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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public Inspection

| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 OCDEN, UT Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid YEE LEE LO Primt/Type preparer's name Preparer Paid YEE LEE LO PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) 4,168,345. 4,221,991. 0. 0. 0. 0. 0. 1,597,142. 1,087,196. 0,6050,487. 5,594,187. 1,597,142. 1,087,196. 1,087,196. 1,097,142. | ΑF | or the | 2013 calendar year, or tax year beginning an | d ending | | | | | | |
|--|---------------------------|-------------------|---|---------------------------------------|-------------------------------|------------------------------|--|--|--|--|
| Doing Business As Doi | B | heck if pplicable | C Name of organization | | D Employer identific | ation number | | | | |
| Testing Number and street (or P.O. box of mails not delivered to street address) Room/sute S | X | Addres | S OREGON LAW CENTER | | | 104564 | | | | |
| Aurinber and street (of P.D. lock if Mails in of Devieted in Street accessions) Section Program and street (of P.D. lock if Mails in of Devieted in Street accessions) Size Siz | Ļ | | | | | L94564 | | | | |
| City or town, state or province, country, and 2 pro foreign postal code PORTLAND, OR 97204 H(a) is this a group return FORTLAND, OR 97204 H(b) Are it automicrates eluteric Yes X No No AME AS C ABOVE H(b) Are it automicrates eluteric Yes X No AME AS C ABOVE H(b) Are it automicrates eluteric Yes X No Tax excerned status X S910(13) 501(c) ✓ (insert no.) 4947(a)(1) or 522 H(b) Are it automicrates eluteric Yes X No H(c) Group exemption number Yes X No X Yes X No X Yes | F | return □Termin | · · · · · · · · · · · · · · · · · | 2 2 6 7 7 7 | | | | | | |
| PORTLAND, OR 97204 | | Amend | od . | | G Gross receipts \$ | 5,950,518. | | | | |
| Name and address of principal officer. DAVID THORNBURGH New SAME AS C. ABOVE New SAME | Applica DORITAND OR 97204 | | | | | | | | | |
| SAME AS C ABOVE Taxexement status M Stotic (1)(3) \$ 01(0)(1) \$ \$ (insert no.) 4947(a)(1) or \$ \$ \$ (insert no.) \$ \$ \$ (insert no.) \$ \$ \$ \$ (insert no.) \$ \$ \$ \$ \$ \$ \$ \$ \$ | | pendin | | . : | | | | | | |
| Taxeexempt status | | | SAME AS C ABOVE | | | | | | | |
| Website: ▶ WWW. OREGONLAWCENTER. ORG | 1 7 | | empt status: X 501(c)(3) |) or 52 | If "No." attach a I | ist. (see instructions) | | | | |
| Part Summary 1 Brefly describe the organization Trust Association Other Vear of formation: 1995 M State of legal demicile* OR | J / | Vebsit | e: WWW.OREGONLAWCENTER.ORG | <u> </u> | | | | | | |
| Barety describe the organization's mission or most significant activities: PROVIDE LEGAL SERVICES TO | | | | L Yea | | | | | | |
| LOW-INCOME INDIVIDUALS. Check this box | | | | • | • | | | | | |
| Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 1-1) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Total expenses. Part IX, column (A), line 11e) 17 Cother expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2g) 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 18 from line 12 23 National Standard (Part IX, line 26) 24 Part IX Signature Block 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete. Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge. 26 Prim's name GRAY MCGEE & CO. LLP 27 Firm's address 8 80 8 S. W. THIRD AVENUE. SUITE 700 28 Proportions (50 3) 222-2515 29 May the IRS discuss this return with the preparer shown above? (see instructions) | | 1 1 | Briefly describe the organization's mission or most significant activities: PRO | VIDE L | EGAL SERVICES | 5 TO | | | | |
| Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (A), line 12 5 Net unrelated business staxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 12) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Solanes, other compensation, employee benefits (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 15) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total labitities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 OCDEN UT 22 Net assets or fund balances. Subtract line 21 from line 20 OCDEN UT 23 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 24 Print Signature Block DAVID THORNBURGH, EXECUTIVE DIRECTOR Firm's and East Signature Block May the IRS discuss this return with the preparer shown above? (see instructions) 4 Signature Block May the IRS discuss this return with the preparer shown above? (see instructions) | ğ | | | | | | | | | |
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| b Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year S | | ! | |) | | | | | | |
| b Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year S | ies | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | | | | | |
| b Net unrelated business taxable income from Form 990-1, line 34 Prior Year Current Year S | ξ | i | , | | | | | | | |
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| 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primt/Type preparer's name Preparer DAVID THORNBURGH, EXECUTIVE DIRECTOR Type or print name and title Primt/Type preparer's name Preparer Data Data Data Data Print/Type preparer's name Preparer's offictive Data Print/Type preparer's name Print/Type print name P | ≘_ | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
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| Total expenses. Add lines 13-17 (must equal Part IX, column (A), IRC 25 EIVED 6,050,487. 5,594,187. 19 Revenue less expenses. Subtract line 18 from line 12 144,814. 356,331. 342,481. 144,814. 356,331. 342,481. 144,814. 356,331. 144,814. 144,814. 356,331. 144,814. 144,814. 356,331. 144,814. | £ Z | 1 | | 41. | 1 507 1/2 | 1 007 106 | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 AUG 1 4 2014 Reginning of Current Year End of Year 3, 116, 044. 3, 414, 207. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here DAVID THORNBURGH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name YEE LEE LO Preparer Firm's name GARY MCGEE & CO. LLP Firm's name GARY MCGEE & CO. LLP Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No | _ | | | | | | | | | |
| AUG 1 4 2014 Reginning of Current Year End of Year 3, 116, 044. 3, 414, 207. 3, 116, 044. 3, 414, 207. 20 Not all labilities (Part X, line 26) 20 Not all assets of fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 071, 726. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 116, 044. 3, 1414, 207. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 116, 044. 3, 1414, 207. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 116, 044. 3, 1414, 207. 20 Not assets or fund balances. Subtract line 21 from line 20 OCDEN, UT 2, 715, 513. 3, 116, 142, 142, 142, 142, 142, 142, 142, 142 | | | | ≿D ⊦ | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here DAVID THORNBURGH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer Firm's name GARY MCGEE & CO. LLP Use Only Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No | _ S | 19 | | | | | | | | |
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| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Date Date Print/Type or print name and title Print/Type preparer's name Preparer YEE LEE LO Firm's name GARY MCGEE & CO. LLP Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No | P | art II | | UT I | 2,713,313. | 3,011,120. | | | | |
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| Sign Here DAVID THORNBURGH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name YEE LEE LO Firm's name GARY MCGEE & CO. LLP Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN Firm's Ell-employed P01294356 Firm's Ell-employed P01294356 Phone no. (503) 222-2515 | | | | | | kilowicage and belief, it is | | | | |
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| Print/Type preparer's name Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer's name Preparer's righature Print/Type preparer's name | Sin | n | Signature of officer | | Date | | | | | |
| Type or print name and title Print/Type preparer's name Paid Preparer YEE LEE LO Firm's name GARY MCGEE & CO. LLP Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's address Preparer's address Print/Type preparer's name Preparer's address Pontland Phone no. (503) 222-2515 | | | ▶ DAVID THORNBURGH. EXECUTIVE DIRECTOR | | | | | | | |
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| Paid Preparer Use Only PortLand, Or 97204 May the IRS discuss this return with the preparer shown above? (see instructions) YEE LEE LO Firm's name GARY MCGEE & CO. LLP Firm's name GARY MCGEE & CO. LLP Firm's name Portland Firm's address Phone no. (503) 222-2515 | _ | | Print/Type preparer's name Preparer's sometime | /). | Date Check | PTIN | | | | |
| Preparer Firm's name GARY MCGEE & CO. LLP Use Only Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer Firm's name GARY MCGEE & CO. LLP Firm's EIN Phone no. (503) 222-2515 | Pai | d | | ~ | 1/2/1/4 stt.amplayo | P01294356 | | | | |
| Use Only Firm's address 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no. (503) 222-2515 Yes No | | | | | , | | | | | |
| PORTLAND, OR 97204 Phone no. (503) 222-2515 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No | | - | | 00 | | <u> </u> | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | • | | | Phone no. (50 | 03) 222-2515 | | | | |
| | Ma | v the IF | | | | | | | | |
| 10111 000 (2013) | | | | ctions. | | Form 990 (2013) | | | | |



| orm | 990 (2013) OREGON LAW CENTER 93-1194564 Page 2 |
|-----|--|
| Par | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: TO ACHIEVE JUSTICE FOR THE LOW INCOME COMMUNITIES OF OREGON BY |
| | PROVIDING A FULL RANGE OF THE HIGHEST QUALITY CIVIL LEGAL SERVICES. |
| | PROVIDING A FOLD RANGE OF THE HIGHEST QUADITY CIVIL DEGAD DERVICES. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| | 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 services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| 4a | revenue, if any, for each program service reported. (Code) (Expenses \$ 5,012,202 · Including grants of \$ 285,000 ·) (Revenue \$ 254,121 ·) |
| 70 | THE OREGON LAW CENTER (OLC) PROVIDES FREE CIVIL LEGAL ASSISTANCE TO |
| | LOW-INCOME PEOPLE (THOSE LIVING AT AND BELOW 125% OF THE NATIONAL |
| | POVERTY GUIDELINES); ADVOCATES TO SUPPORT THE INTERESTS OF LOW-INCOME |
| | OREGONIANS BEFORE JUDICIAL, ADMINISTRATIVE AND LEGISLATIVE BODIES; |
| | PROVIDES COMMUNITY EDUCATION TO LOW-INCOME PEOPLE; AND MAINTAINS A |
| | PANEL OF PRO BONO ATTORNEYS. OLC EMPLOYS ATTORNEYS, PARALEGALS, |
| | SECRETARIES AND RECEPTIONISTS WORKING IN TEN LOCATIONS ACROSS OREGON TO PROVIDE THE FULL RANGE OF CIVIL LEGAL ASSISTANCE TO CLIENTS WHO LIVE IN |
| | POVERTY. |
| | FOVER11: |
| | THE TYPES OF SERVICES PROVIDED BY OLC INCLUDE: CONSULTATION AND ADVICE; |
| | BRIEF SERVICE; COMMUNITY EDUCATION/SELF-HELP/PRO SE FORMS/WEB SITES; |
| 4b | (Code) (Expenses \$ |
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| 4c | (Code) (Expenses \$ |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 5,012,202. |
| | Form 990 (2013) |

Form 990 (2013) OREGON LAW CENTER
Part IV Checklist of Required Schedules

| 1 Is the organization described in section 501(k)(s) or 4947(k)(1) (other than a private foundation)? If ''Res,' complete Schedule D, 2 Schedule D, Schedule D, Schedule D, Schedule O, Contributions? Old the organization engage in direct or indirect plottical campagin activities on behalf of or in opposition to candidates for public office? If ''Yes,' complete Schedule C, Part I' Section 50 (k)(3) organization. But the organization engage in behalf of or in opposition to candidates for public office? If ''Yes,' complete Schedule C, Part II Section 50 (k)(3) organization. But the organization engage in behalf of or in opposition to candidates for public office? If ''Yes,' complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(6), 501(c)(6) organization that receives memberathip dues, assessments, or similar amounts as definition in Part Ville (1), 501(c)(6), 501(c) | | | | Yes | No |
|--|-----|---|-----------------|--|--------------|
| 2 Is the organization required to complete <i>Schedule G. Schedule of Contributiona</i> 3 Did the organization required to complete <i>Schedule C. Part I</i> 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public officer <i>I**</i> 1*85, <i>**Complete Schedule C. Part I</i> 5 Is the organizations. Did the organization engage in lobbying activities, or have a section 501(t) elaction in effect during the tax year <i>It I**</i> 145, <i>**Complete Schedule C. Part II</i> 5 Is the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c | 1 | | 1 | х | |
| 3 | 2 | · | | | |
| public office? If "Yes," complete Schedule C, Part I Section SO (Ic)(3) organizations. Dot 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 Is the organization a section 501(o)(4), 501(o)(5), or 501(o)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization or envestment of amounts in such thinds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thinds or accounts? If "Yes," complete Schedule D, Part II Did the organization creave or hold a conservation easement, including easements to preserve open space, the environment, histonic land reaso, or historic attributes? If "Yes," complete Schedule D, Part II Did the organization areas or historic structures? If "Yes," complete Schedule D, Part III Did the organization areas or historic organization, flooring the schedule D, Part IV Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization sanswer to any of the following easement perturbed in Part X, line 191 If "Yes," complete Schedule D, Part V Did the organization sanswer to any of the following easement so in Part X, line 191 If "Yes," complete Schedule D, Part V Did the organization sport an amount for investments - organization expenses of the solution of the solution of the solution of the solution of t | | | | | |
| dump the tax year? If "Yes," complete Schedule C, Part II s 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 but the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or revisitinent of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II but the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part II but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II but the organization report an amount in Part X, line 1, for escrow or custodial account tability, 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 II but the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quest-endowments? If "Yes," complete Schedule D, Part VI but the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI but the organization report an amount for mestments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part VI but the organization report an amount for mestments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part X but the organization report an amount for mestments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part X but the organization report an amount for mestments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part X bu | | | 3 | | Х |
| 5 Is the organization a section 501 (c)(6), 501 (c)(6), 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 but he destribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or accounts and the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV But the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in listed in Part X, or provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," complete Schedule D, Part IV D D dit the organization is listed in Part X, inc. 21, for escrive or custodial account liability, serve as a custodian for amounts in listed in Part X, or provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," complete Schedule D, Part V but the "yes," complete Schedule D, Part V if If the organization services? If "Yes," complete Schedule D, Part V if If the organization services? If "Yes," complete Schedule D, Part V if If the organization services if If "Yes," complete Schedule D, Part V if If the organization report an amount for investments or 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 X in 16? If "Yes," complete Schedule D, Part X in 16? If "Yes," complete Schedule D, Part X in 16? If "Yes," complete Schedule D, Part X in 16? If "Yes," compl | 4 | | 4 | х | _ |
| smilar amounts as defined in Revenue Procedure 98-19/1 1/*es, "complete Schedule C, Part III of the organization receive or hold a conservation assement, including assements to preserve open space, or the environment, histonic land areas, or historic structures II "res," complete Schedule D, Part II of the organization receive or hold a conservation assement, including assements to preserve open space, or the environment, historic land areas, or historic structures II "res," complete Schedule D, Part II of the organization maintain collections of works of art, historical treasures, or other smilar assets? If "Yes," complete Schedule D, Part II of the organization report an amount in IP art X, line 21, for escrow or oustodial account liability, serve as a custodian for amounts not listed in Part X, or provide ceredic conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II of the organization report an amount for investments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, it is organization report an amount for investments of the securities in Part X, line 107 If "Yes," complete Schedule D, Part VI, it is organization report an amount for investments of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 157 If "Yes," complete Schedule D, Part VI is obtit to organization report an amount for investments of the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 157 If "Yes," complete Schedule D, Part VI is obtit to organization report an amount for investments of the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 157 If "Yes," complete Schedule D, Part XI is but the organization report an amount for investments of the securities in Part X, line 157 If "Yes," complete Schedule D, Part XI is but the organization is about 90 run organization is about 90 run organization is about 90 run organiz | 5 | | • | <u> </u> | |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 bit 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 bit the organization report an amount in Part X, line 21, for escrow or outsdodlal account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 bit 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 11 If 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 11 If 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 11 If the organization report an amount for investments organization in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments or other securities 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 X 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of list total | • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 III | 6 | · · · · · · · · · · · · · · · · · · · | _ | | v |
| the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II! 7 | _ | | 6 | | Λ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 V or 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 or 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for India, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII Did the organization report an amount for other lassifies 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 XIII Did the organization report an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization of an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization of an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization of an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X III W X IIII Did the organization of the an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X III W X IIII Did the organization of the an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X II | 1 | | 7 | | x |
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| 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 15 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | • | | | |
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| or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X End III "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Ø | | | | |
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| 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 18 X Y 19 X 19 X 20a X | 10 | | - 17 | | ^ |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b | 16 | | 18 | | X |
| complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b | 19 | | - :- | <u> </u> | _ <u></u> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | | 19 | | Х |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | 25- | L |

Form 990 (2013) OREGON LAW CENTER
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|--------------|--|------------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | <u> </u> | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 22 | Did the organization report more than \$5,000 of grants or 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 | | Х |
| 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 | ļ | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 1 | | |
| | Schedule K If "No", go to line 25a | 24a | <u> </u> | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | ├ | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 0.51 | | x |
| 00 | Schedule L, Part I | 25b | | Α. |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | |
| 21 | 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 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 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> </u> | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ١,, |
| | 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, Part II, III, or IV, and | l | \ | |
| | Part V, line 1 | 34 | X | - V |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ├ - | Х |
| b | If "Yes" to line 35a, 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 | ├ | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 20 | | х |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | \vdash | <u> </u> |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | " | | ^`` |
| 30 | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | 1301017 III 7 OIII 000 IIIDIO IIIO 1000IIIDIO OO OOIIDIOO OO | | 990 | (2012 |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|--------|---|----------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 17 | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | _0 | ļ | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | <u> </u> | <u> </u> |
| 2a | Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, | 58 | | |
| | industrial balanciar year officing man of mann and year obtained by an obtain | 1 | - V | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | - |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | x |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | | |
| | If "Yes," has it filed a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | | |
| 48 | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| h | If "Yes," enter the name of the foreign country: | 40 | ╁ | |
| U | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | - | | |
| 5a | | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u>† </u> | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | \vdash | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | 1 | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | 1 | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay | /or? 7a | ļ | Х |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | <u> </u> | ļ |
| С | | | | |
| | to file Form 8282? | 7c | - | X |
| d | <u> </u> | _ | | _ v |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | N/ | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- | | N/ | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A | | 1 21,7 | [|
| Ū | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? N/A | . 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter. | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 1 |
| а | Gross income from members or shareholders N/A 11a | _ | | |
| b | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | |
| | amounts due or received from them.) | ⊢ | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | ĺ | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A | 40- | | |
| а | , | 13a | +- | |
| L | Note. See the instructions for additional information the organization must report on Schedule O | | 1 | |
| 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 | | | |
| С | 40-1 | \dashv | | |
| 14a | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Form 990 (2013) OREGON LAW CENTER

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | |
|-----|---|---------|-------------|----------------|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | Yes | No | | | |
| 12 | Enter the number of voting members of the governing body at the end of the tax year 18 | | | | | | |
| 10 | 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. | | | | | | |
| | Enter the number of voting members included in line 1a, above, who are independent 18 | | | | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | |
| 2 | | 2 | | х | | | |
| | officer, director, trustee, or key employee? | - | | | | | |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct supervision | ا ۽ | | х | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | - | X | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | |
| 6 | Did the organization have members or stockholders? | 6 | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | _ | | ₹., | | | |
| | more members of the governing body? | 7a | — | X | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | |
| | persons other than the governing body? | 7b | | X | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | |
| а | The governing body? | 8a | X | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | | | | |
| | | | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | |
| 11a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | | | | | | |
| _ | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | |
| 12a | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | |
| · | in Schedule O how this was done | 12c | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | |
| 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 | | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | l | | | |
| _ | | 15a | Х | | | | |
| | The organization's CEO, Executive Director, or top management official | 15b | X | | | | |
| D | Other officers or key employees of the organization | .55 | | | | | |
| 46 | 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 | 40- | | x | | | |
| | taxable entity during the year? | 16a | | ^ | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | ĺ | } | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 40. | | Ì | | | |
| _ | exempt status with respect to such arrangements? | 16b | L | <u> </u> | | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►OR | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılab | le | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | Own website Another's website X Upon request Cther (explain in Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are | d finar | ncial | | | | |
| | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | tion: | | | | | |
| | SHAWN TRZPUC - (503) 295-2760 | | | | | | |
| | 522 S.W. FIFTH AVENUE, SUITE 812, PORTLAND, OR 97204 | | | | | | |

Page 7

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

Check if Schedule O contains a response or note to any line 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

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

• 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.

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|------------------------------|--|--------------------------------|--|----------|--|------------------------------|---------------|--|--------------------------------------|--|
| Name and Title | Average hours per week | box, | not cl unle: | ss pe | more rson l | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) WAYNE BELMONT | 1.00 | x | | | | | | 0. | 0. | 0. |
| MEMBER (2) VICTOR CHONTECO | 1.00 | ^ | | | ⊢ | ╁ | | 0. | · · | 0. |
| MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (3) MARK COMSTOCK | 1.00 | | ┝ | \vdash | | H | _ | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (4) AMY EDWARDS | 1.00 | T | | | | Ī | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (5) DANA GALAXY | 1.00 | | | | | Π | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (6) ED GOODMAN | 1.00 | | | | | | | | | |
| MEMBER | | X | | _ | _ | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (7) MARTINA GORDON | 1.00 | ļ | | | 1 | | | | | |
| MEMBER | 1 00 | X | | _ | Ь | _ | \vdash | 0. | 0. | 0. |
| (8) PAUL KELLY | 1.00 | ١., | | l | | | İ | 0. | 0. | _ |
| MEMBER | 1 00 | X | | <u> </u> | ļ | - | | 0. | 0. | 0. |
| (9) MICHAEL MASON | 1.00 | X | | | | | | 5,215. | 0. | 0. |
| MEMBER | 1.00 | ┝ | - | \vdash | ├ | + | ├ | 5,215. | 0. | 0. |
| (10) GAYLE PATTERSON MEMBER | 1.00 | X | | | | 1 | | 0. | 0. | 0. |
| (11) JUDI PAYNE | 1.00 | A | | ├ | ┢ | ╁ | \vdash | | 0. | |
| MEMBER | 1.00 | \mathbf{x} | 1 | | | | | 0. | 0. | ٥. |
| (12) MANUEL PEREZ | 1.00 | | | T | | + | | | | |
| MEMBER | | X | | | | | 1 | 0. | 0. | 0. |
| (13) MARC D. PERRIN | 1.00 | 1 | t | T | T | t | <u> </u> | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (14) LANE SHETTERLY | 1.00 | | t | | | 1 | | | | <u> </u> |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (15) MARY TINOCO | 1.00 | | Ī | | | | | | | |
| MEMBER | | X | $oldsymbol{ol}}}}}}}}}}}}}}$ | | 1_ | | | 0. | 0. | 0. |
| (16) BEVERLY PEARMAN | 1.50 | _ | | 1 | | | | | _ | |
| PRESIDENT | | X | _ | X | <u> </u> | ↓_ | <u> </u> | 0. | 0. | 0. |
| (17) PAULA PALMER | 1.50 | ↓ | 1 | | 1 | | | | | |
| VICE PRESIDENT AND TREASURER | | <u> </u> | | X | | | | 0. | 0. | 0. |

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | and | d Hi | ghe | st C | ompensated Employe | es (continued) | | | | |
|---|------------------------|---|-----------------------|---------------|--------------|------------------------------|----------|--|--------------------|----------------|---------|---------------------|--------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | - 1 | | (F) | |
| Name and title | Average | Position (do not check more than one | | | | | one | Reportable | Reportable | Estimate | | d | |
| | hours per | box, unless person is both an officer and a director/trustee) | | | | | h an | compensation | compensation | า | am | ount o | of |
| | week | _ | er an | dad | irecto | or/trus | tee) | from | from related | | (| other | |
| | (list any | ector | | | | | | the | organizations | - 1 | | pensa | |
| | hours for | or dir | 6 | | | 題 | | organization | (W-2/1099-MIS | C) | | om the | |
| | related | ıstee | truste | | | E | | (W-2/1099-MISC) | | | _ | ınızatı | |
| | organizations below | Jal tri | onal | | ploye | 5 8 | | | | | | l relate nizatio | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | inzatio | 1113 |
| | 1.50 | 트 | 트 | Б | 2 | 로능 | 32 | | | | | | |
| (18) KRISTIN MACKAY | 1.30 | х | | х | | | ł | 0. | | 0. | | | 0. |
| SECRETARY | 40.00 | ₽ | <u> </u> | ₽ | | ├ | | | | ~ | | | . |
| (19) DAVID THORNBURGH | 40.00 | | | . , | | | İ | 105,468. | | 0. | 2 ' | 2,9 | 2.2 |
| EXECUTIVE DIRECTOR | 40 00 | ļ | | X | _ | ╁ | ┝ | 103,400. | | 0. | | 4,5 | <u> </u> |
| (20) SHAWN TRZPUC | 40.00 | ļ | | ٠,, | | İ | | 70 035 | | | 1. | י כי | 7 2 |
| CHIEF FINANCIAL OFFICER | 40.00 | _ | | X | ļ | ₩ | _ | 79,235. | | 0. | | 3,3 | 14. |
| (21) SPENCER NEAL | 40.00 | | | | | | | 106 501 | | ا م | 21 | - ^ | 4 2 |
| DIRECTOR OF LITIGATION | | _ | _ | ļ | | X | | 106,731. | | 0. | 2: | 5,0 | <u> 13.</u> |
| | | | | | | | | | | | | | |
| | | | | | <u>L</u> | | | | | | | | |
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| <u> </u> | L | _ | | | | | | <u></u> | | | | | |
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| | | 1 | ļ | | | | ĺ | | | | | | |
| 1b Sub-total | | | | | | | <u> </u> | 296,649. | | 0. | 6: | 1,3 | 07. |
| c Total from continuation sheets to Part V | II. Section A | | | | | | • | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | • | 296,649. | | 0. | 6: | 1,3 | 07. |
| Total number of individuals (including but r | not limited to th | nose | liste | ed a | bov | e) w | ho r | eceived more than \$100 | 0.000 of reportabl | | | | |
| compensation from the organization | | | | | | -, | | | | | | | 2 |
| Compondation from the organization | | | | | | | | | | | i | Yes | No |
| 3 Did the organization list any former officer | director or tr | iste | e ke | ev e | mol | ovee | or | highest compensated e | molovee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | | | 0, | ٠, ٥. | | -, | , | gco. copoca.co | | | 3 | l | X |
| 4 For any individual listed on line 1a, is the si | | | omn | ane | atıo | n an | d ot | her compensation from | the organization | | | | |
| and related organizations greater than \$15 | | | | | | | | | and organization | | 4 | | Х |
| | | | | | | | | | idual for services | | · | | |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | | | | | | | Cla | ted organization or indiv | iddai ioi scivices | | 5 | | Х |
| Section B. Independent Contractors | ipiete Scrieda. | C J | 101 3 | <i>u</i> c, , | рег | 3011 | | | | | | | |
| | · | don | ond/ | ont (| 2001 | troot | ore : | that recoved more than | \$100 000 of cor | none | ation f | rom | |
| Complete this table for your five highest countries the organization. Report compensation for | | | | | | | | | | рена | allorri | TOTAL | |
| | trie Caleridar | eai | enu | ing | WILLI | OI V | VILI | (B) | yeai | ** | (C | ٠, | |
| (A) Name and business | address | N | ON: | E. | | | | Description of s | services | С | ompei | | n |
| | | 7.4 | 014. | _ | | | _ | | | | - • | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | 1 | | | | |
| | | | | | | | | <u> </u> | | | | | |
| 2 Total number of independent contractors | | not I | ımıte | ed to | o the | ose I | ıste | d above) who received r | nore than | | | | |
| \$100,000 of compensation from the organ | ization 🕨 | | | | | U | | | | | | | |

OREGON LAW CENTER Form 990 (2013) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (B) Total revenue Related or exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 50,000. Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 32,010. 1d d Related organizations 457,248 Government grants (contributions) All other contributions, gifts, grants, and 1f 5,126,114. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 5,665,372 h Total. Add lines 1a-1f **Business Code** 254,121. 2 a ATTORNEY FEES 900099 254,121. Program Service Revenue f All other program service revenue 254,121. Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 3 13,892. 13,892. other similar amounts) ▶ Income from investment of tax-exempt bond proceeds 4 ▶ Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 а b Less: direct expenses ь c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 17,133. OTHER 17,133. 11 a b All other revenue 17,133. Total. Add lines 11a-11d

Total revenue. See instructions.

0.

950,518.

254,121.

Form 990 (2013) OREGON LAW CENTER
Part IX | Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must com | | | mplete column (A) | |
|----------|---|-----------------------|------------------------------------|---|-------------------------|
| | Check if Schedule O contains a respon | | this Part IX | (C) | (D) |
| | ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| | Grants and other assistance to governments and | 205 222 | 205 200 | | |
| | organizations in the United States. See Part IV, line 21 | 285,000. | 285,000. | | |
| 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 | | | Ì | |
| _ | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | - | | |
| 5 | Compensation of current officers, directors, | 226,212. | 9,735. | 213,891. | 2,586. |
| 6 | trustees, and key employees Compensation not included above, to disqualified | 22072221 | 37.331 | | |
| Ü | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,847,340. | 2,669,740. | 169,097. | 8,503. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 169,816. | 158,971. | 10,332. | 513. |
| 9 | Other employee benefits | 693,406. | 633,395. | 57,834. | 2,177. |
| 10 | Payroll taxes | 285,217. | 251,533. | 32,686. | 998. |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 3,080. | 2,716. | 353. | 11. |
| С | Accounting | 13,100. | 11,553. | 1,501. | 46. |
| | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 4 400 | 3,888. | 505. | 16. |
| f | Investment management fees | 4,409. | 3,000. | 505. | 10. |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 29,751. | 26,237. | 3,410. | 104. |
| | column (A) amount, list line 11g expenses on Sch 0.) | 23,731. | 20,237 | 3,410. | 104. |
| 12 | Advertising and promotion | 90,440. | 79,759. | 10,365. | 316. |
| 13 14 | Office expenses | 40,027. | 35,300. | 4,587. | 140. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 269,905. | 238,030. | 30,931. | 944. |
| 17 | Travel | 58,702. | 51,770. | 6,727. | 205. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 19,485. | 17,183. | 2,233. | 69. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 10 656 | 40.000 | F - F - F - F - F - F - F - F - F - F - | 7 50 |
| 22 | Depreciation, depletion, and amortization | 48,676. | 42,928. | 5,578. | 170. |
| 23 | Insurance | 24,637. | 21,728. | 2,823. | 86. |
| 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 0.) SUBCONTRACTS | 323,414. | 323,414. | | - |
| a | TRAINING AND EDUCATION | 35,310. | 31,139. | 4,047. | 124. |
| b c | LIBRARY | 30,856. | 30,856. | | 121. |
| d | DUES AND SUBSCRIPTIONS | 26,637. | 23,491. | 3,053. | 93. |
| e e | All other expenses | 68,767. | 63,836. | 4,785. | 146. |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,594,187. | | 564,738. | 17,247. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2013)
Part X Balance Sheet

| Part X | <u>K</u>] | Balance Sheet | | | |
|-----------------------------|------------|---|--------------------------|-----|--------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | 1 | Cash - non-interest-bearing | 764,615. | 1 | 1,557,152. |
| 2 | 2 | Savings and temporary cash investments | 8,261. | 2 | 132,094 |
| 3 | 3 | Pledges and grants receivable, net | 936,953. | 3 | 569,076 |
| 4 | | Accounts receivable, net | | 4 | |
| 5 | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complet | e | | |
| | | Part II of Schedule L | | 5 | |
| 6 | 6 | Loans and other receivables from other disqualified persons (as defined in | under | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri | buting | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| <u> </u> | | employees' beneficiary organizations (see instr) Complete Part II of Sch | _ | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ₹ ε | 8 | Inventories for sale or use | | 8 | |
| 9 | 9 | Prepaid expenses and deferred charges | 24,747. | 9 | 48,953 |
| 10 | 0a | Land, buildings, and equipment: cost or other | | | |
| - | | basis. Complete Part VI of Schedule D 10a 544, | 247. | | |
| | b | Less: accumulated depreciation 10b 515, | 75,197. | 10c | 28,425 |
| 1. | 1 | Investments - publicly traded securities | | 11 | |
| 12 | 2 | Investments - other securities See Part IV, line 11 | 1,306,271. | 12 | 1,078,507 |
| 10 | 3 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | 4 | Intangible assets | | 14 | |
| 1: | 5 | Other assets. See Part IV, line 11 | | 15 | |
| 10 | 6 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,116,044. | 16 | 3,414,207 |
| 17 | 7 | Accounts payable and accrued expenses | 392,770. | 17 | 292,183 |
| 18 | 8 | Grants payable | | 18 | |
| 19 | 9 | Deferred revenue | | 19 | |
| 20 | 0 | Tax-exempt bond liabilities | | 20 | |
| 2 | 1 | Escrow or custodial account liability Complete Part IV of Schedule D | 7,761. | 21 | 50,298 |
| စ္က 2 | 2 | Loans and other payables to current and former officers, directors, truste | ees, | ' | |
| ≝ | | key employees, highest compensated employees, and disqualified person | ns. | | |
| Liabilities | | Complete Part II of Schedule L. | | 22 | |
| <u>ا</u> 2 | 3 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 2. | 4 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 2 | 5 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X | of | | |
| | | Schedule D | 100 531 | 25 | 240 401 |
| 2 | 6 | Total liabilities. Add lines 17 through 25 | 400,531. | 26 | 342,481 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □X | and | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | 0.055.015 | | 0 540 205 |
| 를 2 ⁻ | 27 | Unrestricted net assets | 2,066,016. | 27 | 2,710,385 |
| g 2 | 28 | Temporanly restricted net assets | 649,497. | 28 | 361,341 |
| <u>e</u> 2 | 29 | Permanently restricted net assets | | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ō | | and complete lines 30 through 34. | | | |
| ş 3 | 80 | Capital stock or trust principal, or current funds | | 30 | |
| 8g 3 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 0 845 640 | 32 | 2 054 506 |
| [≥] 3 | 33 | Total net assets or fund balances | 2,715,513. | 33 | 3,071,726 |
| з | 34_ | Total liabilities and net assets/fund balances | 3,116,044. | 34 | 3,414,207 |

| | • | | | | | | |
|------|--|--------|--------------|------|------------------|--------------|--|
| Form | 990 (2013) OREGON LAW CENTER | 93 | <u>-1194</u> | 1564 | Pag | ge 12 | |
| Pai | TXI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | - | | | | <u></u> _ | |
| | | | | - 0- | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5,95 | 0,5 | 18. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | <u> </u> | 5,59 | $\frac{4}{6}, 1$ | 87. | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | L | | | 31. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2,71 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -1 | 18. | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | <u> </u> | | | · | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | ᆜ | |
| | | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | | i | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | ì | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te bas | ıs, | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne aud | ıt, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ngle A | udit | | |] | |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization

OREGON LAW CENTER

Employer identification number 93-1194564

| Part I | Reason f | or Public Char | ity Status (All organiza | ations mus | t complete | e this part. |) See insti | uctions. | _ | | | |
|----------------|---|---------------------------------------|--|--|---------------|---|------------------------|---------------------|--------------------|---------------------------|--|--|
| | ızatıon ıs not a | private foundation | because it is: (For lines 1 | through 1 | 1, check o | only one be | ox.) | | | <u> </u> | | |
| 1 | | | s, or association of churc | | | | | , | | | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | | | |
| 3 🗔 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | | | operated in conjunction | | | | | b)(1)(A)(iii |). Enter | the hospital's name, | | |
| - — | city, and state | | | | | | • | | • | • | | |
| 5 🗀 | 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.) | | | | | | | | | | | |
| e 🗀 | - | | nent or governmental unit | described | l in section | n 170(h)(1 | γαγω | | | | | |
| 6 X | | | ceives a substantial part of | | | | | r from the | general | nublic described in | | |
| ا لفقا | - | b)(1)(A)(vi). (Comple | | oi ita auppi | on nom a | 9010111110 | intai aint o | | gonorai | pasiio accomboa iii | | |
| • — | · · | | section 170(b)(1)(A)(vi). (| Complete | Dart II \ | | | | | | | |
| 8 | • | | ceives: (1) more than 33 1 | | | om contril | outione m | embershu | o feec a | nd arose receipts from | | |
| 9 📖 | | | nctions - subject to certa | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | taxable income (less sect | lion 511 ta | x) irom bu | SIIIESSES a | icquired b | y trie orga | nization | alter Julie 30, 1973. | | |
| — | | 509(a)(2). (Complet | | at far audi | a anfatu C | co coctio | n E00(n)(4 | ١ | | | | |
| 10 | | • | perated exclusively to te | | - | | | | | numacos of one or | | |
| 11 📖 | | | perated exclusively for th | | | | | | | | | |
| | | | ations described in section | | | |) See sec | tion 509(a | 1)(3). On | eck the box that | | |
| | | · · · · · · · · · · · · · · · · · · · | organization and comple | | _ | | | T | - III - NI- | | | |
| | a ☐ Type I | | • • | ype III - Fur | | | | • . | | n-functionally integrated | | |
| e 📖 | | | at the organization is not | | | | | | | | | |
| | | - | than one or more publicly | | | | | | (a)(1) or | section 509(a)(2) | | |
| f | - | | tten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | rganization, check t | | | | | | | _ | | | |
| g | | | organization accepted ar | | | | | | | | | |
| | | | directly controls, either al | one or tog | ether with | persons d | lescribed i | n (II) and (| III) below | | | |
| | the gove | erning body of the s | supported organization? | | | | | | | 11g(i) | | |
| | • • | • | on described in (i) above? | | | | | | | 11g(iı) | | |
| | (iii) A 35% d | controlled entity of a | a person described in (i) o | or (ii) above | ∍? | | | | | [11g(III)] | | |
| h | Provide the fo | ollowing information | about the supported or | ganization | (s). | | | | | | | |
| | | | | 1 | | , · · · · · · · · · · · · · · · · · · · | | | | | | |
| (i) Name | e of supported | (ii) EIN | (iii) Type of organization | | rganization | | ı notify the | Lorganization in co | | (vii) Amount of monetary | | |
| | anization | | (40001.000 0.1. 1.1.00 | in col. (i) listed in your governing document? | | | on in col. support? | l (i) organız | ed in the | support | | |
| | | | above or IRC section (see instructions)) | | | ļ · · · · · · · · · · · · · · · · · · · | | U.S | r | | | |
| | | | (************************************** | Yes | No | Yes | No | Yes | No | | | |
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| Total | | | | | | | | | | | | |

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Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 OREGON LAW CENTER 93-1194564 Page 2 Part 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.)

| Sec | tion A. Public Support | | | | | | |
|-----------|--|---------------------|---|----------------------|----------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | İ | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4,319,707. | 4,813,527. | 5,774,083. | 5,561,275. | 5,665,372. | 26,133,964. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızation's benefit and either paid to | | | i | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4,319,707. | 4,813,527. | 5,774,083. | 5,561,275. | 5,665,372. | 26,133,964. |
| | The portion of total contributions | | | | | | |
| _ | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | 1 | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 26,133,964. |
| | ction B. Total Support | ···• | | | | | · · · · · |
| _ | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 4 | 4,319,707. | 4,813,527. | 5,774,083. | 5,561,275. | 5,665,372. | 26,133,964. |
| 8 | Gross income from interest, | , | | | | | |
| Ü | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 21,136. | 30,536. | 15,146. | 15,849. | 13,892. | 96,559. |
| ۵ | Net income from unrelated business | , , , , | , | • | ,, <u> </u> | - | · |
| 3 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | 1,730. | 11,188. | 19,866. | 17,104. | 17.133. | 67,021. |
| | | - 1,1300 | | | | , | 26,297,544. |
| 11 | Gross receipts from related activities, | eta (aca instructio | | | | 12 1 | ,456,035. |
| 12 | First five years. If the Form 990 is for | • | | d fourth or fifth to | v vear as a sectio | | 7 20 0 7 0 0 0 1 |
| 13 | organization, check this box and stor | _ | inst, second, unit | u, lourer, or mer to | ix year as a section | 11 30 1(0)(3) | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2013 (| | | olumn (fl) | | 14 | 99.38 % |
| | | | | ordinin (i)) | | | 00 04 |
| _ | 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | |
| 108 | | | | | 14 13 00 17070 01 1 | nore, encor this be | ►X |
| | stop here. The organization qualifies 33 1/3% support test - 2012. If the | | - | | line 15 is 33 1/3% | or more check th | |
| | | | | | III 6 13 15 33 1737 | of more, check to | IIS DOX |
| ۰- | and stop here. The organization qual | | | | 13 16a or 16h | and line 14 is 1004 | or more |
| 17 | a 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | it iv now the organ | iization |
| | meets the "facts-and-circumstances" | | | | | 17a and less 15 :- | 100/ 04 |
| 1 | o 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets t | | | | | | , |
| | organization meets the "facts-and-cir | | | | | | |
| <u>18</u> | Private foundation. If the organization | on did not check a | DOX ON IINE 13, 16 | a, 100, 1/a, or 1/b | | and see instruction | |

Schedule A (Form 990 or 990-EZ) 2013 Part III | 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.)

| Sec | tion A. Public Support | - | | | | | |
|------|--|----------------------------|----------------------|------------------------|--|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | ļ | | |
| 2 | 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 | | | | | | |
| 3 | Gross receipts from activities that | I | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | : | | |
| 6 | The value of services or facilities | | | <u> </u> | | | · |
| 3 | furnished by a governmental unit to the organization without charge | | | | , | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | 1 | |
| . • | 3 received from disqualified persons | Ì | l | | | <u> </u> | |
| t | 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 | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | <u> </u> | | |
| 10 | dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | : | | | | |
| Ł | 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 | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | <u> </u> | l | <u> </u> | | <u> </u> |
| 14 | First five years. If the Form 990 is fo | r the organization | 's first, second, th | rd, fourth, or fifth t | tax year as a sect | ion 501(c)(3) organi | zation, |
| | check this box and stop here | | | | | | <u> </u> |
| Se | ction C. Computation of Publ | ic Support Pe | ercentage | <u>-</u> | | | |
| 15 | Public support percentage for 2013 (| line 8, column (f) | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2012 | | | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incom | ne Percentage | | | | |
| 17 | Investment income percentage for 20 |)13 (line 10c, colu | mn (f) divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2012 Schedule A | , Part III, line 17 | | | 18 | % |
| | a 33 1/3% support tests - 2013. If the | | | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | ▶□ |
| ı | b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che | organization did | not check a box o | n lıne 14 or line 19 | a, and line 16 is n | nore than 33 1/3%, | |
| 20 | Private foundation. If the organization | | | | | | |
| | Fiver Continues of the Civalitation | , ulu ilul viiuun 6 | | , | | | |

| Schedule A (Form 990 or 990-EZ) 2013 OREGON LAW CENTER | 93-1194564 Page 4 |
|---|--|
| Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or | |
| Also complete this part for any additional information (See instructions). | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | |
| | |
| OTHER INCOME (\$67,021) | |
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

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

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

If the 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) organizat | tions: Complete Part III. | | | |
|-----|--|---|--|---|---|
| | ne of organization | | | Empl | oyer identification number |
| | OREGON | LAW CENTER | | | 93-1194564 |
| Pa | irt I-A Complete if the org | janization is exempt und | ler section 501(c) | or is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political expenditures Volunteer hours | ration's direct and indirect politic | al campaign activities | ın Part IV. ▶\$ | |
| Pa | art I-B Complete if the org | janization is exempt und | ler section 501(c) | (3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | der section 4955 | ▶\$ | |
| 2 | Enter the amount of any excise tax | | | 5 ▶\$ | |
| | If the organization incurred a section | | | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | olf "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | ganization is exempt und | ler section 501(c) | , except section 501(| c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for se | ction 527 exempt fund | tion activities > \$ | |
| 2 | Enter the amount of the filing organ | nzation's funds contributed to of | ther organizations for s | ection 527 | |
| | exempt function activities | | | ▶\$ | |
| 3 | Total exempt function expenditures | s. Add lines 1 and 2. Enter here a | and on Form 1120-POL | - ; | |
| | line 17b | | | ▶ \$ | |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If | ation listed, enter the amount par comptly and directly delivered to | d from the filing organi a separate political org | zation's funds Also enter th ganization, such as a separa | ne amount of political |
| | (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 |
| | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

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| Schedule C (Form 990 or 990-EZ) 2013 | OREGON LAW (| CENTER | | 93-1 | 194564 Page 2 | |
|--|---------------------------|--------------------------|-------------------------|---------------------------|-----------------------------|--|
| Part II-A Complete if the org | anization is exen | npt under section | n 501(c)(3) and fil | ed Form 5768 | | |
| (election under sec | | | | | | |
| A Check 🕨 📖 ıf the filing organiza | tion belongs to an affili | ated group (and list in | Part IV each affiliated | group member's nam | e, address, EIN, | |
| | e of excess lobbying e | • | | | | |
| B Check 🕨 📖 if the filing organiza | tion checked box A an | d "limited control" pro | visions apply. | | | |
| Limit | ts on Lobbying Expen | ditures | | (a) Filing organization's | (b) Affiliated group totals | |
| (The term "expend | litures" means amoui | nts paid or incurred.) | 1 | totals | totals | |
| ~ ~ | | | | | | |
| 1a Total lobbying expenditures to influ | | | | 124,073. | | |
| b Total lobbying expenditures to influ c Total lobbying expenditures (add li | • | y (direct lobbying) | | 124,073. | | |
| d Other exempt purpose expenditure | | | | 5,452,867. | | |
| e Total exempt purpose expenditure | | 1 | | 5,576,940. | | |
| f Lobbying nontaxable amount. Ente | , | | h columns. | 428,847. | | |
| If the amount on line 1e, column (a) o | | ying nontaxable amo | | | | |
| Not over \$500,000 | 20% of t | he amount on line 1e. | | | | |
| Over \$500,000 but not over \$1,000 | 0,000 \$100,000 | 0 plus 15% of the exc | ess over \$500,000. | | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 \$175,000 | 0 plus 10% of the exc | ess over \$1,000,000 | | | |
| Over \$1,500,000 but not over \$17, | 000,000 \$225,000 | 0 plus 5% of the exce | ss over \$1,500,000. | | | |
| Over \$17,000,000 | \$1,000,0 | 000 | | | | |
| | | | | 100 010 | . ,. | |
| g Grassroots nontaxable amount (en | | | | 107,212. | | |
| h Subtract line 1g from line 1a If zer | | | | 0. | | |
| i Subtract line 1f from line 1c. If zero | • | | | 0. | | |
| j If there is an amount other than ze | | ine 11, did the organiza | ation file Form 4720 | Г | | |
| reporting section 4911 tax for this | | i David Hadar | Section 501/h) | L | 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 | | | | | | |
| , | lumns below. See the | • • | | | | |
| | Lobbying Expen | ditures During 4-Yea | ar Averaging Period | | | |
| O-landanaan | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total | |
| | | | | | | |
| | 406 300 | 461 560 | 451 540 | 400 047 | 1 740 056 | |
| 2a Lobbying nontaxable amount | 406,300. | 461,560. | 451,549. | 428,847. | 1,748,256. | |
| b Lobbying ceiling amount | | | | | 2,622,384. | |
| (150% of line 2a, column(e)) | | | | | 2,022,304. | |
| c Total lobbying expenditures | 52,082. | 92,995. | 71,991. | 124,073. | 341,141. | |
| C Total lobbying expenditures | 32,002. | 22,000 | , , , , , | , | , | |
| d Grassroots nontaxable amount | 101,575. | 115,390. | 112,887. | 107,212. | 437,064. | |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | | 655,596. | |

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 OREGON LAW CENTER 93-1194564 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (a |) | (b |) |
|-------|---|--------------------|------------------|----------------|-------------|
| | lobbying activity. | Yes | No | Amo | unt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| | Volunteers? | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| i | Total. Add lines 1c through 1i | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(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 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6). | ion 501(c) | (5), or se | ction | - |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), sect | ion 501(c) | (5), or se | ction | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | d "No," OF | ₹ (b) Par | t III-A, lir | ne 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | tical | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | 2b | | *** |
| | Total | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex | cess | | | |
| • | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | | | | |
| | expenditure next year? | F | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Pai | · · · · · · · · · · · · · · · · · · · | | | - | |
| | de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground | ın liet\: Dart II | . Λ. Juno 2: σ | nd Dart II E | L lino 1 |
| | complete this part for any additional information. | ip listy, i ait li | -77, IIII 6 2, a | IIO F AIT II-D | , III IC 1. |
| AISO | complete this part for any additional information. | | | | |
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OREGON LAW CENTER

Employer identification number 93-1194564

| Par | | | s or Accounts.Complet | e if the |
|--------|---|--|--------------------------------|--------------------|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. (a) Donor advised funds | (b) Funds and other a | accounts |
| | | (a) Donor advised funds | (b) I dilas and other a | |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | ····· | |
| | Aggregate grants from (during year) | | | |
| | Aggregate value at end of year | Lumiting that the genete hold in depar adult | end funds | |
| 5 | Did the organization inform all donors and donor advisors in | | Sed fullus | es 🗆 No |
| _ | are the organization's property, subject to the organization's | | | ,5 L 140 |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | ye | es 🗆 No |
| Par | mpermissible private benefit? t II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990 | | <u> </u> |
| | Purpose(s) of conservation easements held by the organizat | · | | |
| 1 | | | storically important land are | 19 |
| | Preservation of land for public use (e.g., recreation or e | · - | tified historic structure | a |
| | Protection of natural habitat | Preservation of a cer | tilled historic structure | |
| _ | Preservation of open space Complete lines 2a through 2d if the organization held a quali | fied concentation contribution in the form | of a concentation easemen | at on the last |
| 2 | | med conservation contribution in the form | TOT a CONSCIVATION CASCINE | it on the last |
| | day of the tax year. | | Held at the En | d of the Tax Year |
| _ | Tatal asymbox of concentration accompants | | 2a | a or the real roar |
| a | Total number of conservation easements | | 2b | |
| b | Total acreage restricted by conservation easements Number of conservation easements on a certified historic sti | nucture included in (a) | 2c | |
| C | Number of conservation easements included in (c) acquired | | | |
| d | | after 6/17/00, and not on a historic struc | 2d | |
| _ | listed in the National Register Number of conservation easements modified, transferred, re | pleased extinguished or terminated by th | | |
| 3 | _ | eleased, extilliguished, of terminated by the | le organization during the ta | .^ |
| | year ►Number of states where property subject to conservation ea | ecoment is located | | |
| 4 | Does the organization have a written policy regarding the pe | | i e | |
| 5 | violations, and enforcement of the conservation easements | | | es 🗆 No |
| • | Staff and volunteer hours devoted to monitoring, inspecting | | | |
| 6 | Amount of expenses incurred in monitoring, inspecting, and | | | |
| 7 | Does each conservation easement reported on line 2(d) abo | | | |
| 8 | and section 170(h)(4)(B)(ii)? | we satisfy the requirements of section 17 | | es 🔲 No |
| 9 | In Part XIII, describe how the organization reports conservat | tion easements in its revenue and expens | | |
| 9 | include, if applicable, the text of the footnote to the organization | | | |
| | conservation easements. | ation's interioral statements that describe | s the organization s account | ing for |
| Pa | rt III Organizations Maintaining Collections | of Art. Historical Treasures, or C | Other Similar Assets. | |
| | Complete if the organization answered "Yes" to Form | | | |
| 12 | If the organization elected, as permitted under SFAS 116 (A | | ement and balance sheet wo | orks of art |
| Ia | historical treasures, or other similar assets held for public ex | | | |
| | the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements. | | a p. p. a | , |
| h | If the organization elected, as permitted under SFAS 116 (A | | nt and balance sheet works | of art. historical |
| U | treasures, or other similar assets held for public exhibition, | | | |
| | relating to these items: | oddoddori, o'r rodddiorr ar raranolained o'r p | dono dor troo, provide trie to | g umoumo |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ | |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ | |
| • | If the organization received or held works of art, historical tre | easures, or other similar assets for financ | ial gain, provide | |
| 2 | the following amounts required to be reported under SFAS | | .a. gani, provido | |
| _ | Revenues included in Form 990, Part VIII, line 1 | , v o ood, rollating to those holls. | > \$ | |
| a h | Assets included in Form 990, Part X | | \$ | |
| O | ASSETS INCIDUED IN FORM 950, Part A | | Ψ | |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 17,360. | 15,076. | 2,284. |
| d Equipment | | 526,356. | 500,215. | 26,141. |
| e Other | | 531. | 531. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must | equal Form 990, Part X, colur | mn (B), line 10(c)) | • | 28,425. |

Schedule D (Form 990) 2013

| Complete if the organization answered "Yes" to | | | | l of year market well - |
|--|---------------------------|--|---------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuat | cion: Cost or end | l-of-year market value |
| Financial derivatives | | | | |
| Closely-held equity interests Other | | - | | |
| (A) CERTIFICATES OF DEPOSIT | 1,071,636 | . END-OF-YEA | R MARKET | VALUE |
| (B) MONEY MARKET FUNDS | 6,871 | | | |
| (C) | | | | |
| (D) | | *** | | - |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | · | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1,078,507 | • | | |
| art VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" t | | | | £ = £ = = = = = = = = = = = = = = = |
| (a) Description of investment | (b) Book value | (c) Method of Valuat | Clon: Cost or end | i-of-year market value |
| (1) | | - | | |
| (2) | | | | |
| (3) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | <u> </u> | | ······································ |
| (8) | | | | |
| (9) | | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" t | | e 11d See Form 990, Part | X, line 15 | |
| (a) D | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (8) | | - | | |
| (9) | | | · | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | > | |
| Part X Other Liabilities. | | | | |
| • | | | Dort V line 25 | |
| Complete if the organization answered "Yes" t | to Form 990, Part IV, Iir | e 11e or 11f. See Form 990 | , Falt A, line 23 | |
| Complete if the organization answered "Yes" t | to Form 990, Part IV, lin | e 11e or 11f. See Form 990 (b) Book value | , rait A, iiile 23 | <u> </u> |
| Complete if the organization answered "Yes" t | to Form 990, Part IV, IIr | | o, Falt A, line 23. | · |
| Complete if the organization answered "Yes" t | to Form 990, Part IV, Iir | | , rait A, iiile 23 | |
| Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes | to Form 990, Part IV, lir | | , Fait A, iiile 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) | to Form 990, Part IV, lir | | , Fart A, IIIIe 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | to Form 990, Part IV, Iir | | , Part A, Illie 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | to Form 990, Part IV, Iir | | , Part A, Illie 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | to Form 990, Part IV, Iir | | , Part A, Illie 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | to Form 990, Part IV, Iir | | , Part A, Illie 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) | | | , Part A, Illie 23 | |
| Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | 25.) | (b) Book value | | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www us gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection Employer identification number 93-1194564 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. OREGON LAW CENTER General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization 2 Des Part

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| recipient that received fillore trial \$5,000 hait it can be duplicated it addition as space is received | שטיסט רמו | י ספ מחשווכמוכח וו מחשונו | O lai space is lice | 3 | A Mothod of | | |
|--|------------------|----------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LEGAL AID SERVICES OF OREGON 921 S.W. WASHINGTON STREET, SUITE 5 PORTLAND OR 97205 | 93-0635480 | 501(C)(3) | 263,000. | 0 | | | STATEWIDE SYSTEM DELIVERY SUPPORT |
| LANE COUNTY LEGAL AID AND ADVOCACY CENTER - 376 EAST 11TH - EUGENE, OR 97401 | 93-1189114 | 501(C)(3) | 22,000. | .0 | | | STATEWIDE SYSTEM DELIVERY SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | and government o | rganizations listed in th | e line 1 table | | | | 2. |

Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2013)

(Form 990) (2013) OREGON LAW CENTER

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2013)

Part III Grants and Other

| (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of non- | (e) Method of valuation | (f) Description of non-cash assistance |
|--|-----------------------|-----------------------|----------------------|-------------------------------|--|
| | recipients | cash grant | cash assistance | (book, FMV, appraisal, other) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | quired in Part I, lin | e 2, Part III, column | (b), and any other a | dditional information | |
| PART I, LINE 2: EXPLANATION: THE ORGANIZATION MONITORS | TORS THE | USE OF | GRANT FUNDS | THROUGH ITS | |
| E RECIPIENTS PERIODIC | 1 2/1 | STATEM | CASE | CLOSING | |
| STATISTICS AND FORM 990. | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form990

Internal Revenue Service Name of the organization

OREGON LAW CENTER

Inspection **Employer identification number** 93-1194564

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: NEGOTIATION/MEDIATION; REPRESENTATION IN ADMINISTRATIVE PROCEEDINGS; COURT REPRESENTATION; LIMITED APPEALS; LIMITED ADMINISTRATIVE ADVOCACY; OLC PROVIDES FREE COMMUNITY AND LIMITED LEGISLATIVE ADVOCACY. EDUCATION TO LOW-INCOME PEOPLE AND ORGANIZATIONS SERVING LOW-INCOME PEOPLE TO HELP THEM BETTER UNDERSTAND THEIR RIGHTS AND RESPONSIBILITIES UNDER THE LAW AND HELP CLIENTS WITH LEGAL ISSUES. OLC, WORKING IN COORDINATION WITH COMMUNITY PARTNERS, HELPS TO CREATE AND DISTRIBUTE FREE COMMUNITY EDUCATION BOOKLETS IN NEWSPRINT FORM AND IN ELECTRONIC FORMAT ON A WEB SITE. FOR EXAMPLE, THERE ARE SELF-HELP BOOKLETS ON LANDLORD-TENANT LAW, FAMILY LAW, PUBLIC BENEFITS, SOCIAL SECURITY, UNEMPLOYMENT INSURANCE CLAIMS AND WAGE CLAIMS. THE LEGAL CONTENT OF THESE BOOKLETS IS WRITTEN BY OLC ATTORNEYS. THE BOOKLETS ARE DISTRIBUTED WITHOUT CHARGE. OLC EMPLOYEES DO OUTREACH TO LOCATIONS THAT ARE CONVENIENT TO LOW-INCOME CLIENTS (HOMELESS SHELTERS, SOCIAL SERVICE AGENCIES SERVING LOW-INCOME CLIENTS, NURSING HOMES, LABOR CAMPS, SUBSIDIZED HOUSING PROJECTS AND SIMILAR LOCATIONS) AND OFFER FREE APPOINTMENTS TO PROVIDE ADVICE AND BRIEF SERVICE AND CONSIDER ACCEPTING A CASE FOR REPRESENTATION.

OLC, WORKING IN COORDINATION WITH COMMUNITY PARTNERS, WORKS ON OR OPERATES HOTLINES WHERE LOW-INCOME CLIENTS CALL TO RECEIVE ADVICE, BRIEF SERVICE OR REPRESENTATION ON LEGAL ISSUES RELATED TO RECEIVING

PUBLIC BENEFITS, UNEMPLOYMENT INSURANCE, CHILD SUPPORT AND SIMILAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

MATTERS. OLC ATTORNEYS DO REGULAR INTAKE INTERVIEWS WITH APPLICANTS WHO CONTACT AN OLC OFFICE. THE ATTORNEYS OFFER ADVICE, BRIEF SERVICE OR FULL REPRESENTATION IN THESE INTERVIEWS. CLIENTS ACROSS THE STATE CAN REACH OLC OFFICES BY TOLL FREE NUMBERS TO RECEIVE ADVICE, BRIEF SERVICE AND TO SEEK REPRESENTATION. OLC MAINTAINS A PRO BONO PROGRAM WHERE APPLICANTS' CALLS ARE SCREENED AND THEN SENT TO PRIVATE ATTORNEYS WHO PROVIDE SERVICE WITHOUT CHARGE TO THE CLIENT. SOME OF THESE CASES ARE SENT TO PRO BONO CLINICS. OTHER PRO BONO CASES ARE POSTED ON A LIST SERVE WHERE PRIVATE ATTORNEYS CAN PICK UP THE CASE. CASES ARE ACCEPTED, APPLYING PRIORITIES BASED ON ROUTINE ASSESSMENTS OF CLIENT OLC AVOIDS ACCEPTING FEE-GENERATING CASES THAT WOULD BE TAKEN NEEDS. BY PRIVATE ATTORNEYS. IN A FEW CASES THAT END UP IN LITIGATION, OLC RECOVERS ATTORNEY FEES FROM THE ADVERSE PARTY, BUT THESE COMPRISE A SMALL NUMBER OF CASES AND A SMALL PERCENTAGE OF OLC'S INCOME. SALARIES ARE SET BY THE BOARD WITHOUT REFERENCE TO ATTORNEY FEES.

IN THE MOST RECENT TWELVE MONTH PERIOD FOR WHICH STATISTICS ARE

AVAILABLE, OLC CLOSED 4,419 CASES, INCLUDING 126 CASES WHERE THE

REPRESENATION RESULTED IN AN ADMINISTRATIVE AGENCY DECISION AND 101

CASES WHERE THE REPRESENTATION RESULTED IN A COURT DECISION. ABOUT 31%

OF THESE CASES WERE CATEGORIZED AS FAMILY LAW (ALMOST ALL OF WHICH

INVOLVE DOMESTIC VIOLENCE OR CHILD ABUSE), 34% WERE CATEGORIZED AS

HOUSING LAW (INCLUDING LANDLORD/TENANT, SUBSIDIZED HOUSING AND

FORECLOSURE CASES), 13% WERE CATEGORIZED AS EMPLOYMENT LAW (HELPING

CLIENTS WITH CASES THAT ARISE UNDER STATE AND FEDERAL STATUTES RELATED

TO WAGES, DISCHARGE, DISCRIMINATION, SAFETY AND SIMILAR ISSUES), 8%

WERE CATEGORIZED AS INCOME MAINTENANCE (UNEMPLOYMENT INSURANCE,

VETERANS' BENEFITS, SOCIAL SECURITY, AND OTHER PUBLIC BENEFITS), 8%

Name of the organization OREGON LAW CENTER

Employer identification number 93-1194564

WERE CATEGORIZED AS CONSUMER LAW, 3% WERE CATEGORIZED AS ACCESS TO

HEALTH CARE AND 3% WERE CATEGORIZED AS INDIVIDUAL RIGHTS (INCLUDING

MENTAL HEALTH, DISABILITY RIGHTS, CIVIL RIGHTS AND HUMAN TRAFFICKING).

SOME OF THE CASES IMPROVED POLICIES AND/OR PRACTICES TO BENEFIT A LARGE

NUMBER OF LOW-INCOME CLIENTS, AS WELL AS OBTAINING RESULTS FOR THE

INDIVIDUAL CLIENT.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: WHEN THE OLC BOARD RECEIVES THE ANNUAL AUDIT, THE MEMBERS ARE REMINDED THAT THE FINANCIAL INFORMATION FROM THE AUDIT, TOGETHER WITH OTHER INFORMATION, WILL BE USED TO CREATE A DRAFT FROM 990 THAT WILL THEN BE SHARED WITH BOARD MEMBERS. A DRAFT COPY OF THE 990 IS SENT TO ALL BOARD MEMBERS. THEY ARE ENCOURAGED TO CAREFULLY REVIEW THE DRAFT LOOKING FOR ACCURACY AND CONSISTENCY. THEY ARE ENCOURAGED TO ASK QUESTIONS AND MAKE SUGGESTIONS FOR IMPROVEMENT BEFORE THE 990 IS FILED. THE CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRECTOR REVIEW THE DRAFT 990 FOR ACCURACY AND CONSISTENCY. ALL COMMENTS ARE FORWARDED TO THE INDEPENDENT ACCOUNTING FIRM THAT IS RETAINED TO PREPARE THE 990. THE FINAL DRAFT IS SENT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: OLC HAS HAD AND CONTINUES TO HAVE IMMATERIAL TRANSACTIONS WITH RELATED PARTIES, WHICH INCLUDES DIRECTORS OF THE ORGANIZATION. IN ALL OF THESE INSTANCES, OLC HAS FOLLOWED ITS CONFLICT OF INTEREST POLICY. IN ADDITION, AS PART OF OLC'S ANNUAL AUDIT, OLC ASKS MEMBERS AND THE EXECUTIVE DIRECTOR TO FILL OUT A QUESTIONNAIRE THAT HELPS TO IDENTIFY RELATED PARTY TRANSACTIONS.

| Name of the organization OREGON LAW CENTER | Employer identification number 93-1194564 |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15: | |
| EXPLANATION: THE SALARY OF THE EXECUTIVE DIRECTOR IS SET | BY THE BOARD OF |
| DIRECTORS. THIS ACTION IS NOTED IN THE MINUTES. THE EXP | CUTIVE COMMITTEE |
| OF THE BOARD REVIEWS COMPARABLE SALARY INFORMATION TO MAKE | E A RECOMMENDATION |
| TO THE BOARD. AN OFFICER OF THE BOARD SENDS WRITTEN DIRE | ECTIONS TO THE |
| CHIEF FINANCIAL OFFICER WHEN THE EXECUTIVE DIRECTOR'S SAI | ARY IS CHANGED BY |
| THE BOARD. | |
| | |
| THE COMPENSATION OF OTHER KEY EMPLOYEES IS SET BY THE EXP | ECUTIVE DIRECTOR |
| BASED ON COMPARABLE SALARY INFORMATION. THE EXECUTIVE CO | MMITTEE OF THE |
| BOARD REVIEWS AND APPROVES THESE SALARIES AND RECORDS THE | S ACTIVITY IN THE |
| COMMITTEE'S MINUTES. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| EXPLANATION: OLC MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | UPON REQUEST. IN |
| ADDITION, THE OLC'S FORM 990S ARE AVAILABLE ON THE GUIDES | STAR WEBSITE. |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www us gov/form990.

Employer identification number 93-1194564 Direct controlling entity End-of-year assets <u>e</u> Total income Ð Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity OREGON LAW CENTER Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

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

| , | | | | | | | |
|---|---------------------------|--------------------------|-------------|--------------------|--------------------|-------------|-------------|
| (a) | (q) | (၁) | (g) | (e) | £ | (6) College | 0hV13) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | controlled | led (c) (c) |
| of related organization | | foreign country) | section | status (if section | entity | entity? | 7 |
| | | • | | 501(c)(3)) | | Yes | No |
| LEGAL AID SERVICES OF OREGON - 93-0635480 | | | | | | | |
| 921 S.W. WASHINGTON ST. #570 | PROVIDE LEGAL ASSISTANCE | | | | | | |
| PORTLAND, OR 97205 | TO LOW-INCOME INDIVIDUALS | OREGON | 501(C)(3) | 7 | N/A | | × |
| | | | | | | | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

34

93-1194564

Schedule R (Form 990) 2013 OREGON LAW CENTER

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

Schedule R (Form 990) 2013 General or Percentage managing ownership partner? (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ϵ <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € <u>e</u> Legal domicile (state or foreign country) 35 Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 09-12-13 Part IV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Yes No |
|---|----------------------------|-----------------------------|--|----------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | ns with one or more r | elated organızations lısted | ın Parts II-IV? | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a X |
| b Gift, grant, or capital contribution to related organization(s) | | | | tb X |
| c Gift, grant, or capital contribution from related organization(s) | | | | t X |
| d Loans or loan guarantees to or for related organization(s) | | | | Td X |
| e Loans or loan guarantees by related organization(s) | | | | 1e |
| | | | | |
| f Dividends from related organization(s) | | | | ¥ |
| g Sale of assets to related organization(s) | | | | 1g X |
| h Purchase of assets from related organization(s) | | | | th X |
| i Exchange of assets with related organization(s) | | | | Н |
| J. Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | * |
| I Performance of services or membership or fundraising solicitations for related organization(s) | Janization(s) | | | = |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | - |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | | | t X |
| o Sharing of paid employees with related organization(s) | | | | to X |
| n Reimhirsement naid to related organization(s) for expenses | | | | <u>t</u> |
| | | | | ┿ |
| | | | | + |
| r Other transfer of cash or property to related organization(s) | | | | ± × |
| s Other transfer of cash or property from related organization(s) | ; | | | 1s X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | who must complete t | his line, including covered | relationships and transaction thresholds | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved |
| (1) | | | | |
| (3) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| ğ | | | | |
| 10) | 36 | | aliboracy | Schodule B (Form 990) 2013 |
| 51-21-50 501250 |)) | | מבונים ו | |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

| (a) (formary name, address, and EIN (and Frimary of entity | | | | | |
|---|---------|------|--|--|--|
| (b) Primary activity | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | |
| (d) Avail Predominant income pagnessec (related, unrelated, orgs) excluded from tax under section 512-514) yes No | | | | | |
| (f) ssec State of total stylight total | | | | | |
| (g) Share of end-of-year assets | | | | | |
| Disproportionale allocations? | | | | | |
| (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) | | | | | |
| General or managing partner? | | | | | |
| (K) Percentage ownership | <u></u> | | | | |

| Schedule F | (Form 990) 2013 UREGON LAW CENTER | 93-1194504 | <u> Page 5</u> |
|------------|---|---------------------------------------|----------------|
| Part VII | Supplemental Information | - | |
| | Provide additional information for responses to questions on Schedule R (see instructions). | | |
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Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

instructions.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | | ·X | | |
|--------------------------------|---|--------------|---------------------------------------|---------------|-----------------------|----------------|--|--|
| - | are filing for an Additional (Not Automatic) 3-Month Ex | | | | | | | |
| | omplete Part II unless you have already been granted a | | | | | | | |
| | ic filing (e-file). You can electronically file Form 8868 if y | | | | | | | |
| | to file Form 990-T), or an additional (not automatic) 3-mo | | | | | | | |
| | ofile any of the forms listed in Part I or Part II with the exc | | | | | | | |
| Personal | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions). For more details | on the elec | tronic filing of this | form, | | |
| visit www | v.irs gov/efile and click on e-file for Charities & Nonprofits | | | | | | | |
| Part I | Automatic 3-Month Extension of Time | Only s | submit original (no copies ne | eded). | | | | |
| A corpor | ation required to file Form 990-T and requesting an autor | natic 6-mo | onth extension - check this box and | complete | | | | |
| Part I on | ly | | | | | . [| | |
| | corporations (including 1120-C filers), partnerships, REM | ICs, and t | rusts must use Form 7004 to reques | st an exten | sion of tıme | | | |
| to file inc | ome tax returns. | | | | r's identifying nur | | | |
| Type or | Name of exempt organization or other filer, see instru | ctions. | | Employer | identification num | oer (EIN) or | | |
| print | ODEGON LAW GENER | | | | 93-119456 | : A | | |
| File by the | OREGON LAW CENTER | oo inatria | tions | Social as | | | | |
| due date for filing your | iling your 522 S.W. FIFTH AVENUE, NO. 812 | | | | | | | |
| return See | eturn See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions | | | | | | | |
| PORTLAND, OR 97205 | | | | | | | | |
| | TORIDARD, OR 57205 | | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 | | |
| Application Return Application | | | | | | | | |
| ls For | | | | | | | | |
| | O or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 99 | | 02 | Form 1041-A | | | 08 | | |
| | 20 (ındıvıdual) | 03 | Form 4720 (other than individual) | | | 09 | | |
| Form 99 | | 04 | Form 5227 | | | 10 | | |
| - | O-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| | O-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| | SHAWN TRZPUC | | | | | _ - | | |
| • The b | ooks are in the care of > 921 S.W. WASHI | NGTON | ST., SUITE 516 - | PORTL | AND, OR 97 | 7205 | | |
| | hone No. ► (503) 295-2760 | | Fax No. ▶ | | • | | | |
| - | organization does not have an office or place of business | s in the Ur | nited States, check this box | | | | | |
| | is for a Group Return, enter the organization's four digit | | | f this is foi | the whole group, o | heck this | | |
| box 🕨 | | | | | | | | |
| | equest an automatic 3-month (6 months for a corporation | | | | | | | |
| | | | tion return for the organization name | | The extension | | | |
| is 1 | for the organization's return for: | • | • | | | | | |
| • | X calendar year 2013 or | | | | | | | |
| > | tax year beginning | , an | d ending | | • | | | |
| | | | | | _ | | | |
| 2 ft | he tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return | Final retur | n | | | |
| 3a If t | his application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069 | enter the tentative tax less any | | | | | |
| | nrefundable credits. See instructions. | , 51 5003, I | onto the tentative tax, less ally | 20 | • | Λ | | |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | enter an | v refundable credits and | 3a | \$ | 0. | | |
| | timated tax payments made. Include any prior year overp | | | 3ь | \$ | Λ | | |
| _ | lance due. Subtract line 3b from line 3a. Include your pa | | | JU | Ψ | 0. | | |
| | using EFTPS (Electronic Federal Tax Payment System) | • | • • | 3с | \$ | 0. | | |
| | If you are going to make an electronic funds withdrawal | | | | | | | |