

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



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Form	3	3	u	

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Dep	artment of	the Treasury	1	ial security numbers on					Inspect	ion
A	rnal Revenu		ndar year, or tax year beginning	ut Form 990 and its instr		and ending		ber 31st	, 20 16	
_					, 2010, 6	and ending	Decem		er identification n	umber
В			C Name of organization Willamett	e valley Law Project				D Limpioy.	93-0687718	
Η	Address	ĭ	Doing business as  Number and street (or P O box if	mail is not delivered to street	address)	Room/suite		E Telephor		
	Name cha	· 1	,	mail to hot donvoide to subst	udai coo,	THE STATE OF THE S		_ , ,	503-560-6725	
$\exists$	Initial retu		300 Young Street  City or town, state or province, co	ountry, and ZIP or foreign pos	tal code	<u> </u>			303-360-0723	
$\vdash$		n/terminated		only, and an or loroign pos	0000			<b>G</b> Gross re	oceints \$	314,676
H	Amended	F	Woodburn, OR 97071  F Name and address of principal off	iner			H(a) Is this a a		subordinates? Yes	$\overline{}$
ш	Application	n pending	r Name and address of principal of	icei			1	•	s included? Tes	_
_	T		✓ 501(c)(3)	) ( ) ◀ (insert no ) □	4047(a\/1\) as	527	⊣ ``		list (see instruction	
<u> </u>	Website:	pt status	<u> </u>	(insert no)	4947(a)(1) or	<u> </u>		exemption		,
K			Corporation Trust Associ	ciation ☐ Other ►	I Vas	ar of formation			of legal domicile	OR
	art !	Summa	\	CIACION Outer F	Lie	ai Oi IOiiilatioi	1377	I III Otato	or regar derinance	
L			scribe the organization's mis	scion or most significar	at activities:	Docoarci	and aduc	ation roos	ardina issues a	nd
es.	1	_					I allu educ	attorriega	iding issues a	
Š		conditions	affecting low-income person	is working in agriculture	and related	Sectors				
Governance		Chook the	s box ▶☐ If the organization	n discontinued its oper	ations or di	enosed of	more than	25% of	ite net accete	•••••
o Ve			of voting members of the government			aposed or	more man	3	113 1101 433013.	6
<u>ن</u>	1		of independent voting memb		-	line 1h)		4		<u>6</u> 6
es 6	1		ber of individuals employed		-			5		<u>0</u>
Activities &	1		ber of volunteers (estimate		( art v, iii c	, zaj .		6		200
Ç			elated business revenue from		 line 12			7a		0
•			ated business taxable incom			• •		7b		0
_	<u> </u>	vet arm ele	ated business taxable incom	10 1101111 01111 000 1, 1111	004	<del></del>	Prior Ye		Current Yo	
	8	Contributi	ons and grants (Part VIII, lin	e 1h)				360,038		310,545
цe	1		service revenue (Part VIII, lin			· ·		300,030		010,040
Revenue		-	nt income (Part VIII, column			· ·		1751		1252
æ			enue (Part VIII, column (A), li		 <del></del>	<u> -</u> ;		3059		2,879
			nue—add lines 8 through 11			ne 12)		364,847		314,676
_			d similar amounts paid (Par					43,807	,	54,013
	14	Ronofite n	paid to or for members (Part	IX column (A) dime-4)	2017	8) ·  -		43,007		34,013
	15	Salarias o	other compensation, employed	e benefits (Part IX) colum	nn (A) lines					
Expenses			nal fundraising fees (Part IX,		( ,,	<u>ㄸ</u> ["				
- De			Iraising expenses (Part IX, c		V. UT	1		i./&	Wally	* -, * ;
Ä			enses (Part IX, column (A), i				<u>*</u>	325,448		335,958
			enses. Add lines 13-17 (mus			" ⊢	<del></del>	369,255		389971
			less expenses. Subtract line			"		(4,408)		(74,396)
- S		107011001	oco experiedo. Cabrigor into	10 110 1111 12 1 1		Be	ginning of Cu		End of Ye	
ats o	20	Total asse	ets (Part X, line 16)					,327,737		1,253,341
Ass	21		lities (Part X, line 26)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,
Net Assets	22 1		s or fund balances. Subtract	t line 21 from line 20				,327,737		1,253,341
	art II		ure Block			· · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_			y, I declare that I have examined thi	s return, including accompan	vina schedule:	s and stateme	ents, and to t	he best of n	ny knowledge and	belief, it is
			te Declaration of preparer (other th							
		1	140 /					5/3	1/17	
Sig	gn	Signa	ture of officer		١,		Da	te /	7	
He		LA	ARAY KLEWMAN	1 Minagina	Direc	tor				
		Type	or print name and title	1 (0-)	ــــــــــــــــــــــــــــــــــــــ	•				
Pa		Print/Typ	e preparer's name	Preparer's signature		Date	!	Check	PTIN	
		.						self-emp		
	eparer se Only		ime ►				Firm	ı's EIN ▶		
US	e Only	Firm's ad						ne no		
Ма	y the IR		this return with the prepare	r shown above? (see in	structions)				Ye	s 🗌 No
For	Paperw	ork Reduc	tion Act Notice, see the sepa	rate instructions.		Cat No	11282Y		Form	<b>990</b> (2016)

Form 99	90 (2016)				Page <b>2</b>
Part		tement of Program Service			
			esponse or note to any line in this P	art III <u> </u>	<u></u>
1	-	scribe the organization's mission			
	Research	and education regarding issues	and conditions affecting low-income per	sons working in agriculture and rela	ited sectors
		·			
	Did the o	rganization, undertake any signi	ficant program services during the ye	ar which were not listed on the	
_	prior Forr	n 990 or 990-EZ?			]Yes ☑ No
3	Did the services?		g, or make significant changes in h	_	]Yes ☑ No
	If "Yes,"	describe these changes on Sch	edule O.		
4	expenses	s. Section 501(c)(3) and 501(c)(4	vice accomplishments for each of its 4) organizations are required to repor or each program service reported.		
	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	<u>_</u>
			g g.a		/
		··			
			•••••••••••••••••••••••••••••••••••••••		
4b	(Code,	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	,				
	·				
4d		gram services (Describe in Scho			
4.	(Expenses		ants of \$ ) (Revenue	\$)	
4e	ı otal prog	ram service expenses >			

	00 (2016)			Page C
Part	Checklist of Required Schedules		Yes	Na.
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	√	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>V</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1.3		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	-	<b>V</b>
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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	1
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	1	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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	24d 25a		✓ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3.7
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		<u>'</u>
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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a c	յ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ļ
С	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, filed for the calendar year ending with or within the year covered by this return 2a	.,	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2 <sub>b</sub>		( -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		· _ ~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		<del>  •</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-00		<del>  -</del>
••	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:	4a	ν ,	· · .
U		, , ,	,	,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	**		.3.4
		<u> </u>	•	غفف
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	i <sub>k</sub>	^, <u>*</u>	, ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	**** .	- (1)	M.È.
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1 1		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	4.3	****	, ,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	y, **	340	Zi
	sponsoring organization have excess business holdings at any time during the year?	8	u, +34e, +34ee	<i>√</i>
	Sponsoring organizations maintaining donor advised funds.	13	Ψ.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	140/00	1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter:	7.		,
	Initiation fees and capital contributions included on Part VIII, line 12	- S	/ }.	,*
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 33		u simi
	Section 501(c)(12) organizations. Enter:	1.5		,
	Gross income from members or shareholders	`	`	4 .
	Gross income from other sources (Do not net amounts due or paid to other sources	' .	**	
-	and the first an			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
b	Tarmer than a set of the set of t	12a		,
		[		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1_	Note. See the instructions for additional information the organization must report on Schedule O.		}	i
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1 1		
	Enter the amount of reserves on hand	$oxed{oxed}$		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	

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Part		and	for a	."No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI		•	<u> </u>
Secti	ion 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 1a 6	Γ		<del></del>
ıa	If there are material differences in voting rights among members of the governing body, or	ł		;
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.	,	,	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	i.	,	
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?	- <u>.</u> 2	-	7
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		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	_	1
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		<b>✓</b>
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		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	37 1
_	the year by the following:		i, -	400mm -
a	The governing body?	8a 8b	<b>V</b>	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 0.5		
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ĺ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b>	,,,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12	
12a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	<b>✓</b>	<del> </del>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<b>V</b>	
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by		%′ 3.5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		***	
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		<b>√</b>
	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	~ -~- <u>-</u>	7
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		<u> </u>
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed <a href="#">Doregon</a> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	า 501	(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ 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 infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	· <b>&gt;</b>	
	Larry Kleinman, 300 Young Street Woodburn, OR 97071			
		For	n 99(	(2016)

Dago	•

Form	990	(201)	6)
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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

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

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	ensa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box,	unies er and	Pos neck ss pe d a d	rson Irect	e than o is both or/trus	n an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Glenn Harris, President	.25			1				0	0	0
(2) Elı Jımenez, Vice President	25			1				0		0
(3) Marina Espinoza, Secretary-Treasurer	.25			1				0	0	0
(4) Larry Kleinman, Managing Director	1.5	1						0	0	0
(5) Theresa L. Wright, Board Member	.25	1						0	0	0
(6) Jeremy Sarant, Board Member	25	<b>√</b>						0	0	0
(7)		· · · · · ·								
(8)										
(9)										
(10)										<del></del>
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck is pe d a d	rson	than on the street that the st	an ee)	(D)  Reportable compensation from	(E)  Reportab compensatior related organizatio	n from	Esti amo o	(F) mated ount of ther ensatio	
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-M		from organi and	m the nization related nization:	1
(15)														
(16)														
(17)														
(18)										<del></del>				
(19)														
(20)														
(21)										<u> </u>				
(22)						_								
(24)			-											
(25)														
1b c d	Sub-total	VII, Sectio						> >						
2	Total number of individuals (including but reportable compensation from the organi	not limited						) w	ho received mo	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc						mp	loyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual				000	? If		5, "	complete Sch				, *	Ĩ
5	Did any person listed on line 1a receive of for services rendered to the organization?				ion	fror	n any	un	related organiz	ation or ind				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	n B. Independent Contractors	<del>-</del>							<u></u>					<u> </u>
1	Complete this table for your five highest compensation from the organization Repyear.	•												ax
	(A) Name and business addi	ress							(B) Description of se	ervices	(	(C) Compens	ation	
	s y Campesinos Unidos del Noroeste ung Street, Woodburn, OR 97071							Sec	e schedule, pt 1	II #4a			28	32,87
2	Total number of independent contracto received more than \$100,000 of compensations.							th	ose listed abo	ove) who				

Part VIII		Statement of Revenue							
		Check if Schedule O contains a response or note				<u> </u>			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ts ts	1a	Federated campaigns 1a		Tevende		012 014			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	7		:				
s, G Am	c	Fundraising events 1c		1		'			
a g	d	Related organizations 1d		]					
ış, iğ	e	Government grants (contributions) 1e	_						
er Si	f	All other contributions, gifts, grants,			:				
<u>ë</u>	Ì _	and similar amounts not included above 1f 310,54  Noncash contributions included in lines 1a-1f \$	5			1			
ig g	g h	Total. Add lines 1a-1f				ļ			
	- "	Business Code	310,545						
Program Service Revenue	2a	····							
æ	b		<u> </u>						
ij.	С		_						
Sen	d								
E	е								
bo.	f	All other program service revenue.							
	g	Total. Add lines 2a–2f ▶		,	* *				
	3	Investment income (including dividends, interest, and other similar amounts)							
	4	Income from investment of tax-exempt bond proceeds	1252			1252			
	5	Royalties							
		(i) Real (ii) Personal		_	8. >	* * * * * *			
	6a	Gross rents .							
	b	Less' rental expenses	] . ' ."						
	С	Rental income or (loss)		de Sila a		) } ,			
	d	Net rental income or (loss)							
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory		11. 20 200					
	ь	Less' cost or other basis				!			
		and sales expenses .				  ^			
	С	Gain or (loss)		17、 交通 4	Mark St.	ļ^ ` .			
	d	Net gain or (loss)		& &== 4 A3==.X2	se s	ton and an activities of the second			
4						, , , , ,			
enne	8a	Gross income from fundraising			*				
ve		events (not including \$	1 2	, ,	*	1			
Ä		of contributions reported on line 1c).	,		• ,	, ,			
Other Rev		See Part IV, line 18 a	4	, ``	, ^	,			
δ		Less direct expenses b  Net income or (loss) from fundraising events . ▶				<b>{</b>			
		Net income or (loss) from fundraising events .   Gross income from gaming activities.							
	Ju	See Part IV, line 19 a				***************************************			
	b	Less direct expenses b	1			;			
		Net income or (loss) from gaming activities ▶				aana mararen morni			
	10a	Gross sales of inventory, less				1			
		returns and allowances a	_						
		Less: cost of goods sold b	<u> </u>						
	С	Net income or (loss) from sales of inventory ►  Miscellaneous Revenue Business Code	1			· · · · · ·			
	11^		1	-					
ł	b	Utility Reimbursements & Misc.	2,879			2,879			
	c				<del> </del>				
	ď	All other revenue							
ı	e	Total. Add lines 11a–11d	2,879						
	12	Total revenue. See instructions ▶	314,676			4131			
		·				Form <b>990</b> (2016)			

Par	Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization.	s must complete co	olumn (A)
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, 7b, b, 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	54,013	54,013		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
c d	Legal				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	282,872	282,872		
12 13 14 15	Advertising and promotion				
16 17 18	Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	22602		22602	
19 20 21 22	Conferences, conventions, and meetings	25574		25574	
23 24	Insurance	25574 3785		3785	

225

389971

336,885

Fees & Miscellaneous

e All other expenses

Total functional expenses. Add lines 1 through 24e

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) . . .

b С d

25

225

52186

P	art X	Balance Sheet				
		Check if Schedule O contains a response or note to any lin	e in this Pa	nrt X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		172,555	1	134,971
	2	Savings and temporary cash investments		569,946	2	558708
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers,				
		trustees, key employees, and highest compensated er				
		Complete Part II of Schedule L			_5_	<u> </u>
	6	Loans and other receivables from other disqualified persons (as defined un				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emp				<u> </u>
		sponsoring organizations of section 501(c)(9) voluntary employees'	ma an war make along a management	-,		
ets		organizations (see instructions). Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9_	*.'
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D		(*), *	, 3	` . ` . ` .
		· · · · · · · · · · · · · · · · · · ·	719,432		40-	
	b	Less: accumulated depreciation	159,770	585,236		559662
	11	Investments—publicly traded securities		11		
	12 13	Investments—program-related See Part IV, line 11		13	<u> </u>	
	14	Intangible assets		14	<del></del>	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,327,737		1,253,341
	17	Accounts payable and accrued expenses		1,027,737	17	1,200,541
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched	ule D .		21	
S	22	Loans and other payables to current and former officers,				
Liabilities		trustees, key employees, highest compensated employee	ees, and		e	
abi					22	
⊐	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		<u></u>	24	
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X			
		of Schedule D			25	<del> </del>
	26	Total liabilities. Add lines 17 through 25		, , , , , , , , , , , , , , , , , , , ,	26	
S		complete lines 27 through 29, and lines 33 and 34.	and	,,,,	,	
Fund Balances	27	Unrestricted net assets		and discourse to take a committee of	27	المحاسب المساح
ala	27 28	Temporarily restricted net assets			28	<del></del>
3 B	29	Permanently restricted net assets			29	
ŭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			,	× .
ГF		complete lines 30 through 34.				, ;
s o	30	Capital stock or trust principal, or current funds		/	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
AS	32	Retained earnings, endowment, accumulated income, or other for			32	
Net Assets or	33	Total net assets or fund balances			33	
~	34	Total liabilities and net assets/fund balances		1,327,737	34	1,253,341
						Form <b>990</b> (2016)

Form 9	90 (2016)		Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1		(74	1,396)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,32	7,737
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
_	33, column (B))		1,25	3,341
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	
		$\rightarrow$	Yes	No
1	Accounting method used to prepare the Form 990.  Cash Cash Other		······································	· · · · · · · · · · · · · · · · · · ·
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		, . ş	\$
	Schedule O.			لقت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	[	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			apen -
	reviewed on a separate basis, consolidated basis, or both.	, ,		4
	Separate basis Consolidated basis Both consolidated and separate basis		اش	· ·
b	Were the organization's financial statements audited by an independent accountant?	2b		_✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1
	separate basis, consolidated basis, or both			3
	Separate basis Consolidated basis Both consolidated and separate basis	2.5	.2	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			ÿ.y
	Schedule O.	127 1	ě.	. A.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u>✓</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2016)

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

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2016
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

www.irs.gov/form990. Inspection
Employer identification number

	mette '	Valley Law Project	with Ctatus (Al	l ozganizationa mila	+l	-40 4bis -	93-06	587718
		Reason for Public Chazation is not a private found	ation because it	is: (For lines 1 through	h 12 che	ete tnis p	part.) See Instruction	ons.
1		church, convention of church						
2		school described in section						
3		hospital or a cooperative ho						
4	□ A	medical research organizati	on operated in c					(iii). Enter the
_		spital's name, city, and sta						
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	ownea	or operat	ed by a governmen	tal unit described i
6		federal, state, or local gover	nment or govern	nmental unit described	d in secti	on 170(b	)(1)(A)(v).	
7	<b>₽</b> Ar	organization that normally	receives a subs	stantial part of its sup	port fron	n a gove	rnmental unit or fror	n the general public
•		escribed in section 170(b)(1		•				
8 9		community trust described						
	or un	n agricultural research orgar university or a non-land-gra iversity:	ant college of ag	riculture (see instructi	ons). Ent	er the nar	me, city, and state o	f the college or
10	red Su	n organization that normally ceipts from activities related pport from gross investmen quired by the organization a	I to its exempt fu it income and un	ınctions—subject to c ırelated business taxa	ertain ex Ible incor	ceptions, ne (less s	, and (2) no more tha section 511 tax) from	in 331/3% of its
11		organization organized and						
12		organization organized and						rry out the purpose:
	of	one or more publicly support	orted organizatio	ons described in sect	ion 509(a	a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3)
	Cr	neck the box in lines 12a thro			_	-	•	
а	Ш	Type I. A supporting organ						
		the supported organization supporting organization. Y	n(s) the power to ou must compl	regularly appoint or e ete Part IV. Sections	elect a ma A and B	ajority of 1 L	the directors or trust	ees of the
b		Type II. A supporting orga	nization supervis	sed or controlled in co	onnection	with its	supported organizati	ion(s), by having
		control or management of organization(s). You must	complete Part I	IV, Sections A and C				- ,,
С		Type III functionally integ its supported organization						ally integrated with,
d		Type III non-functionally that is not functionally interrequirement (see instructional see instruction).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	orted organization(s ad an attentiveness
е		Check this box if the organ functionally integrated, or	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III
f	Ente	r the number of supported o	• •					[
g	Prov	ide the following information	n about the supp	orted organization(s).	•			
	(ı) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)				<u> </u>				
(E)								
Total			*					

18

							. ugo <b>–</b>
Par							
	(Complete only if you checked to						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	1		T	T	1	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				ļ		
_	include any "unusual grants.")	834,859	277,424	241,697	360,038	310,545	2,024,563
2	Tax revenues levied for the organization's benefit and either paid	ŀ					
	to or expended on its behalf						
3	The value of services or facilities						<del></del>
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	834,859	277 424	244 607	200.020	210 545	
	<u> </u>	634,639	277,424	241,697	360,038	310,545	2,024,563
5	The portion of total contributions by each person (other than a			۲,,	, ,	* ',	
	each person (other than a governmental unit or publicly	] "	A 1 3 18	* * *	344	. » é ~ `	
	supported organization) included on			* * *		\$ 25-25 8	
	line 1 that exceeds 2% of the amount	7. 52. 63. 63.		,			
	shown on line 11, column (f)			Ů.	,		785,098
6	Public support. Subtract line 5 from line 4	Sign No.	7 ,		· ·	. 4 4	1,239,465
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	834,859	277,424	241,697	360,038	310,545	2,024,563
8	Gross income from interest, dividends,						
	payments received on securities loans,	!				·	
	rents, royalties and income from similar					ľ	
	sources	1,360	2,276	1,879	1,751	1252	8,518
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						<u></u>
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	1,132	1,030	4,460	3,059	2,879	12,560
12	Gross receipts from related activities, etc.		ons)	id	Dark + x	12	2,037,123
13	First five years. If the Form 990 is for the				or fifth tax ve		501(c)(3)
	organization, check this box and stop her				=		▶ □
Secti	on C. Computation of Public Suppor			<u> </u>			
14	Public support percentage for 2016 (line 6			1, column (f))		14	61 %
15	Public support percentage from 2015 Sch					15	64 %
16a	331/3% support test-2016. If the organi	zation did not	check the box	on line 13, an	id line 14 is 33		check this
	box and stop here. The organization qual	lifies as a publi	cly supported	organizatıon			▶ ☑
b	331/3% support test-2015. If the organize						
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-20	<b>16.</b> If the orga	nization did n	ot check a box	on line 13, 16	Sa, or 16b, and	l line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "			_	•		• •
	organization						
b	10%-facts-and-circumstances test—20	15. If the orga	nization did n	ot check a box	k on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza	tion meets the	facts-and-c	rcumstances"	test, check t	his box and s	top here.
	Explain in Part VI how the organization in supported organization						
	supported organization , ,						▶ ∏

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

Part III	Support	Schedule for	<b>Organizations Described</b>	in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization falls to quality	anaci inc ic	oto notoa bok	3111 pioade et		·· <i>,</i>	
	on A. Public Support				,		
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			!			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the organization's tax-exempt purpose			,			
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
	·					_	
4	Tax revenues levied for the						
	organization's benefit and either paid		1		1		
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	`# 1	5 7	1 8301	< ^ \\	
-	line 6.)	1.6		\$ ^			
Secti	on B. Total Support	× × × × × ×			- 100000 101	2 7 20	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	(6) 2010	(0) 2017	(4) 2010	(6) 2010	(1) 1 0 10.1
10a	Gross income from interest, dividends,	-					
IUa	payments received on securities loans, rents,						
	royalties and income from similar sources .				:		
	·			<del></del>			
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses			i			
	acquired after June 30, 1975						
С	Add lines <b>1</b> 0a and 10b						
11	Net income from unrelated business		ļ				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		ļ				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Section	on C. Computation of Public Suppor			<del></del>			
15	Public support percentage for 2016 (line 8			3. column (f))		15	%
16	Public support percentage from 2015 Sch		-			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2015		• •	•		18	<del>%</del>
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2016. If the organ						
ıJa	17 is not more than 331/3%, check this box						
L	331/3% support tests—2015. If the organiz	•	_				
b	line 18 is not more than 33 <sup>1</sup> /3%, check this l						
	mile to is the thield than 55 7370, theta this i	oon and aroh I	ore me organi	Lanon quannes	as a publicly St	apported organ	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
	,		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	,	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	;	S. 14
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		لل فدد
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	~	* de ( )
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	****	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u> </u>	1
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		The second of th
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	. ; \$*	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	* \ ¿	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		~ · ·
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		-1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		_
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

Schedu	le A (Form 990 or 990-EZ) 2016			Page 3
Part	IV Supporting Organizations (continued)		V	A1 -
			res	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110	}	
	below, the governing body of a supported organization?	11a 11b	<del> </del>	_
	A family member of a person described in (a) above?	-		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	L
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		. 25	-19
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1 200	4,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 ;	-,	, ,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	100	# 2 N
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1.3		*`
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 3	2,1	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		`X:	
	or management of the supporting organization was vested in the same persons that controlled or managed		\$ 50 2 50 2 50	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	13.	1.7	, ,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	\$ 4.80	1	*
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		, i.e. i	1 3 3 3
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	in the second		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		\$ 18E	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	₹	37.20	( ), 1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1.5	3.07	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	133.	3 3	
	supported organizations played in this regard.		2	(M)
C4		3	<u> </u>	
Secti	on E. Type III Functionally Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	istruci	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\**;	1	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	3	1::	`
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 :	1 1 2	
	how the organization was responsive to those supported organizations, and how the organization determined	ŀ	] , "	1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		~
3	Parent of Supported Organizations. Answer (a) and (b) below.		T	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		T	<u> </u>
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b_		

Schedule A (Form 990 or 990-EZ) 2016			rage
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov. 20, 1970 (explain	n in Part VI). <b>See</b> ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		(5) (5)
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	<b>3</b> 5		
instructions for short tax year or assets held for part of year):	1.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	1.57%	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1. 1 探视器(1)	
4 Enter greater of line 2 or line 3.	4	Maria Maria	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7	□ Check here if the current	t year is the organization's fi	rst as a non-functionally i	ntegrated Type II	I supporting organiz	ation (see
	instructions).					

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	·		
7	Total annual distributions. Add lines 1 through 6.	·		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u>,                                      </u>		
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	V (. : )		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			2 1 2
a	1 63 28 39 39 39 30 30 30 30 30 30 30 30 30 30 30 30 30	15. Og 1		
b	1 22 1 1 24 1 25 25 25 25 25 25 25 25 25 25 25 25 25			** ** **
C	From 2013	<u> </u>	A C S N	4:45
d	From 2014			
e	From 2015			
f	Total of lines 3a through e	1.149.46		, ,
g	Applied to underdistributions of prior years	Barit	**** ** **** **	
h	Applied to 2016 distributable amount			* * * * *
i	Carryover from 2011 not applied (see instructions)		37 8 30 73	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	7.48 m 2. m		
4	Distributions for 2016 from		(7/3) (A. 112).	#2767048 . At At a
	Section D, line 7:			
а	Applied to underdistributions of prior years		0 (0) 10 10	Marz (Cl. V) Sirvi
	Applied to 2016 distributable amount	XX.X		Skuth with - 1 24 2 W 1/2 22 32 31
c	Remainder. Subtract lines 4a and 4b from 4	2 x 1 x 1 2 x x x x x x x x x x x x x x		
5	Remaining underdistributions for years prior to 2016, if	36352377		- 20 1
Ū	any. Subtract lines 3g and 4a from line 2. For result			` ;
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h	// // // // // // // // // // // // //		8 3 × 5 0 0 0 90 8 0 0
Ü	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j	1	77 ( 75, 75, 75, 75, 75, 75, 75, 75, 75, 75,	51.12 " " " "
•	and 4c.			
8	Breakdown of line 7:	. ` ` .		* * * * * * * * * * * * * * * * * * *
a	Production of the Production o	<u> </u>	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
b	Excess from 2013	/	<del></del>	
C	Excess from 2014	, ,	<u></u>	· · · · · · · · · · · · · · · · · · ·
<u>d</u>	Excess from 2015	, ,	• ,	
<u>ч</u>	Excess from 2016		· · · · · · · · · · · · · · · · · · ·	
_	EXCOSS ITOTAL 2010			

F	aq	e	٤

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

- If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	see separate instructions), th	nen			
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			·····
Name	of organization			Employer iden	tification number
	ette Valley Law Project				93-0687718
Part	I-A Complete if the	e organization is exempt und	der section 501(	c) or is a section 527 o	rganization.
1	Provide a description of definition of "political can	the organization's direct and in the inpaign activities")	ndirect political ca	ımpaıgn activities in Part	IV. (see instructions for
2	Political campaign activity	y expenditures (see instructions)		▶ \$	
3		cal campaign activities (see instru			
Part		e organization is exempt und			
1		excise tax incurred by the organiz			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 . ▶ \$	
3		ed a section 4955 tax, did it file Fo			. Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	der section 501(	c), except section 501	(c)(3).
1		ly expended by the filing organi			
2		filing organization's funds contri vities			
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2	2. Enter here and		
4 5	Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this yean ses and employer identification numbers. For each organization listed, contributions received that were pro- fund or a political action committed.	umber (EIN) of all s enter the amount omptly and directly	ection 527 political organize paid from the filing organize delivered to a separate p	zations to which the filing zation's funds. Also enter olitical organization, such
	(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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sched	lule C (Form 990 or 990-EZ) 2016					Page 2
Par	t II-A Complete if the organizati	on is exempt u	nder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
	section 501(h)).					
A C	Check  if the filing organization b					oup member's
	name, address, EIN, exp	enses, and shar	e of excess lobb	oying expenditur	es).	
ВС	Check ► ☐ if the filing organization of			rol" provisions a	apply.	
		obying Expenditu			(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts (	paid or incurred.	)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (	grass roots lobby	ing)	5,000	
b	Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	g)	5,000	
С	Total lobbying expenditures (add lines	1a and 1b)			10,000	
d	Other exempt purpose expenditures .				379971	
е	Total exempt purpose expenditures (a	dd lines 1c and 1c	d) (b		389971	1
f	Lobbying nontaxable amount. Enter	the amount fro	om the following	table in both		
	columns.				77,994	
	If the amount on line 1e, column (a) or (b)	is: The lobbying t	nontaxable amoun	t is:	,	
	Not over \$500,000	20% of the am	ount on line 1e		J , , , * , , , , ,	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	,	\$ "
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2	25% of line 1f) .			19,499	
h	Subtract line 1g from line 1a If zero or	less, enter -0			0	
i	Subtract line 1f from line 1c. If zero or	ess, enter -0			0	
j	If there is an amount other than zer		1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year	r?				Yes No
	(Some organizations that made a s See th	ection 501(h) ele e separate instru	uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
	Lobbyir	g Expenditures I	During 4-Year Av	eraging Period	, ,	
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a	, 3	56,114	67,118	73851	77,994	
b	Lobbying ceiling amount (150% of line 2a, column (e))		,	88	, ,	
С	Total lobbying expenditures	14,000	25,000	20,000	10,000	
d	Grassroots nontaxable amount					

14,038

10,000

16,780

10,000

10,000

Schedule C (Form 990 or 990-EZ) 2016

5,000

	(election under section 501(h)).	(2	1)	(b)
desc	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
_	Volunteers?			
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C				
d	Media advertisements?	$\vdash$		
e	Publications, or published or broadcast statements?			<del></del>
f	Grants to other organizations for lobbying purposes?	$\vdash$		<del></del>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			·
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L		
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 d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	*	£\$.4	1,355 & 1
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), c	r se	ction
				Yes I
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		/ear?	3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	)(5), c R (b)	r se Part	ill-A, line 3,
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year	. [	2a	
b	Carryover from last year	. [	2b	
С	Total	Ĺ	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		. 3, 1	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying	. 1	
	and political expenditure next year?	•	4	·····
=	Taxable amount of fobbying and pointical experiorities (see instructions)	•	5	
5 Post				
Part		un lint	V. Dor	HI A lines 1 o
<b>Part</b> Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	); Par	t II-A, lines 1 a
_	Taxable amount of lobbying and political expenditures (see instructions)		5	

Schedule C (Form	n 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
•••••		
••••••		
***************************************		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name o	of the or	ganization		Employe	r identification number
Par	t I	Organizations Maintaining Donor Adv Complete if the organization answered			Accounts.
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3		egate value of grants from (during year) .			
4		egate value at end of year			
5	Did t	he organization inform all donors and donor are the organization's property, subject to the			
6	only f	ne organization inform all grantees, donors, a for charitable purposes and not for the bene pring impermissible private benefit?	fit of the donor or donor advisor, or	for any o	
Par	t II	Conservation Easements.			
		Complete if the organization answered			
1	Purpo	ose(s) of conservation easements held by the	organization (check all that apply).		
	☐ Pr	reservation of land for public use (e g , recrea	tion or education) 🔲 Preservation of	of a histo	rically important land area
	☐ Pr	otection of natural habitat	☐ Preservation of	of a certif	ied historic structure
		reservation of open space			
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contributi	_	
	easer	nent on the last day of the tax year.		_	Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b		acreage restricted by conservation easement		<u> </u>	2b
С		per of conservation easements on a certified I			2c
d		per of conservation easements included in			
					2d
3		per of conservation easements modified, trans	sferred, released, extinguished, or ter	minated	by the organization during the
	tax ye				
4		per of states where property subject to conse			
5		the organization have a written policy reg			
		ons, and enforcement of the conservation ea			
6	Staff a	nd volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserva	tion easements during the year
7		nt of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conserva	ation easements during the year
0	<b>▶</b> \$	and appropriate against unasted as line		.44	170/h)/4)/D)/i)
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(a) above satisfy the requirements o		
_					Yes   No
9		t XIII, describe how the organization reports of			
		ce sheet, and include, if applicable, the text of ization's accounting for conservation easements.		nanciai si	tatements that describes the
		- <del> </del>		- O4l	Cimilar Appata
Part	Ш	Organizations Maintaining Collection			Similar Assets.
4.	16.45 -	Complete if the organization answered '			
12		organization elected, as permitted under SF	• • • • • • • • • • • • • • • • • • • •		
		of art, historical treasures, or other similar service, provide, in Part XIII, the text of the f			
	•				
Б	works public	organization elected, as permitted under S of art, historical treasures, or other similar service, provide the following amounts relate	assets held for public exhibition, earning to these items	ducation	, or research in furtherance of
	(i) Re	venue included on Form 990, Part VIII, line 1			. • \$
	(ii) As:	sets included in Form 990, Part X			. ▶ \$
2	if the	organization received or held works of art, ing amounts required to be reported under S	historical treasures, or other simila	ır assets	for financial gain, provide the
а	Reven	ue included on Form 990, Part VIII, line 1			. ▶ \$
b	Assets	s included in Form 990, Part X			<b>&gt;</b> \$

Daga	2
rage	

	le D (FOITH 990) 2010								, age =
	Organizations Maintaining	Collec	tions of	Art, His	torical T	reasures,	or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		on, and of	ner reco	rds, chec	k any of the	tollo!	wing that are a s	ignificant use of its
	, , , , , ,				<b>П</b>				
a	Public exhibition					or exchange			
b	<ul><li>Scholarly research</li><li>Preservation for future generations</li></ul>	_		е	U Otner				
C 4	Provide a description of the organiza		llactions (	and evals	in how t	hav furthar t	the or	nanization's ever	nnt nurnose in Part
4	XIII.	lion's co	nections a	and expir	alli HOW to	ney runtilei t	me ori	gariization s exer	iipt purpose iir i art
5	During the year, did the organization	solicit o	r receive	donation	e of art	historical tre	2261170	e or other simil	ar
3	assets to be sold to raise funds rather	r than to	he mainta	ined as r	oart of the	e organizatio	on's co	ollection?	☐ Yes ☐ No
Par	IV Escrow and Custodial Arra								
C CIT	Complete if the organization			" on For	m 990. F	Part IV. line	9. or	reported an an	nount on Form
	990, Part X, line 21.	i anowe	- CG - CG	011101	000, .	arr 11, 11110	0, 0.	, oportou arrain	
1a	Is the organization an agent, trustee	custodi	an or oth	er interm	nediary fo	or contributi	ons o	r other assets no	ot
, , ,	included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P								
b	ii res, explain the arrangement in r	art Am a	ia compi	cio tilo lo	moving to	2010		Α	mount
С	Beginning balance						10		
d	Additions during the year			• •			10		
e	Distributions during the year						16		
f							11		
2a	Did the organization include an amou								/2 ☐ Yes ☐ No
	If "Yes," explain the arrangement in P								
	tV Endowment Funds.	ui ( ) (   ) (	oricol( rioi	0 11 1110 07	филапа	THE BOOT	5.01.0	33 3111 4117 1111 1	_ <del>.`</del>
. α	Complete if the organization	n answei	red "Yes	" on For	m 990. F	Part IV. line	10.		
	Complete if the organization		rent year		or year	(c) Two years		(d) Three years back	k (e) Four years back
1a	Beginning of year balance	<u> </u>							<del>                                     </del>
b	Contributions								
C	Net investment earnings, gains, and								
•	losses								-
d	Grants or scholarships	· ···							
e	Other expenditures for facilities and				<del></del> -	-			-
-	programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage of t	the curre	nt vear er	ıd balanc	e (line 1a	. column (a)	) held	as:	
a	Board designated or quasi-endowme		,	%	(	,,,	,		
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment ▶		%						
-	The percentages on lines 2a, 2b, and			00%.					
3a	Are there endowment funds not in th				zation tha	at are held a	and ac	iministered for th	ne
	organization by:	·		-					Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
ь	If "Yes" on line 3a(ii), are the related o		ons listed	l as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses								<u></u>
Part	VI Land, Buildings, and Equip			·					
	Complete if the organization		red "Yes	" on For	m 990, F	art IV, line	11a.	See Form 990,	Part X, line 10
	Description of property		) Cost or ot			or other basis		Accumulated	(d) Book value
	Construction of the contraction of	] "	(investm			ther)	d	lepreciation	
1a	Land	.		95,000					95,000
b	Buildings			601,340				148,717	452,623
c	Leasehold improvements		·	23,092				11,053	12,039
d	Equipment	·		20,002				,	
e	Other	. —							
	Add lines 1a through 1e (Column (d) n	nust eau	al Form 9	90 Part )	C column	(B) line 10	c.) .		559.662

Part VII	Investments—Other Securities Complete if the organization ans		orm 990 Part IV In	o 11h Soo Form	000 Part V line 12
	(a) Description of security or categor		(b) Book value		
	(including name of security)	у	(b) Book value		hod of valuation -of-year market value
	derivatives				
	neld equity interests				
(3) Other	······································	***************************************			
(~)					
(B)		••			<u> </u>
(C)					
(D) (E)					<del> </del>
(F)					
(G)	•				
(H)					
	b) must equal Form 990, Part X, col (B) line 12.) ▶		<del></del>		
Part VIII	Investments—Program Relate	d			<u> </u>
T GIT VIII	Complete if the organization ans		rm 990 Part IV lin	a 11c. See Form	000 Part V line 13
<del></del>	(a) Description of investment	wered res on to	(b) Book value		hod of valuation
	(a) Description of investment		(b) Dook value		of-year market value
(1)		<del></del>			
(2)		·			
(3)					***************************************
(4)		··-,·-			
(5)					
(6)					
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col (B) line 13.) ►			\$ - <b>\$</b> - <b>\$</b> - <b>\$</b> - <b>\$</b>	
Part IX	Other Assets.				
	Complete if the organization ans		rm 990, Part IV, line	e 11d. See Form	
	(6	a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)	<u> </u>				
(9)		<del></del>			
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" on Fo	rm 990. Part IV. line	e 11e or 11f. See	Form 990. Part X.
	line 25.		, , , , , , , , , , , , , , , , , , , ,		
1.	(a) Description of liability	(b) Book value	,		
(1) Federal in	come taxes	* *			, **
(2)			. , `		
(3)			- i		,
(4)					
(5)					,
(6)					
(7)					
(8)					
(9)					
	) must equal Form 990, Part X, col (B) line 25 ) ▶				
<ol><li>Liability for</li></ol>	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organization	's financial statemei	nts that reports the
organızatıon's	liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of th	e footnote has beer	i provided in Part XIII 🔲

D - A			
Part			Return.
	Complete if the organization answered "Yes" on Form 990,		<del> </del>
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 - 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	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
<u>Part</u>			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
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.		\$\$.
а	Donated services and use of facilities	2a	111
b	Prior year adjustments	2b	1 ~ 1
С	Other losses	2c	7
d	Other (Describe in Part XIII.)	2d	7
е	A statition of Continuous to C. I.		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	∋ 18.)	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.) .   .   .   .	5
Part 3	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	<i>∋ 18.)</i>	5
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part >	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line
Part > Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4, Part X, line

Schedule D (For	m 990) 2016 Pa	ige <b>5</b>
Part XIII	Supplemental Information (continued)	
		<b>.</b> .
	······	<b>-</b>
		<b>-</b> -
• • • • • • • • • • • • • • • • • • • •		
· • • • • • • • • • • • • • • • • • • •		

#### SCHEDULE I (Form 990)

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990
► Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

Willamette Valley Law Project							93-0687718
Part I General Information	on Grants and	Assistance			<del></del> -		
<ol> <li>Does the organization mainta</li> </ol>			unt of the grants o	r assistance, the o	grantees' eligibility f	or the grants or assistai	nce, and
the selection criteria used to	•		•	•	•		🗌 Yes 🔲 No
2 Describe in Part IV the organi							
Part II Grants and Other As 990, Part IV, line 21, for							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAPACES Leadership Institute 356 Young St Woodburn, OR 97071	45-2771253	501c3	8,992				Gen & project support
(2) Farmworker Housing Dev Corp	43-277 1233	30103	0,552				Gen a project support
1274 5th St Woodburn, OR 97071	93-1055994	501c3	7,477				Gen & project support
(3) Salem-Keiz Coalition for Equality P O Box 4290 Salem, OR 97302	65-1203900	501c3	2,209				general support
(4) Causa Oregon 700 Marion St. NE Salem, OR 97301	61-1590160	501c3	21,880				Gen & project support
(5) Mano a Mano Family Center 2921 SaddleClub Rd Salem, OR	93-0992858	501c3	3,755			-	Gen & project support
(6)	53-0332030	30103	3,733				Gen & project support
(7)							
(8)							
(9)		<del></del>					
(10)							
(11)							
(12)		· <u>-</u>					
2 Enter total number of section 3 Enter total number of other or				ine 1 table			5

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

Cat No 50055P

Schedule 1 (Form 990) (2016)

t III Grants and Other Assistan			ne organization answ	ered "Yes" on Form 990,	Part IV, line 22
Part III can be duplicated if a	<del></del>				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of noncash assistance
<del></del>					
<del></del>			<del></del>		
			<del> </del>	<del>                                     </del>	
···-			<b></b>	<del> </del>	
	1 1			1 5	
IV Supplemental Information.					
has verified tax exempt status of each fo	unding recipient and approved	i the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			
has verified tax exempt status of each fo	unding recipient and approved	d the grants based on			

Schedule I (Form 990) (2016)

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

#### 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.

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

20**16** 

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 93-0687718 Willamette Valley Law Project 990 Pt. VI, #3: Larry Kleinman provides financial management and board administration services volunteer, as "Managing Director" 990 Pt. VI, #8b: The Board has no comittees 990 Pt. VI, #11b: The Board was provided with copies via email before filing 990 Pt. #12c At each Board meeting, the Board Chair requests that Board members declare any conflict of interest 990 Pt #15. No compensation is paid 990 Pt. VI, #19: The indicated documents are available for public inspection at the organization's offices during regular business hours During 2016, no such requests were made.