS	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		_		29	
R		Organizations that do not follow SFAS 117, check he	ere>	X and complete			
FUZD		lines 30 through 34.					
Ŋ	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, or equipment	nent fu	ınd	·	31	
A	32	Retained earnings, endowment, accumulated income	, or ot	ner funds.	159,844.	32	151,970
Č	33	Total net assets or fund balances		[	159,844.	33	151,970.
5	34	Total liabilities and net assets/fund balances			162,492.	34	156,462.

BAA

Form **990** (2011)

Forr	m 990 (2011) Oregon Women Lawyers	93-0994040		Pag	ge <b>12</b>
ල	Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI				
_		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		)7 <u>,9</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		-7 <u>,8</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	9,8	<u>44.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6			1.5		70
ම්බ	column (B))  RiXII Financial Statements and Reporting	6		1,9	<u>/U.</u>
المرضا	Check if Schedule O contains a response to any question in this Part XII				
	Check it Schedule O contains a response to any question in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	ſ	اس	res	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	b Were the organization's financial statements audited by an independent accountant?		2b		X
1	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversige review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	į			
1	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	s issued on a		ì	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	За		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3ь		

Form **990** (2011)

BAA

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Ore	egon Women Lawyers				93-0994040	<u> </u>
	rt 👺 Organizations Maintaining Dono	r Advised Funds or Othe	er Similar Funds	or Acc		
	the organization answered 'Yes' t	to Form 990, Part IV, line	<del>)</del> 6.		•	
		(a) Donor advised	funds	<b>(b)</b> F	unds and other a	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 doi funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in done legal control?	or advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dor	ng that grant funds nor advisor, or for a	can be ny other	∏Yes	□No
Pa	nt III Conservation Easements. Comp		nswered 'Yes' to	Form 9		
	Purpose(s) of conservation easements held by				<del></del>	
	Preservation of land for public use (e.g., r	•	Preservation of	an historica	ally important lan	nd area
	Protection of natural habitat	•	Preservation of		•	
	Preservation of open space	'				
2	Complete lines 2a through 2d if the organization last day of the tax year.	ion held a qualified conservation	on contribution in th	e form of a	conservation ea	asement on the
				PART I	leld at the End o	f the Tax Year
ä	a Total number of conservation easements.			2a		
ı	<b>b</b> Total acreage restricted by conservation ease	ments		2b		
•	Number of conservation easements on a certi	fied historic structure included	ın (a)	2c		
•	d Number of conservation easements included in structure listed in the National Register	in (c) acquired after 8/17/06, a	nd not on a historic	2 d		
3	Number of conservation easements modified, tax year ►	transferred, released, extingu	ished, or terminated	by the org	ganization during	the
4	Number of states where property subject to co	onservation easement is locate	ed►			
5	Does the organization have a written policy re and enforcement of the conservation easemen	egarding the periodic monitorin	g, inspection, hand	ling of viola	ations, Yes	□No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing of	conservation easem	ents during	the year	
7	Amount of expenses incurred in monitoring, if ► \$	nspecting, and enforcing conse	ervation easements	during the	year	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of secti	on	Yes	No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements to the organization's financial	in its revenue and e statements that des	expense sta scribes the	atement, and bal organization's ad	ance sheet, and ecounting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	<b>Treasures, or C</b> , Part IV, line 8.	ther Sim	ilar Assets.	
18	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, ed	ucation, or research	e statemer in further	and balance shance of public se	neet works of ervice, provide,
ı	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to repeld for public exhibition, educat	ort in its revenue sta ion, or research in t	atement ar furtherance	nd balance sheet of public service	works of art, e, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1			▶\$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 (ASC 958) relating to thes	er similar assets for se items:	financial g	ain, provide the	following
	a Revenues included in Form 990, Part VIII, line				<b>≻</b> \$	
ı	<b>b</b> Assets included in Form 990, Part X				►s	

Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	orical Tre	asures, o	r Other Similar A	Assets (con	<u>tınued)</u>
3 Using the organization's acquisiti items (check all that apply):	on, accession	n, and oth	ner records, ch	eck any of	the following	g that are a significa	int use of its coll	ection
a Public exhibition			<b>d</b> Loan	or exchange	e programs			
<b>b</b> Scholarly research			e 🔲 Other					
c Preservation for future gener								
4 Provide a description of the orga Part XIV.	nızatıon's col	lections a	and explain ho	w they furth	er the organ	nization's exempt pu	irpose in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be main	tained as part	of the organ	nzation's co	llection?	Yes	No
Part   Escrow and Custodia   line 9, or reported an					iization ar	nswered 'Yes' to	Form 990, P	art IV,
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodia	an, or oth	er intermediary	for contrib	utions or oth	ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and comp	lete the follow	ing table:				
				•			Amount	
c Beginning balance						1 c		
d Additions during the year						1 d		
e Distributions during the year						1 e		
f Ending balance						1 f		
2a Did the organization include an a	mount on Fo	rm 990, F	Part X, line 213	?		•	Yes	No
<b>b</b> If 'Yes,' explain the arrangement								
Parti V Endowment Funds. Co	mplete if	the orga	anization an	swered 'Y	'es' to For	m 990, Part IV,	line 10.	
	(a) Current	t year	(b) Prior yea	r (c)	Two years back	k (d) Three years b	oack (e) Four y	ears back
<b>1 a</b> Beginning of year balance			_					
<b>b</b> Contributions								
c Net investment earnings, gains, and losses	_							
<b>d</b> Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>								
f Administrative expenses								
<b>g</b> End of year balance.								
<ol><li>Provide the estimated percentage</li></ol>	e of the curre	nt year e	nd balance (lir	ne 1g, colum	nn (a)) held	as:		
a Board designated or quasi-endov	vment ►		%					
<b>b</b> Permanent endowment ▶	%	;						
c Temporarily restricted endowmer			_%					
The percentages in lines 2a, 2b,	and 2c shoul	d equal 1	00%.					
<b>3a</b> Are there endowment funds not a organization by:	n the posses	sion of th	e organization	that are he	ld and admı	nistered for the	Yes	s No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	rganizations	listed as	required on S	chedule R?			3b	
4 Describe in Part XIV the intended	d uses of the	organiza	tion's endowm	ent funds.				
Pুল্যে ଐ Land, Buildings, and I	Equipment	t. See F	Form 990, F	art X, line	e 10.			
Description of property			or other basis /estment)	<b>(b)</b> Cost basis (		(c) Accumulated depreciation	(d) Book	value
1 a Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment					3,705.	2,312		1,393.
e Other		<u> </u>			5,019.	2,538		2,481.
Total. Add lines 1a through 1e. (Colum	n (d) must e	qual Form	1 990, Part X,	column (B),	Iine 10(c) <sub>-</sub> )		<b>•</b>	3,874.

BAA

Schedule **D** (Form 990) 2011

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

Sche	edule D (Form 990) 2011 Oregon Women Lawyers	93-0994040	Page 4
Par	t XI. Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	ļ <u></u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	240	
8	Net unrealized gains on investments.		
t	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
c	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:	5.76	
ε	Investment expenses not included on Form 990, Part VIII, line 7b	3	
Ŀ	Other (Describe in Part XIV.)		
c	: Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return N/.	A.
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:		
ε	Donated services and use of facilities 2a		
Ŀ	Prior year adjustments 2b		
c	Other losses 2c	1 A 4	
c	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line1:	201	-
ε	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also con additional information.	nt IV, lines ID and applete this part to p	zu, rovide . <b>–</b> – – – – – –
		· <b>-</b>	
		<b></b>	
			<b>-</b>
		- <b></b>	. <del></del>
			· <b></b>
- <b>-</b> -		- <b></b>	
		<b>_</b> _	

Schedule <b>D</b> (Form 990) 2011 Or	regon Women Lawyers	93-0994040	Page <b>5</b>
Schedule D (Form 990) 2011 Or Pari XIV Supplemental In	formation (continued)		
	<del></del>	<b></b>	
- <b>-</b>		<b></b>	
		- <b></b>	
		- <b></b>	
		<b></b>	
		- <b></b>	
		<b></b>	
			<b></b>

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Open to Public inspection

Department of the Treasury Internal Revenue Service

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.

oredon Momen rawkers	93-0994040
Form 990, Part III, Line 4d - Other F	Program Services Description
Supported_eleven_local_chap	ters_throughout_Oregon_which_organized_professional
networking_activities,_CLEs	, and educational events for member and non-member legal
professionals	
Distributed 22 bi-weekly el	ectronic newsletters to membership, listing OWLS events,
educational and networking_	opportunities, and member accomplishments.
Operated listserve for memb	ership, providing referrals, mentoring, and networking
opportunities	
Recognized outstanding acco	mplishments in the promotion of women and minorities in
the_law_by_awarding_the_Jus	tice Betty Roberts and Judge Mercedes Deiz awards. Held
annual_awards_dinner_attend	ed by more than 500 people.
Provided leadership educati	on and training to membership through monthly leadership
gatherings, mentoring circl	es, career development dinner and lecture series.
Organized semi-annual inter	-professional networking events to help women in the
legal profession build prof	essional networks with others in other professions.
Recognized workplaces that	support the advancement of women and minorities by
awarding the Workplace Lead	er_Award
Recognized_an_outstanding,_	longtime volunteer by awarding the Katherine H. O'Neil
Volunteer Service Award	

#### **Form 990**

### **Continuation Sheet for Form 990**

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Oregon Women Lawyers

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week	Position (check all that apply) Highest employe Officer Individual		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the				
		vidual t	tutiona	er	Key employee	est cor loyee	ner	(** 271033-141100)	(# 2/1033-111100)	organization and related organizations
		Individual trustee or director	Institutional trustee		yee	Highest compensated employee				<u></u>
Youlee You			e			<u>a</u>				
Board Member		Х						0.	0.	0.
	<del>-</del>									
										-
			-							
										<u></u> -
		ļ					<del>                                     </del>			
	<u></u>			L						5 000