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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)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

	roi tile	2014 Calerida year, or tax year beginning 0011 1, 2014 and	enung	<u>0014 30, 2013</u>	· · · · · · · · · · · · · · · · · · ·		
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Address change	ASSOCIATED OREGON LOGGERS, INC.					
	Name change	Doing business as		93-0	577235		
	Initial return		umber and street (or P.O. box if mail is not delivered to street address)  Room/suite				
	Final return/	PO BOX 12339		503-	364-1330		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4 054 404		
	Amende			H(a) is this a group r			
F	Application	· · · · · · · · · · · · · · · · · · ·		for subordinates			
_	pending PO BOX 12339, SALEM, OR 97309 H(b) Are all subordinates in						
	Tay ayar	npt status	or 52	<b>⊣</b> ''	nctuded? Yes No		
		: ► WWW.OREGONLOGGERS.ORG	JI [ J2	H(c) Group exemption			
		rganization: X Corporation	I Vos	<del></del>	M State of legal domicile: OR		
		Summary	L Tea	r or tormation. 1909	VI State of legal dollniche, OR		
			TDE C	TO 2 DEDITION	DDODE EO		
8	1	riefly describe the organization's mission or most significant activities. PROV		EKVICES & SU	PPORT TO		
ğ	_	TS MEMBERS IN THE OREGON LOGGING INDUST					
د الای verna	_ ·	check this box   if the organization discontinued its operations or dispose	sed of mo	1	1		
ું ઠૂ		lumber of voting members of the governing body (Part VI, line 1a)		3	18		
ે. જ		lumber of independent voting members of the governing body (Part VI, line 1b)		4	18		
Activities & Governance	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	17		
ctiviti	6 T	otal number of volunteers (estimate if necessary)		6	0		
. j		otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.		
J	ЬΝ	let unrelated business taxable income from Form 990 T, line 34		0.			
Revenue /		RECEIVED	_	Prior Year	Current Year		
20	8 0	Contributions and grants (Part VIII, line (1))	L	0.	0.		
₹Z.	9 F	Program ခြေvice(revenue (၉aက္မပ္သူ) line ဖို့၍		<u>495,873.</u>	507,872.		
<b>€</b> €	10 1	nvestment Income (Part VIII, column (A) Innes 3, 4, and 7d)	_	35,339.	72,584.		
<u> </u>	11 0	Other revenue (Rart VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		607,160.	280,565.		
		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,138,372.	861,021.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,000.	17,700.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
<sub>(C)</sub>	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		302,894.	320,653.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
De.	, ou	otal fundraising expenses (Part IX, column (D), line 25)	0.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	258,979.	301,927.		
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		576,873.			
		Revenue less expenses Subtract line 18 from line 12		561,499.	220,741.		
<u> </u>	3	Novemberless expenses Subtract line to normality		Beginning of Current Year	End of Year		
Net Assets or		Tatal assets (Part V. June 16)		5,648,034.	5,886,230.		
SSE	20 ]	Total assets (Part X, line 16)	<u> </u>	482,362.			
let /	21 7	otal liabilities (Part X, line 26)	<b>⊢</b>	5,165,672.	5,386,413.		
	<u>22 ≀</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		3,103,072.	3,300,413.		
		ties of perjury, I declare that I have examined this return, including accompanying schedule	o and atata	monto and to the heat of n	av knowledge and belief it is		
		· · · · · •			ly knowledge and belief, it is		
true	e, correct	, and complete declaration of preparer (other than officer) is based on all information of wi	nich prepar		0.416		
Signature of officer  Date							
Sig		· · · / /		Date			
He	Here JIM GEISINGER, EXECUTIVE DIRECTOR						
		Type or print name and title		Data Tasa T	DTIN		
		Print/Type preparer's name Processes's signature		Date Check [	PTIN		
Pai	1	JOHN COX ( PAN A		10/27/15 self-emplo			
		Firm's name BOLDT CARLISLE & SMITH		Firm's EIN	93-0570615		
Us	e Only	Firm's address 1255 LEE STREET SE, SUITE 210					
_		SALEM, OR 97302		Phone no. 5 C	<u> </u>		
Ma	av the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

	rt III Statement of Program Service Accomplishments	1235	Page Z
Fai	<del></del>		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO PROVIDE SERVICES AND SUPPORT TO ITS MEMBERS IN THE OREGON L		3
	INDUSTRY INCLUDING GOVERNMENTAL AFFAIRS, TECHNICAL ASSISTANCE,	PUBL:	[C
	RELATIONS, COMMUNICATIONS AND GROUP INSURANCE BENEFITS		_
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	□vec	X No
	If "Yes," describe these new services on Schedule O.		A NO
_			₹
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program 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 e	xpenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ including grants of \$) (Revenue \$		
	PROVIDE SERVICES AND SUPPORT TO ITS MEMBERS IN THE OREGON LOGG	TNG	
			TC
		PUBL	110
	RELATIONS, COMMUNICATIONS AND GROUP INSURANCE BENEFITS		
4b	(Code) (Expenses \$		)
4c	(Code) (Expenses \$		
70	(Code / ) (Expenses 5 including grants of 9 / (Nevende 5		
			<del></del>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶		
		Form 99	(2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•	v	
	public office? If "Yes," complete Schedule C, Part I	3	<u>X</u>	<del></del>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		<u> </u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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 IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110	-	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a		14a	-	X
þ	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	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(061 ::
		Form	33U	(2014)

			Tes_	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			1
	Schedule J	23	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			
	Schedule K If "No", go to line 25a	24a		X
	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		
~~	Schedule L, Part I	25b		
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 "Yes,"	26		х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	i 1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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		X
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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?			}
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		₹.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	Ь

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ye<u>s</u> No 20 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 17 filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O **3b** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required С 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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			$\mathbf{X}$
Sec	tion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	Officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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	İ	Х
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:			
	The governing body?	8a	Х	
	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		Х
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		X
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	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		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		:	
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	THE ASSOCIATION - 503-364-1330			
	P.O. BOX 12339, SALEM, OR, SALEM, OR 97309			

Inrm	$\alpha \alpha \alpha$	(2014)	

### ASSOCIATED OREGON LOGGERS, INC.

93-0577235

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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
- 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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Posi heck ss per d a d	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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) BRAD HAGA	5.00									
PAST PRESIDENT	F 00	X				-	<del> </del>	0.	0.	0.
(2) MARK TURNER	5.00	3,7			ļ		ļ	0.	0.	0
PRESIDENT	F 00	X		_	_	<del> </del>	⊢		0.	0.
(3) JAIME YRAGUEN	5.00	٠,,							_	_
INTERNAL VICE PRESIDENT	<u> </u>	X	_		<u> </u>	-	-	0.	0.	0.
(4) GREG SCHMITZ	5.00		ŀ							_
EXTERNAL VICE PRESIDENT		X	_		<u> </u>		├—	0.	0.	0.
(5) JIM GAHLSDORF	5.00	<b> </b>							_	
BYLAWS CHAIR	1 00	X			<u> </u>		-	0.	0.	0.
(6) GEORGE HAGEDORN	1.00	١					1		_	_
EASTERN DISTRICT REPRESENT	1 00	X.	-			├	<del>                                     </del>	0.	0.	0.
(7) ROD SURCAMP	1.00	┨				}			_	
MID VALLEY DISTRICT REPRES	1 00	X	_	_	┝	├		0.	0.	0.
(8) LEE MILLER	1.00	┨							_	
OPL - CHAIR	1 00	X				⊬		0.	0.	0.
(9) RICK GIBBONS	1.00	١	ĺ		ĺ	ĺ			_	
COMMITTEE CHAIR	1 00	X	<u> </u>		_	├		0.	0.	0.
(10) DUANE GRANT	1.00	<b>↓</b>				ļ				
COMMITTEE CHAIR	1 22	X				ļ	<del> </del>	0.	0.	0.
(11) CATHY PHILLIPS	1.00							•		
INSURANCE CHAIR	1 00	X	<u> </u>	_		├		0.	0.	0.
(12) MARK GUSTAFSON	1.00									
DISTRICT REP	1 00	X		_				0.	0.	0.
(13) LARRY KIRKPATRICK	1.00									
TRAINING CHAIR	1 00	X			-	├	<u> </u>	0.	0.	0.
(14) JEAN ZUBER	1.00						i		_	
LAL CHAIR	1 00	X	<del> </del> —	$\vdash$		├	<del> </del>	0.	0.	0.
(15) DOUG SCHLATTER	1.00	<b> </b>				1			_	
DISTRICT REP	1 00	X		├—	-	<del> </del>	-	0.	0.	0.
(16) KC VAN NATTA	1.00	<b> </b>	]					_	_	_
P/R & COMMUNICATIONS CHAIR	F 00	X	_			-	-	0.	0.	0.
(17) RICK KRIEGE	5.00	<b> </b>		ļ				_	^	_
SECRETARY/TREASURER	L	X		<u> </u>	<u> </u>	Щ	Ь	0.	0.	0.

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated E	mploye	es (continued	)			
(A) Name and title		(B) Average hours per week	ge (C) Position (do not check more than one box, unless person is both an					one h an	<b>(D)</b> Reportable		(E) Reportable compensation from related		on amount of		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	the organizati (W-2/1099-N		organizat (W-2/1099-		fro orga and	oensa om th anızat I relat nızatı	e tion ted
(18)	TOM DOBER	1.00	트	<u> </u>	5	32	主事	윤						_	
	ICES REPRESENTATIVE		x							0.		0.			0.
(19)	JIM GEISINGER	40.00	-							005	4.5	205	٠.		
EXECUTIVE DIRECTOR					X	X	-		57,	285.	147,	305.	4	1,7	61.
		·						-							
															_
						_	<u> </u>	<u> </u>	<u> </u>				ļ		
			l												
			-	-		_									
			1												
			<u> </u>			_					<u> </u>				
						ļ									
	Sub-total	l		L	l	<u> </u>	<u> </u>		57	285.	147	305.	Δ,	7 7	61.
	Total from continuation sheets to Part V	II. Section A							37,	0.	+=//	0.		<u>' , '</u>	0.
	Total (add lines 1b and 1c)	,		_					57,	285.	147,	305.	4	7,7	61.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wl	no re	eceived more th	an \$100	0,000 of repor	table			
	compensation from the organization								<del></del>					Yes	<u> </u>
_	Dud the community on het only form an officer	director or to	.oto	a l.a				0.5	highest compor	acatad a	mplayee en		-	res	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s		JSte	θ, κε	y er	пріс	ууее	, or i	nighest comper	isated e	inployee on		3		x
4	For any individual listed on line 1a, is the su		le co	omp	ensa	ation	ano	d oth	her compensati	on from	the organizati	on	J		
	and related organizations greater than \$15										•		4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	elat	ted organization	or indiv	idual for servi	ces			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son			÷			5		X
<u>Sec</u>	tion B. Independent Contractors  Complete this table for your five highest co	mneneated in	dene		nt c	onti	racto	are t	that received me	ore than	\$100,000 of a	compans	ation fi	om.	
'	the organization Report compensation for											Jonipona	allon	0111	
	(A)								_	(B)			(C		
	Name and business	address	N(	INC	E				Descrip	tion of s	services		omper	nsatio	<u>n</u>
								l							
		<del></del> -						$\dashv$	<del></del>						
								- 1							-
			_										-		
			_					_							
		<del> </del>						$\dashv$		<u> </u>	<del></del> -		_		
2	Total number of independent contractors (	including but n	ot li	mite	d to	tho	se li	sted	above) who re	ceived n	nore than				
	\$100,000 of compensation from the organi	zation 🕨				(	0			<del> ••</del> ··					

93-0577235 Page 9 Form 990 (2014) ASSOCIATED OREGON LOGGERS, INC. 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) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 900099 507,872. 507,872. 2 a MEMBERSHIP DUES Program Service Revenue f All other program service revenue 507,872 g Total. Add lines 2a-2f Investment income (including dividends, interest, and <u>54,4</u>00. 54,400. other similar amounts) Income from investment of tax-exempt bond proceeds 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 <u>531,354</u>. assets other than inventory b Less cost or other basis 513,170. and sales expenses 18,184. c Gain or (loss) 18,184. 18,184. 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 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses 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 285,962. 285,962. 525990 11 a SUB - EQUITY METHOD 22,088. 900099 22,088. **b MISCELLANEOUS** 

<27,485.

280,565.

548,144

861,021

525990

c UNREALIZED GAINS ON IN

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

<27,485.>

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ompiete column (A).	X
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	17,700.			
3	Grants and other assistance to foreign	•	<u>-</u>		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				•
5	Compensation of current officers, directors,	-	<u> </u>		-
	trustees, and key employees	57,285.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	150,883.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	95,459.			
10	Payroll taxes	17,026.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	110.			
С	Accounting	4,368.			
d	, 3	23,870.			
е	Professional fundraising services. See Part IV, line 17		·		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion		<del></del>		
13	Office expenses				
14	Information technology				
15	Royalties			· <del>  · · · · · ·   · · · · ·  </del>	
16	Occupancy	27,184.			· · · · · · · · · · · · · · · · · · ·
17	Travel	27,104.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		- · · · · · · · · · · · · · · · · · · ·		
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	PUBLIC RELATIONS	59,641.			
b	STATE MEETINGS EXPENSE	36,356.			
С	DUES, FEES, SUB. & LICE	22,979.			
d	MEMBERSHIP SERVICES	19,014.			
е	All other expenses SEE SCH O	108,405.	<del> </del>		
25	Total functional expenses Add lines 1 through 24e	640,280.			
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)			1	

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash · non-interest-bearing 273,817. 329,938. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 67,272. 68,786. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 972. 0. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 1,316,255.1,261,826. Investments · publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 3,989,718. 4,225,680. 15 Other assets See Part IV, line 11 15 5,886,230. 5,648,034 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 124,072. 119,920. Accounts payable and accrued expenses 17 17 18 18 Grants pavable 309,723. 311,594 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 66,022. 50,848. 25 Schedule D 482,362. 499,817. Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,165,672. 5,386,413. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 5,386,413. 5,165,672 33 Total net assets or fund balances 33 5,648,034. 5,886,230. Total liabilities and net assets/fund balances

	990 (2014) ASSOCIATED OREGON LOGGERS, INC.	<u>93-05</u> '	<u> 77235</u>	Pag	<sub>le</sub> 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	861		
2	Total expenses (must equal Part IX, column (A), line 25)	2		),2	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>5,165</u>	5,6	<u>72.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<del></del>		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,386	5,4:	<u>13.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		:	
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			
	separate basis, consolidated basis, or both.				
	Separate basis X Consolidated basis			[	
b	Were the organization's financial statements audited by an independent accountant?		2b	į	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 Audıt		j	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	2014)

# 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.

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

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organi	zations: Complete Part III			
	ne of organization			Emple	oyer identification number
	ASSOCI	ATED OREGON LOGGER	RS, INC.		93-0577235
Pa	rt I-A Complete if the c	organization is exempt unde	er section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the orga Political expenditures Volunteer hours	inization's direct and indirect politica	al campaign activities in		30,926.
Pa	rt I-B Complete if the c	organization is exempt unde	er section <u>5</u> 01(c)(3	).	
1	Enter the amount of any excise t	ax incurred by the organization unde	er section 4955	▶\$	
2	Enter the amount of any excise t	ax incurred by organization manage	rs under section 4955	▶\$	
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a correction made?				L Yes No
	If "Yes," describe in Part IV.			504/	-\(0\)
	<del></del>	organization is exempt unde	<del></del>		
	•	ded by the filing organization for sec	•		
2	• •	ganization's funds contributed to oth	er organizations for sec		
	exempt function activities			▶\$	
3		res Add lines 1 and 2 Enter here ar	nd on Form 1120-POL,	<b>.</b> .	
	line 17b			▶\$	
	Did the filing organization file For	· · · · · · · · · · · · · · · · · · ·			Yes No
5	made payments. For each organ contributions received that were	l employer identification number (EIN nization listed, enter the amount paid promptly and directly delivered to a If additional space is needed, provi	from the filing organiza separate political organ	tion's funds Also enter th	e 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-
		P.O. BOX 12339			
<u>OR</u>	LOGGERS PAC	SALEM, OR 97309	93-0848575	0.	30,926.
	·				

Schedule C (Form 990 or 990 EZ) 2014					05/7235 Page 2
Part II-A Complete if the org section 501(h)).	anization is exe	mpt under sectio	on 501(c)(3) and the	ea Form 5768 (	election under
			D + N/ f - #/ - + 1		
-	=	- · ·	n Part IV each affiliated (	group member's nar	ne, address, EIN,
. —	e of excess lobbying	•			
3 Check ► if the filing organizat	ion checked box A a	nd "limited control" pr	ovisions apply	(-) Edua -	(In) Affiliate of account
Limit	s on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amoi	unts paid or incurred	.)	totals	101010
1a Total lobbying expenditures to influ	ionae aublie enines i	(grana raata labbuma)			
b Total lobbying expenditures to influ	· · · · · · · · · · · · · · · · · · ·		-		-
c Total lobbying expenditures (add li		dy (direct lobbying)	-		
d Other exempt purpose expenditure	•		-		
e Total exempt purpose expenditure		-1\	İ	· · · · · · · · · · · · · · · · · ·	
f Lobbying nontaxable amount Ente	•	•	th columns		
If the amount on line 1e, column (a) o		bying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the ex			+
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		00 plus 5% of the exc			
Over \$17,000,000	\$1,000,		<u> </u>		
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zero					
i Subtract line 1f from line 1c If zero	·		Ī		
j If there is an amount other than zer	,	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Unde	r section 501(h)		
(Some organizations the			t have to complete all o	f the five columns	below.
	See the separ	ate instructions for I	ines 2a through 2f.)		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		- <sub>1</sub>
Calendar year					4
(or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
					<del></del>
2a Lobbying nontaxable amount		<del></del>			
b Lobbying ceiling amount					
(150% of line 2a, column(e))			·		<del> </del>
- Total labburas ava andduras					
c Total lobbying expenditures		<del> </del>	<del></del>	<del>~</del>	<del> </del>
d Grassroots nontaxable amount					
e Grassroots ceiling amount					<del> </del>
(150% of line 2d, column (e))					
(					<del></del>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014 ASSOCIATED OREGON LOGGERS Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description (a) of the lobbying activity Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e 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? j 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)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes." enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Х Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? X 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 507,872. Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 30,926. 2a a Current year b Carryover from last year 2b 30,926. 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 30,926. Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1. Also, complete this part for any additional information

PART I-A, LINE 1:

DIRECT CONTRIBUTIONS ARE MADE TO LOBBYING GROUPS. INDIRECT COSTS

RELATING TO DUES AND TRAVEL ARE INCURRED AS WELL AS AN ALLOCATION OF

EMPLOYEE HOURS SPENT ON POLITICAL ACTIVITIES.

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name	of the organization ASSOCIATED OREGON	LOGGERS INC	Emp	oloyer identificatio 93-05772	
Par		ed Funds or Other Similar Funds o	r Accou	ints. Complete if the	18
. 41	organization answered "Yes" to Form 990, Part IV, line				
	organization answered 100 to 10111 000, 1 art 14, init	(a) Donor advised funds	(b) Fun	ds and other accou	ınts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
-	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds		
	are the organization's property, subject to the organization's		idilds	Yes	□ No
	Did the organization inform all grantees, donors, and donor a		ed only	163	140
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	or donor advisor, or for any other purpose co	illening	Yes	☐ No
Par		ganization answered "Yes" to Form 990. Part	IV. line 7.		
1	Purpose(s) of conservation easements held by the organization			<del></del>	
•	Preservation of land for public use (e.g., recreation or e		ally impoi	tant land area	
	Protection of natural habitat	Preservation of a certifie	•		
	Preservation of open space	r rooorvalion of a solution	u ///c/c///c	51, 2512. · ·	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conserv	ation easement on t	the last
2	day of the tax year	mod conservation continuation in the form of	a 00//00//		
	day of the tax year			Held at the End of th	e Tax Year
9	Total number of conservation easements		2a		
h	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
	Number of conservation easements included in (c) acquired				
u	listed in the National Register		2d		-
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganizatioi	n during the tax	
•	year >	,	J	J	
4	Number of states where property subject to conservation ea	asement is located			
5	Does the organization have a written policy regarding the pe				
•	violations, and enforcement of the conservation easements			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ng the yea	ır 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above				_
-	and section 170(h)(4)(B)(ii)?	•		Yes	☐ No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense st	atement,	and balance sheet,	and
	include, if applicable, the text of the footnote to the organiza				
	conservation easements				
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	er Simil	ar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and bal	ance sheet works o	f art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public	service, provide, ir	Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ai	nd balance	e sheet works of art	, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service,	provide the followin	g amounts
	relating to these items				
	(i) Revenue included in Form 990, Part VIII, line 1			\$	
	(II) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o			

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

Part II  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)			red oregon			INC.	<u> </u>		<u>93-05</u>			<u> 1e 2</u>
Check all that apply    a												
a	3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that a	are a sig	ınıfıcantı	use of its	collection	items	
b Scholarly research e		`—										
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization of the organization of the organization of the organization's collection?  Part IV   Exercise and Custodial Arrangements. Organization's collection?  Is a list the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII. It is a list the organization and in the organization or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table  C Beginning balance C Beginning balance C Beginning balance D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year D Botthoutions during the year of D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthoutions during the year balance D Botthout	а		C			hange program	าร					
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21  1b   If 'Yes,' explain the arrangement in Part XIII and complete the following table  1c   Amount   1c   Amount   1d   Id   Id   Id   Id   Id   Id   Id	b	· ·	•	• [] (	Other							
5 Dung the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.  Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.  Is the organization or spart, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.  Is the organization or spart, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. for escrow or custodial account liability:    Description of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?   Part V	C								_			
to be sold to rase funds rather than to be maintained as part of the organization's collection?	-								ose in Pari	XIII.		
Earl IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves		-					sımılar	assets	_	٦		
reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  d Additions during the year  f Ending balance  2b Detributions during the year  f Ending balance  2b Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tability?  Yes No  1f "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 980, Part IV, line 10.  1a Beginning of year balance  b Contributions  1 Administrative expenses  d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment   %  Permanent endowment P  %  Permanent endowment Imds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (iii) Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (iii) Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (iii) Book value  basis (other)  Description of property (iii) Book value  basis (other)									<u> </u>			No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par		-	ete if the	organizatio	on answered "Y	es" to F	orm 990	, Part IV, I	ine 9, or		
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b It It It It It It It It It It It It It		<u> </u>					ata nat u	2011424				
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes, "explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Beginning of year balance	1a	_	an or other intermed	diary for t	contribution	is or other asse	es not i	nciuaea		7 v		NI.
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10.  1a Beginning of year balance C Active the complete in the organization answered in Part XIII Check here if the explanation has been provided in Part XIII Check here if the explanation has been provided in Part XIII Check here if the organization answered "Yes" to Form 990, Part X, line 10.  1a Beginning of year balance C Active the complete in the organization and programs c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs d Administrative expenses g End of year balance Pervise the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment   % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds b Buildings b If "Yes" to 3a(ii), are the related organization answered "Yes" to Form 990, Part X, line 10  Describe of the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describe of the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describe of the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describe of the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describe of the organizat				daaa +	abla					_ tes	ш	NO
d Additions during the year  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the explanation has been provided in Part XIII	b	If "Yes," explain the arrangement in Part XIII a	and complete the ic	niowing t	able					Amount		
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  Grants or scholarships  C Net investment earnings, gains, and losses  d Grants or scholarships  C Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment   S Permanent endowment   S Permanent endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iv) unrelated organizations stated as required on Schedule R?  A Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment) basis (other)  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  Description of property  (b) Buildings  c Leasehold improvements  d Equipment  G Equipment  Other		Danisa kalana						1		Amount		—
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b) Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment    **S** **D** **Permanent endowment** **D** **Permanent endowment** **D** **D** **Permanent endowment** **D** **D** **D** **D** **Permanent endowment** **D** **O** **Important funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related org									·			
Tending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years								t		<del></del>	-	
Date the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes	_							-				
By If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII		——————————————————————————————————————	orm 990 Part X line	21 for e	escrow or c	ustodial accour	nt liabilit			Yes		No
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Contributions								., .				
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other								).				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment \( \)	<u> </u>					T			ears back	(e) Four	years b	ack
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g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶	f	• •										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶%  b Permanent endowment ▶%  c Temporarily restricted endowment ▶%  The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment  d Equipment e Other	g	End of year balance										
b Permanent endowment		Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (a	a)) held as						
Temporarily restricted endowment	а	Board designated or quasi-endowment		%								
The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	b	Permanent endowment	%									
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Second Part VI   Land, Buildings, and Equipment.   Second Property   Second Proper												
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other (b) Cost or other depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administere	ed for th	e organi	zation	_		
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds    Part VI   Land, Buildings, and Equipment.		by								<u>'</u>	Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other		(i) unrelated organizations										
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other		, ,										
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	b	••								_3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				owment :	funds							
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	Pa							40				
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other									. —			—
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	N-7			1			I	( <b>d</b> ) Book	value	
b Buildings c Leasehold improvements d Equipment e Other			oasis (invest	ment)	Dasis	(Otrier)	uep		<u>'</u>			
c Leasehold improvements d Equipment e Other												
d Equipment e Other	b	· ·										
e Other	_	·	<del></del>									—
		<del> </del>	gual Form 990 Par	t X. colur	nn (R) line	10c)						0.

	(Form 990) 2014	ASSOCIATED	OREGON	LOGGER	S, INC.	9	3-0577235	Page 3
Part VII		Other Securities.						
		anization answered "Yes"						
		OFY (including name of security)	(b) Boo	k value	(c) Method of v	aluation. Cost or e	nd-of-year market v	alue
(1) Financia							··	
•	held equity interests		ļ					
(3) Other		<u></u>	ļ					
(A)			ļ					
(B)								
(C)		<del></del>					<del></del>	
(D)		<del></del>	}				<del></del>	
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(F)								
(G)								
(H)	) must squal Form 000	Part V and (P) line 12 )			<del></del>			
		, Part X, col. (B) line 12.) ► Program Related.	<u> </u>		L			
1 411 4111		anization answere <u>d "</u> Yes"	to Form 000	Dort IV Inc.	11a Saa Farm 000 (	Port V. lino 12		
	(a) Description of			k value			end-of-year market v	alue
(1)	(a) becomplied of		(2) 233		(6) 1110 1110 111			
(2)			<del> </del>				····	
(3)			<del> </del>					
(4)		<del></del>	<del> </del>					
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(6)			·					
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(8)		·· ·						
(9)			1		· · ·	· · · · · · · · · · · · · · · · · · ·	1-7-1	
	) must equal Form 990	, Part X, col. (B) line 13.)				···		
Part IX	Other Assets.							
	Complete if the orga	anization answered "Yes"	to Form 990	Part IV, line	11d See Form 990, I	Part X, line 15		
		(a)	Description				(b) Book va	
(1) IN	VESTMENT I	N SUBSIDIARY					4,225	<u>,680.</u>
(2)								
(3)	<del></del>			··				
(4)					<del></del>	<del> </del>		
(5)								
(6)								
(7)	<u></u> .					· · · · · · · · · · · · · · · · · · ·		····
(8)								
(9)							4 005	
		orm 990, Part X, col (B) lin	ie 15)				<u>4,225</u>	.680.
Part X	Other Liabilitie			<b>5</b>	44 446 0	- 000 D-4 V L 0	~-	
		anization answered "Yes' escription of liability	to Form 990		(b) Book value	1 990, Part X, line 2	25	
1.		SCHOOL OF HADRICY			(b) Book value	}		
	eral income taxes				64,717.			
	E TO SUBSI				1,305.			
	COME TAX P	ROVIBION		<del></del>	1,303.	1		
<u>(4)</u> (5)	<del></del>			<del></del>				
(6)		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·				1		
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(9)						ĺ		
	mn (b) must equal Fo	orm 990, Part X, col (B) lir	ne 25 )		66,022.	1		
		sitions. In Part XIII, provid		he footnote to		inancial statement	ts that reports the	
•	•	certain tax positions unde						XIII 🔲

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 ASSOCIATED OREGON LOGGERS,	INC	93-0577235 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII)	2d	<del>_</del>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII )	_4b	<del>- </del> .
_	Add lines 4a and 4b		4c
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  TXII Reconciliation of Expenses per Audited Financial Statem	onte With Evnonege n	or Poturn
га	<del></del>	ients with Expenses b	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	0-	
a	Donated services and use of facilities	2a	
b,	Prior year adjustments	2b	<del>- </del>
C	Other losses Other (Describe in Part XIII )	2c 2d	<del> </del>
d	Add lines 2a through 2d		
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	<b>-</b>
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

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

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

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<ul><li>Attach to Form 990.</li></ul>	
▶ Attach to Form	
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Inspection

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

Schedule I (Form 990) (2014) ž **Employer identification number** 93-0577235 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ASSOCIATED OREGON LOGGERS Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Parti Part

93-0577235 Schedule I (Form 990) (2014) ASSOCIATED OREGON LOGGERS, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Page 2

Part III can be duplicated it additional space is needed					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PDIICATIONAL SCHOLARGHIPS	12	17,700.	0	CASH - FMV	
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:					
FUNDS ARE GENERALLY TURNED OVER DIRECTLY TO THE EDUCATIONAL INSTUTION ON	IRECTLY T	O THE EDUC	ATIONAL IN	STUTION ON	
BEHALF OF THE SCHOLARSHIP WINNERS.					

Schedule I (Form 990) (2014)

# SCHEDULE-J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. 2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. Inspection

Employer identification number

ASSOCIATED OREGON LOGGERS, INC.

93-0577235

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
	addition, and officers, including the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object of the object			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			ŀ
	1 Offit 330 Of Other Organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization.			
_	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	4a		X_
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of lines ware, list the persons and provide the applicable amounts for each term and all the			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of.		}	1
а		5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
٠	contingent on the net earnings of			
2	The organization?	6a		
	Any related organization?	6b		l
Ü	If "Yes" to line 6a or 6b, describe in Part III			
7				
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ť		
0	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
5	Pagulations section 53 4958.6(c)?	9		

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Schedule J (Form 990) 2014

93-0577235

INC. ASSOCIATED OREGON LOGGERS,

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(1)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)(a)	ın column (B) reported as deferred ın prıor Form 990
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### SCHEDULE.O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATED OREGON LOGGERS, INC.

Employer identification number 93-0577235

ASSOCIATED OREGON LOGGERS, INC. 93-05	77235
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE GOVERNING	BODY BUT
NOT ALWAYS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
RELEVANT PARTIES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT	S OF
INTEREST AND ARE PROVIDED WITH COPIES OF THE ORGANIZATION POLICY	•
FORM 990, PART VI, SECTION C, LINE 19:	
ALL INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
CONTRIBUTIONS - CHARITABLE & OTHER	15,881.
INCOME TAX EXPENSE	12,865.
REPAIR AND MAINTENANCE	12,063.
BANK FEES	11,903.
LEASE OBLIGATIONS	11,564.
INSURANCE & WORKERS' COMP.	10,566.
CONTRACT SERVICES	6,993.
OPL PROGRAM	6,623.
POSTAGE	4,099.
SUPPLIES	3,332.
EXECUTIVE MEETINGS	2,943.
UTILITIES	2,772.
TELEPHONE	2,569.
OFFICERS LIFE INSURANCE	2,000.

	e organizati	or 990-EZ) (2014) on ASSOCIA	ATED ORE	GON L	OGGERS	5, IN	IC.			Employer ide	Page 2 ntification number 77235
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TAXES					7						512.
TRAIN	ING AN	D EDUCATION	ON								308.
		EXPENSES		r 990.	PART	IX.	LINE	24E.	COL	Α.	108,405.
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OMB No 1545-0047 93-0577235 ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships ► Attach to Form 990. INC. ASSOCIATED OREGON LOGGERS, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part I

2014

Open to Public Inspection

Employer identification number

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete of 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 End-of-year assets e Total income চ ፱ Legal domicile (state or foreign country) Primary activity **@** Name, address, and EiN (if applicable) of disregarded entity PartII

(g) Section 512(b)(13) controlled Ŷ entity? Yes Direct controlling entity Public charity status (if section 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

Schedule R (Form 990) 2014

432161 08-14-14 LHA

93-0577235 Page 2

Schedule R (Form 990) 2014 ASSOCIATED OREGON LOGGERS, INC.

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

General or Percentage Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income  $\mathbf{\epsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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 Part IV

organizations treated as a corporation of those during the tax year	ullig tile tak year								
(a)	(q)	(0)	(p)	(e)	ω		Ξ	€}	_ {
Name, address, and EIN of related organization	Primary activity	arcile or	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(13) V = Q
		country)		(con in				Yes No	<b>₽</b>
AOL SERVICES INC 93-0718042									
PO BOX 12339									
7309	BUSINESS SERVICES	OR	N/A	C CORP	285,962.	4,225,680.	100,008		×
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Schedule R (Form 990) 2014

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Yes

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Part V

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

s listed in Parts II, III, or IV of this schedule	ganization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
line 1 if any entity is listed in Parts II, III,	tax year, did the organization engage in a
Note. Complete	1 During the t

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

- 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) m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Rembursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

d relationships and transaction thresholds.	(d) Method of determining amount involved	•				
is line, including covered	(c) Amount involved	0	0	0	0	
no must complete the	(b) Transaction type (a·s)					
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.	(a) Name of related organization	(1) A.O.L. SERVICES, INC	ORGANIZATION SHARES FACILITIES, EMPLOYEES	INC. AND OCCASIONALLY RECEIVES (3) REIMBURSEMENT FOR OR REPAYS EXPENSES TO	(4) THIS ENTITY FOR SHARED EXPENSES	

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income part (related, unrelated, 50 excluded from tax under sections 512-514) ye	(e) Are all Are all Soft (c)(3) Orgs 7 Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(h) (i) (j) (k) Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispropor- Dispro	(j) General o managing partner? Yes No	(k) Percentage ownership
								3		2000 0044
								Schedule	7 7 2	Schedule R (Form 990) 2014