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

90-EZ

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public Inspection

of the Treasury venue Service

the 2012 calendar year, or tax year beginning 07/01/12 , and ending 06/30/13

if applicable
ss change
change
return
inated
ded return
cation pending

C Name of organization
OREGON CASA NETWORK

D Employer identification number
45-2657743

Number and street (or P.O. box, if mail is not delivered to street address)
174 DEADMOND FERRY RD

Room/suite

E Telephone number
541-223-3163

City or town, state or country, and ZIP + 4
SPRINGFIELD OR 97477

F Group Exemption Number ▶

ounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

bsite: ▶ WWW.OREGONCASANETWORK.ORG

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

ck ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if organization chooses to file a return, be sure to file a complete return.

lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 128,010

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received		1	105,373
2	Program service revenue including government fees and contracts		2	22,637
3	Membership dues and assessments		3	
4	Investment income		4	
5a	Gross amount from sale of assets other than inventory	5a		
b	Less: cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Gaming and fundraising events			
a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe in Schedule O)		8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	128,010
10	Grants and similar amounts paid (list in Schedule O)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	23,745
13	Professional fees and other payments to independent contractors		13	40,044
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	2,106
16	Other expenses (describe in Schedule O)		16	91,096
17	Total expenses. Add lines 10 through 16 ▶		17	156,991
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-28,981
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	38,986
20	Other changes in net assets or fund balances (explain in Schedule O)		20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	10,005

aperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

9 15 V2

16

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
sh, savings, and investments	38,586	22	13,539
nd and buildings	0	23	
her assets (describe in Schedule O)	400	24	602
tal assets	38,986	25	14,141
tal liabilities (describe in Schedule O)	0	26	4,136
t assets or fund balances (line 27 of column (B) must agree with line 21)	38,986	27	10,005

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

e the organization's primary exempt purpose?
SCHEDULE O

be the organization's program service accomplishments for each of its three largest program services, asured by expenses. In a clear and concise manner, describe the services provided, the number of ns benefited, and other relevant information for each program title.

TO STRENGTHEN COURT APPOINTED SPECIAL ADVOCATES FOR CHILDREN (CASA) PROGRAMS IN OREGON.

rants $) If this amount includes foreign grants, check here ▶ ☐	28a	156,991
rants $) If this amount includes foreign grants, check here ▶ ☐	29a	
rants $) If this amount includes foreign grants, check here ▶ ☐	30a	
ther program services (describe in Schedule O)		
rants $) If this amount includes foreign grants, check here ▶ ☐	31a	
otal program service expenses (add lines 28a through 31a) ▶	32	156,991

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
M FORTIER ESIDENT	8.00	0	0	0
Y BISSONNETTE CRETARY	4.00	0	0	0
SAN KNIGHT EASURER	4.00	0	0	0
NE GARRETT RECTOR	4.00	0	0	0
ILA VEYSEY RECTOR	4.00	0	0	0
L DECKER RECTOR	4.00	0	0	0
IN MOORE ATE COORDINATOR	40.00	20,308	1,200	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
Did the organization file Form 1120-POL for this year?	37b		X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
Section 501(c)(7) organizations. Enter:			
Initiation fees and capital contributions included on line 9 39a			
Gross receipts, included on line 9, for public use of club facilities 39b			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40c		X

List the states with which a copy of this return is filed ▶ OR

The organization's books are in care of ▶ VALERIE DECKER Telephone no. ▶ 541-924-2744

Located at ▶ 150 CALAPOOIA STREET SW, SUITE B ALBANY OR ZIP + 4 ▶ 97321

		Yes	No
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)?	42b		X
If "Yes," enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
If "Yes," enter the name of the foreign country: ▶			
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

		Yes	No
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
Did the organization receive any payments for indoor tanning services during the year?	44c		X
If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
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	47	X	
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
If "Yes," was the related organization a section 527 organization?	49b		

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

Total number of other employees paid over $100,000 ▶

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over $100,000 ▶

Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ X Yes ☐ No

er 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 , correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

n	▶ Signature of officer	Date
e	▶ Type or print name and title	

d	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
parer	HEATHER L. MCGOWAN	Heather McGowan, CPA	11/15/13		P00092066
e Only	Firm's name ▶ Boldt Carlisle + Smith			Firm's EIN ▶	93-0570615
	Firm's address ▶ 200 CALAPOOIA ST. SW ALBANY, OR 97321-2250			Phone no.	541-928-3354

y the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ☐ No

HEDULE A
m 990 or 990-EZ)

rtment of the Treasury
al Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

of the organization

OREGON CASA NETWORK

Employer identification number

45-2657743

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III–Functionally integrated d [ ] Type III–Non-functionally integrated

- [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support

art II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ction A. Public Support

ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
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)						
Public support. Subtract line 5 from line 4						

ction B. Total Support

ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. Add lines 7 through 10						
Gross receipts from related activities, etc. (see instructions)					12	

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** ▶ ☐

ction C. Computation of Public Support Percentage

Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
Public support percentage from 2011 Schedule A, Part II, line 14	15	%

33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Support Schedule for Organizations Described in Section 509(a)(2)

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

tion A. Public Support

idar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				60,710	105,373	166,083
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				22,875	22,637	45,512
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5				83,585	128,010	211,595
Amounts included on lines 1, 2, and 3 received from disqualified persons						
Amounts included 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						
Add lines 7a and 7b						
Public support (Subtract line 7c from line 6)						211,595

tion B. Total Support

idar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6				83,585	128,010	211,595
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. (Add lines 9, 10c, 11, and 12.)				83,585	128,010	211,595

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 ▶ X

tion C. Computation of Public Support Percentage

Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
Public support percentage from 2011 Schedule A, Part III, line 15	16	%

tion D. Computation of Investment Income Percentage

Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

HEDULE C
rm 990 or 990-EZ)

rtment of the Treasury
al Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

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e 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.

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

e organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then
Section 501(c)(4), (5), or (6) organizations. Complete Part III.

me of organization	Employer identification number
OREGON CASA NETWORK	45-2657743

rt I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Provide a description of the organization's direct and indirect political campaign activities in Part IV
Political expenditures ▶ $
Volunteer hours

rt I-B Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
Was a correction made? Yes No
If "Yes," describe in Part IV.

rt I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
Did the filing organization file Form 1120-POL for this year? Yes No
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part III Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 2a, column(e))					
Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 2d, column (e))					
Grassroots lobbying expenditures					

art II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	(a) Yes	(a) No	(b) Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		21,774
j Total. Add lines 1c through 1i			21,774
2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
3 If "Yes," enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
5 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
Were substantially all (90% or more) dues received nondeductible by members?	1		
Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) if Part III-A, line 3, is answered "Yes."

Dues, assessments and similar amounts from members	1	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
Current year	2a	
Carryover from last year	2b	
Total	2c	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
Taxable amount of lobbying and political expenditures (see instructions)	5	

t IV Supplemental Information

plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

CHEDULE C, PART II-B, LINE 1

ADE MONTHLY PAYMENTS TO THIRD PARTY ORGANIZATION FOR LOBBYING FEES.

Part IV Supplemental Information (continued)

HEDULE O
m 990 or 990-EZ)
tment of the Treasury
al Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

of the organization
OREGON CASA NETWORK

Employer identification number
45-2657743

ORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

ESCRIPTION	AMOUNT
XPENSES	
ADVERTISING AND PROMOTION	$ 32,055
OFFICE	$ 2,808
TRAVEL	$ 33,220
CONFERENCES/MEETINGS	$ 17,365
INSURANCE	$ 1,859
NETWORK SUPPORT	$ 2,170
PROGRAM DISBURSEMENTS	$ 1,619
TOTAL	$ 91,096

ORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

ESCRIPTION	BEG. OF YEAR	END OF YEAR
CCOUNTS RECEIVABLE	$ 0	$ 602
ECURITY DEPOSITS	$ 400	$ 0
TOTAL	$ 400	$ 602

ORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

ESCRIPTION	BEG. OF YEAR	END OF YEAR
CCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 0	$ 2,600
AYROLL LIABILITIES	$ 0	$ 1,536

ORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

E MISSION OF THE OREGON CASA NETWORK (OCN) IS TO STRENGTHEN CASA PROGRAMS

of the organization OREGON CASA NETWORK | Employer identification number 45-2657743

N OREGON.