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 $_{\mathsf{Form}}\,990$

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

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

Open to Public Inspection

	Check if	C Name of organization	D Employer identific	cation number					
	applicable	o Name of organization	D Employer Identific						
	Addre:	OREGON LAW CENTER							
	Name change	Doing business as	93-1	194564					
	initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	te E Telephone numbe						
	Final return/	522 S.W. FIFTH AVENUE 812	(503						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,827,883.					
	Ameno return	FORTHAND, OR 3/204	H(a) Is this a group re						
	Applic tion	IF Name and address of principal officer DAVID INCOMEDIA	for subordinates	Yes X No					
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No					
I Tax-exempt status Sol(c)(3) Sol(c)(6) Sol(c)(1) Sol(c									
		e: > WWW.OREGONLAWCENTER.ORG	H(c) Group exemptio						
			ar of formation: 1995 N	A State of legal domicile: OR					
P									
ø	1	Briefly describe the organization's mission or most significant activities $\ \overline{ ext{PROVIDE}} \ ext{I}$	<u>LEGAL SERVICE</u>	S TO					
Activities & Governance		LOW-INCOME INDIVIDUALS.							
eru		Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets.					
8	3	Number of voting members of the governing body (Part VI, line 1a)	3	18					
<u>«</u>	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	17					
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	63					
₹	1	Total number of volunteers (estimate if necessary)	_6_	44					
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
		-	Prior Year	Current Year					
e		Contributions and grants (Part VIII, line 1h)	5,352,399.	5,556,151.					
Revenue		Program service revenue (Part VIII, line 2g)	347,565.	246,244.					
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,653.	13,484.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,866.	10,548.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,721,483.	5,826,427.					
	13	Grants and similar amounts patr Part IX column (A), lines 1-3)	0.	0.					
		Benefits paid to or for-members (Part IX, column (A), line 4)	4,519,401.	4,702,221.					
Expenses		Salaries, other compensation, employee (Fene IX, column (A), lines 5-10)	4,319,401.	0.					
Бe		Professional fundralising rees (Part IX, column (N/) line 11e) Total fundraising expenses (Part IX, column (N/), line 25) 17,823.	<u> </u>	.*:					
Ä			1,073,700.	1,113,750.					
		Other expenses (Part IX, Column (A), lines 11a.11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,593,101.	5,815,971.					
	1	· · · · · · · · · · · · · · · · · · ·	128,382.	10,456.					
-S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year					
ets or Jances	20	Total assets (Part X, line 16)	4,291,612.	4,384,491.					
Ass	21	Total liabilities (Part X, line 16)	399,418.	476,217.					
Net Asse Fund Bal	22	Net assets or fund balances. Subtract line 21 from line 20	3,892,194.	3,908,274.					
7	art II	Signature Block	3,032,131.	3,300,2711					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	v knowledge and belief, it is					
		t, and complet <u>e. De</u> claration of preparer (oth <u>er than</u> officer) is based on all information of which prepa							
		David Janes	5	1,0/17					
Sıg	n	Signature of officer	Date						
Her	re	Type or print name and title Execute	ue Directo) r					
		Type of print name and the							
	į	Print/Type preparer's name Preparer's signature	Date	PTIN					
Paid		YEE LEE MCGEE	26-employ	P01294356					
	parer	Firm's name GARY MCGEE & CO. LLP	Firm's EIN						
Use Only Firm's address 808 S.W. THIRD AVENUE, SUITE 700									
		PORTLAND, OR 97204	Phone no. (5	03) 222-2515					
May	y the IF	S discuss this return with the preparer shown above? (see instructions)		Yes No					
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)					

4e Total program service expenses ►

5,223,383.

Form 990 (2016) OREGON LAW CENTER
Part IV. Checklist of Required Schedules

			res	NO
1 .	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?	9	х	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable	/ iii) .	,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	****		
	Part VI	11 <u>a</u>	X	
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	Х	
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? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	- ' ''-		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	١.		1,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,_		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		┼^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
	Complete Concodic C, Fait III	_	990	(2016)

Form 990 (2016) OREGON LAW CENTER
Part IV. Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	}		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	'		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	<u> </u>		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		\$ ^>~	7.4
	instructions for applicable filing thresholds, conditions, and exceptions)	1.27	Pd.	8
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20	İ	х
21		30	\vdash	 ^ -
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	1	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 	\vdash	 -
	Schedule N, Part II	32		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u></u>
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>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O			(2016)

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Par	t V	Check if Schedule O contains a response or note to any line in this Part V						
			_				Yes	No
1a `	Enter t	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1	25			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
		e organization comply with backup withholding rules for reportable payments to vendors and	report	able gam	ıng			
		ling) winnings to prize winners?	•		_	1c		
2a	Enter t	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed fo	or the calendar year ending with or within the year covered by this return	2a	<u> </u>	63			
b	If at lea	ast one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?			2b	X	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			6 400.	۰	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?				3a		Х
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O			_3b_		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over,	а			
	fınancı	ial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?		4a		X
b		s," enter the name of the foreign country						*
		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAI	R)			3.7
		ne organization a party to a prohibited tax shelter transaction at any time during the tax year?		_		5a		X
		y taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?		5b	$\vdash\vdash\vdash$	
		s," to line 5a or 5b, did the organization file Form 8886-T?				5c		<u> </u>
ба		the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	ganization	1 SOLICIT	c-		x
_	-	ontributions that were not tax deductible as charitable contributions?		ar aifta		6a		
D		s," did the organization include with every solicitation an express statement that such contributed tax deductible?	luons	or girts		6b		
7		nizations that may receive deductible contributions under section 170(c).				118		1
	_	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices	provided t	to the payor?	∠ ೩೩ 7a	1 1 7 4 6 6	X
		s," did the organization notify the donor of the value of the goods or services provided?		P . •		7b		
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas re	guired				
		Form 8282?		•		7c		Х
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d			ئىدە .		10
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	act?		7e		X
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?			7f	L	Х
g	If the c	organization received a contribution of qualified intellectual property, did the organization file F	Form 8	899 as re	equired?	7g	N/	
h	If the c	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation	file a For		7h	N/	
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by t	he	N/A	%* °	150 1	*%
_		oring organization have excess business holdings at any time during the year?				8	<u> </u>	
9		soring organizations maintaining donor advised funds.			N/A	£		. \$
		e sponsoring organization make any taxable distributions under section 4966?			N/A	9a	├─	
10		e sponsoring organization make a distribution to a donor, donor advisor, or related person? on 501(c)(7) organizations. Enter			II/ A	9b		-
		on fees and capital contributions included on Part VIII, line 12 N/A	10a	Л			r.i.	
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1		
11		on 501(c)(12) organizations. Enter		1		14 * , , ;		
		income from members or shareholders N/A	11a	.]			**,′	1:,
b	Gross	income from other sources (Do not net amounts due or paid to other sources against				1 .		
	amoun	nts due or received from them)	11b	,]		٠.		(
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr	n 104	1?		12a		
b	If "Yes	s," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	1	· · · · · · · · · · · · · · · · · · ·			Ι,
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.						
а		organization licensed to issue qualified health plans in more than one state?			N/A	13a	↓	ļ
	Note.	See the instructions for additional information the organization must report on Schedule O.						
b		the amount of reserves the organization is required to maintain by the states in which the	1	1				
	_	zation is licensed to issue qualified health plans	13b		_	-		
		the amount of reserves on hand	130	:		-	┼—	₩
		e organization receive any payments for indoor tanning services during the tax year?	^			14a	┼—	Х
<u> </u>	IT "Yes	<u>s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi</u>	iie O			14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 18							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 15 15	,		 '				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	t.						
	officer, director, trustee, or key employee?	2		Х				
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_		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	_6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	}		ľ				
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1	1.				
а	The governing body?	8a	x	<u></u>				
b	Each committee with authority to act on behalf of the governing body?	_8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ŀ				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ. <u>. </u>				
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12×	* ½	1				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X	L				
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		, 4					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Trib.		4.				
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>				
b	Other officers or key employees of the organization	15b	X	ļ				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	[** } ₄	*					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.21.	Li '	A				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	l						
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	L	<u></u>				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OR							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	SARAH DEMARTINO - (503) 295-2760							
	522 S.W. FIFTH AVENUE, SUITE 812, PORTLAND, OR 97204							

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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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	orga	11120	(0		прсі	isat	(D)	(E)	(F)
Name and Title	Average		not cl	Posi	tion more	than (Reportable	Reportable	Estimated
	hours per week					ıs botl or/trus		compensation from	compensation from related	amount of other
	(list any hours for related	Individual trustee or director	rustee			oensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) WAYNE BELMONT MEMBER	1.00	х						0.	0.	0.
(2) MARK COMSTOCK	1.00									
MEMBER		x						0.	0.	0.
(3) DANA GALAXY	1.00									
MEMBER		Х						0.	0.	0.
(4) ED GOODMAN	1.00									
MEMBER		Х						0.	0.	0.
(5) SARA GRAY	1.00									_
MEMBER		Х						0.	0.	0.
(6) KRISTIN MACKAY	1.00							_	_	
MEMBER		Х						0.	0.	0.
(7) MICHAEL MASON	1.00								}	
MEMBER		X						21,604.	0.	0.
(8) GAYLE PATTERSON	1.00									•
MEMBER		X	L	ļ	┕				0.	0.
(9) MANUEL PEREZ	1.00	l								
MEMBER	4 00	Х		_	L	_	_	0.	0.	0.
(10) MARC D. PERRIN	1.00									0.
MEMBER	1 00	X		<u> </u>	╙	₩	<u> </u>	0.	0.	
(11) LOU SAVAGE MEMBER	1.00	x						0.	0.	0.
(12) MARY TINOCO	1.00	^	<u> </u>	-	⊢	\vdash	-			<u> </u>
MEMBER	1.00	x						0.	0.	0.
(13) MARISA WILKINS	1.00	∺			十	┼┈	-		-	
MEMBER		x						0.	0.	0.
(14) ASSITAN SYLLA TRAORE	1.00	Ħ	 	-	t	t^-	Ħ			
MEMBER		\mathbf{x}	ĺ		İ	1		0.	0.	0.
(15) AMY EDWARDS	1.50				T					_
PRESIDENT		x		x			1	0.	0.	0.
(16) BEVERLY PEARMAN	1.50	Π	T		T	T	T			
VICE PRESIDENT		x		X	L		L	0.	0.	0.
(17) PAULA PALMER	1.50						Π			_
TREASURER		X		X-	_	<u> </u>	-	- 0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A)	(B)				2)			(D)	(E)		(F)
Name and title	Average	ر دادا		Pos		than	nne	Reportable	Reportable	1	Estimated
	hours per	box	, unles	ss pe	rson	ıs bot	h an	compensation	compensation	,	amount of
	week	<u> </u>	cer an	dad	recto	r/trus	tee)	from	from related]	other
	(list any	ecto	, !			•)	the	organizations		compensation
	hours for related	Ę.	, s			ated	1	organization	(W-2/1099-MIS	C)	from the
	organizations	ustee	trust		, e	iğ.		(W-2/1099-MISC)		- 1	organization and related
	below	and tr	nstitutional trustee		nploy	stcor	=			İ	organizations
	(ine)	Individual trustee or director	institu	Officer	(e)	Highest compensated employee	Former	ł		ŀ	Ü
(18) MARTINA GORDON	1.50	_	_								
SECRETARY		Х		Х	ļ	1		0.	1	0.	0.
(19) DAVID THORNBURGH	45.00		\Box	\Box	Г			ļ ————			
EXECUTIVE DIRECTOR		1		x)			111,544.	l	0.	23,124.
(20) SHAWN TRZPUC	35.00										
CFO (THRU OCTOBER 2016)		1	1	X				81,597.		0.	13,814.
(21) SARAH DEMARTINO	35.00	Π			Π						
CFO (EFF. OCTOBER 2016)		1	ľ	X	İ	Ì		50,937.		0.	19,820.
		Г	Г								
		L	L	L	L.	<u>L</u>	L				
-				}					}		
	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	↓_	↓_				
]]	}	}]		
		L	L	L_	_	↓_	_				
				ļ	1						
	<u> </u>	<u> </u>	<u> </u>	L	↓_	1_	↓_				Ĺ
		1	İ	Í	İ		([
	<u> </u>	<u>L</u> _	<u>L_</u>	L_	1_	L	<u>. </u>		<u> </u>		
1b Sub-total								265,682.	 	0.	56,758.
c Total from continuation sheets to Part V	II, Section A							0.	<u> </u>	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	265,682.	<u> </u>	0.	56,758.
2 Total number of individuals (including but i	not limited to th	nose	e liste	ed a	lbov	e) w	ho r	eceived more than \$100	0,000 of reportable	le	
compensation from the organization											1
											Yes No
3 Did the organization list any former officer	•		e, ke	ey e	mpl	oyee	, or	highest compensated e	employee on		
line 1a? If "Yes," complete Schedule J for											3 X
4 For any individual listed on line 1a, is the s			•					•	the organization		
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or							rela	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," cor	nplete Schedu	le J	for s	uch	per	son					5 X
Section B. Independent Contractors									M100 555 5		
Complete this table for your five highest or	•									npens	sation from
the organization Report compensation for	the calendar	<u>/ear</u>	end	ing	with	or v	vithi		year		(0)
(A) Name and busines:	s address	ът	ON	D.				(B) Description of	services	((C) Compensation
Traine and business			OIV.	<u></u>							
											
								 			
									1		
							—	 			
)	ļ		
								1	ĺ		
2 Total number of independent contractors	(including but	not	lımıte	ed to	o th	ose	liste	d above) who received i	more than		·
\$100,000 of compensation from the organ	_					0		,		_	
						_					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 312,754. Contributions, and Other Sim e Government grants (contributions) f All other contributions, gifts, grants, and 1f 5,243,397 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 5,556,151 h Total. Add lines 1a-1f Business Code 2 a ATTORNEY FEES 246,244. 900099 246,244 Program Service Revenue All other program service revenue 246,244. Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,540. 14,540. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 400 assets other than inventory b Less cost or other basis 1,456 and sales expenses -1.056c Gain or (loss) 056 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 10,548. OTHER 10,548. 900099 11 a All other revenue 10,548. Total. Add lines 11a-11d Total revenue. See instructions. 826,427. 246,244. 0. 24,032. Form **990** (2016)

Form 990 (2016) OREGON LAW CENTER Part IX. Statement of Functional Expenses

`	Check if Schedule O contains a respons	(A)	his Part IX (B)	(C)	<u> </u>
	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1 6	Grants and other assistance to domestic organizations		0.450.000	5	
а	and domestic governments. See Part IV, line 21			,	
2 (Grants and other assistance to domestic	_		* * *	
11	ndıvıduals See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				1. 11/2
II	ndividuals See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members			`''}!!! <u>!</u>	
5 (Compensation of current officers, directors,	200 440	26 020	202 (20	2 762
	rustees, and key employees	322,440.	26,039.	293,639.	2,762
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	3,159,974.	3,036,284.	115,028.	8,662
	Other salaries and wages	3,133,374.	3,030,204.	113,020.	0,002
	Pension plan accruals and contributions (include	188,129.	180,782.	6,824.	523
	section 401(k) and 403(b) employer contributions)	748,355.	705,623.	40,539.	2,193
	Other employee benefits	283,323.	253,177.	29,239.	907
	Payroll taxes	203,323.	233,111.	25,255.	307
	Fees for services (non-employees)				
	Management			**	
	_egal	14,700.	13,136.	1,517.	47
	Lobbying	24,000.	21,446.	2,477.	77
	Professional fundraising services. See Part IV, line 17	21,000.			
	nvestment management fees	1,180.	1,054.	122.	4
	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	30,091.	26,888.	3,106.	97
	Advertising and promotion	· · · · ·	······································	·	·
	Office expenses	122,418.	109,393.	12,633.	392
	nformation technology	97,779.	87,377.	10,090.	312
	Royalties				
	Occupancy	314,986.	281,471.	32,507.	1,008
	Fravel	49,219.	43,982.	5,079.	158
18 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	18,449.	16,486.	1,904.	59
20 li	nterest			_ ::	
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization	46,273.	41,350.	4,775.	148
23 lı	nsurance	27,438.	24,518.	2,832.	88
	Other expenses. Itemize expenses not covered	4	, ,	, (°	
a 2	bove. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)		ĺ		} ,
a	imount, list line 24e expenses on Schedule 0.) '			>	
	OUTREACH AND TRAINING	100,040.	100,040.		
	SUBCONTRACTS	84,480.	84,480.		
_	TRAINING AND EDUCATION	51,520.	46,038.	5,317.	165
-	LIBRARY	34,497.	34,497.		
	All other expenses	96,680.	89,322.	7,137.	221
	Total functional expenses. Add lines 1 through 24e	5,815,971.	5,223,383.	574,765.	17,823
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
С	Check here if following SOP 98-2 (ASC 958-720)				<u> </u>

Check if Schedule O contains a response or note to any line in this Part X City
Cash - non-interest bearing 1,841,690, 1 1,938,91
1
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(e)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(8) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deterred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1 Less accumulated depreciation 1 Investments - other securities See Part IV, line 11 1 Inv
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0)(1)), persons described in section 4958(0)(3)(8), and contributing employers and sponsoring organizations (see inst) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiores for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10a 856.297. b Less accumulated depreciation 10b 576.594. 11 Investments - publicity traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intragible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodal account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees and desqualfied persons Complete Part II of Schedule L 23 Secured mortages and notes payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 399,418. 26 476,21 Organizations that follow SFAS 117 (ASC 958), check here X and
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations (see instit). Complete Part II of Sch. L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a 856,297. 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related See Part IV, line 11 1 Intragible assets 1 1,584,367, 12 1,604,53. 1 1,584,367, 12 1,604,53. 1 1,584,367, 12 1,604,53. 1 1,584,367, 12 1,604,53. 1 1,584,367, 12 1,604,53. 1 1,584,367, 12 1,604,53. 1 1,004,53. 1
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9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 576,594. 11 Investments - publicly traded securities 12 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 399, 418 - 26 476, 21 Corganizations that follow SFAS 117 (ASC 958), check here X and
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b Less accumulated depreciation 10b 576,594. 154,471. 10c 279,70. 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 1,584,367. 12 1,604,53. 13 Investments - program-related See Part IV, line 11 1,584,367. 12 1,604,53. 14 Intangible assets 14 14 15. 15 Other assets See Part IV, line 11 15 15 15 16 16 17 15 15 16 16 17 15 15 16 16 17 15 15 16 17 15 16 17 1
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26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 3,563,294.27 3,536.05
\(\begin{align*} \begin{align*} \beg
28 Temporarily restricted net assets 328,900. 28 372,22
29 Permanently restricted net assets 29
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
and complete lines 30 through 34.
30 Capital stock or trust principal, or current funds
Y 31 Paid-in or capital surplus, or land, building, or equipment fund
Retained earnings, endowment, accumulated income, or other funds
33 Total net assets or fund balances 3,892,194.33 3,908,27 34 Total liabilities and net assets/fund balances 4,291,612.34 4,384,49

	n 990 (2016) OREGON LAW CENTER	<u>93-11:</u>	9 <u>4564</u>	Pag	_{je} 12		
Pa	rt XI. Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,826	, 4:	<u>27.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,815	5,9	<u>71.</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	1(),4!	56.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,892	$\frac{2}{5}, \frac{1}{6}$			
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,908	3,2	<u>74.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		× 1	wij .	X		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	; O		44.	437		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1		
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	***	Ì	P		
	consolidated basis, or both			%	```		
	X Separate basis Consolidated basis Both consolidated and separate basis				/ [*] _W ¹		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			`\\		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		. .	'\\ ·		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		1	1).		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		T			
	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)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Name of the organization Employer identification number 93-1194564 OREGON LAW CENTER Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 📖 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (v) Amount of monetary (vi) Amount of other (ii) EIN (III) Type of organization your governing docume (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 OREGON LAW CENTER 93-1194564 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual grants ")	5,561,275.	5,665,372.	5,342,002.	5,352,399.	5,556,151.	27,477,199.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge						_		
4	Total. Add lines 1 through 3	5,561,275.	5,665,372.	5,342,002.	5,352,399.	5,556,151.	27,477,199.		
5	The portion of total contributions				***				
	by each person (other than a								
	governmental unit or publicly		å , (1)						
	supported organization) included		***						
	on line 1 that exceeds 2% of the			ľ"Willias .	'''DHALL.				
	amount shown on line 11,								
	column (f)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11,111		3.4				
	Public support. Subtract line 5 from line 4	N N 88 87 8 7		2 49			27,477,199.		
	ction B. Total Support		г 		1,0045	() 0040			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014 5,342,002.	(d) 2015	(e) 2016 5,556,151.	(f) Total 27,477,199.		
	Amounts from line 4	5,561,275.	5,665,372.	5,342,002.	5,352,399.	3,330,131.	21,411,199.		
8	Gross income from interest,					i			
	dividends, payments received on								
	securities loans, rents, royalties	15,849.	13,892.	10,674.	12,653.	14,540.	67,608.		
_	and income from similar sources	13,043.	13,032.	10,074.	12,055.	14,540.	- 07,000.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income Do not include gain				:				
	or loss from the sale of capital	17,104.	17,133.	16,132.	8,866.	10,548.	69,783.		
	assets (Explain in Part VI) Total support. Add lines 7 through 10	** ' '	17,133.	10,132.	0,000.	10,540.	27,614,590.		
	• • • • • • • • • • • • • • • • • • • •	L	10 10 -011 -	<u> </u>	<u> </u>		,158,336.		
	Gross receipts from related activities. First five years. If the Form 990 is fo			ed fourth or fifth t	ay yoar as a sectio		<u> </u>		
13	organization, check this box and stop	-	a mat, accond, triif	a, tourin, or milit t	an year as a section	501(6)(5)			
Sec	tion C. Computation of Publ		rcentage						
	Public support percentage for 2016 (column (f))		14	99.50 %		
	Public support percentage from 2015					15	99.47 %		
	· · · · · · · · · · · · · · · ·	·	•	n line 13, and line	14 is 33 1/3% or r				
	is 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2015. If the		-		d line 15 is 33 1/3%	6 or more, check th	nis box		
	and stop here. The organization qual	_				-			
17a	10% -facts-and-circumstances tes		- · ·		e 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fac	_							
	meets the "facts-and-circumstances"					_	ightharpoons		
ь	10% -facts-and-circumstances tes	•	•		_	17a, and line 15 is	10% or		
	more, and if the organization meets t								
	organization meets the "facts-and-cir-						ightharpoons		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s >		
	*								

Schedule A (Form 990 or 990-EZ) 2016 OREGON LAW CENTER Part III. Support Schedule for Organizations Described 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)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(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 per-					1	
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose			L			
3 Gross receipts from activities that		_				
are not an unrelated trade or bus-			•		1	}
iness under section 513						
4 Tax revenues levied for the organ-					ł	
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				}	}	ł
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	<u></u>					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)	<i>j: </i>	.11 .1	1 3/1		111 14	<u> </u>
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6			L		ļ	
10a Gross income from interest,	·					1
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					ł	
acquired after June 30, 1975						
c Add lines 10a and 10b					-	
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain	_	-				1
or loss from the sale of capital assets (Explain in Part VI)					<u> </u>	
13 Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>			<u> </u>
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fift	h tax year as a secti	on 501(c)(3) organ	ization,
check this box and stop here						▶└
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2016		-	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Incom	e Percentage)			
17 Investment income percentage for 2	D16 (line 10c, colur	nn (f) divided by li	ne 13, column ((f))	17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the						17 is not
more than 33 1/3%, check this box a	and stop here. The	e organization qua	ilifies as a public	cly supported organi	zation	▶□
b 33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line	19a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anızatıon qualıfı	es as a publicly sup	ported organizatioi	n ▶ <u></u>
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, chec	k-this box and see in	structions	.

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.)

Section A.	All S	Supporting	Organizations
------------	-------	------------	---------------

- 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.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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
- 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 **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- **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
- c 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 **Part VI** 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
- 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 Part VI, 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 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)
- 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)
- **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 **Part VI**.
- **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 **Part VI**.
- c 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 Part VI.
- 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 supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	9a		1
	9b	<u> </u>	<u> </u>
	9c		
	10a		1
	105		
	10b	90-E7	2016

1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion 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		L
3	Other gross income (see instructions)	3		<u></u>
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		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		ļ
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1. 11		
	instructions for short tax year or assets held for part of year)). <i>(</i> /		
a	Average monthly value of securities	1a		
ь	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		
	Discount claimed for blockage or other	11		1 1 2 1 1 1 1 1 1
	factors (explain in detail in Part VI)	19.71		
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,	\top		
	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	1	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	11, 15, 1, 11, 1, 1, 1,	
2	Enter 85% of line 1	2	1. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	*
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	3, 7, 3, 2, 2, 3, 7, 7	
4	Enter greater of line 2 or line 3	4	11:41 41 11 11 11	·
5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	\top		
	emergency temporary reduction (see instructions)	6	[4. 4. 4. 4. A.	1
7	Check here if the current year is the organization's first as a non-functional	ally integi	rated Type III supporting ord	janization (see
	instructions)			·

L	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
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 which t	he organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
_		(i)	(ii)	(iii)
04	to a Principal All In the Control of the Control	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)]	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	1 1 1 1 1 1 1 1 1	1. 4. 4. 7. 2. 1. 1. 2. 4	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016	1 4 4 1 4 1 4 1 1 1	11 11 12 12 14 15 to	i * 4 / 4 8 4 4 1
а		14 18 11 11 11 11	1. 7 4 1 2 1 ° 1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	Product Product Control of the dis	11111111	1 1 1 1 1 2 1 1 1 1 1	11771111
C	From 2013	1 12 1 14 14 14 14 14	7 4 4 5 4 5 4 5 6 7 7 7	7 + 1 1 1 1 1 1 1 1
d	From 2014	17167676		
е	From 2015	1 1 1 4 2 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1
	Total of lines 3a through e		4 5 4 4 4 4 4 4	14 14 14 14 14 14 14 14 14 14
g	Applied to underdistributions of prior years	777 7 7 7 8 8 7 7 7 7 7		
h	Applied to 2016 distributable amount	1 2 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	
	Carryover from 2011 not applied (see instructions)	11: 11: 11: 11: 11: 11: 11: 11: 11: 11:	<u> </u>	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		1. 4 1. 1 1. 4 1. 4	1. 1 1. 1. 6. 1. 6. 3 1
4	Distributions for 2016 from Section D,		11 1. 11 1. 4 1. 4 1. 4	4. 4. 4. 5. 4. 4. 4. 4. 4.
	line 7\$	17. 1. 19 19 19 18 18	4.7. 2. 2. 1. 1. 4. 1.	1.
a	Applied to underdistributions of prior years			1 1 1 1 1 1 1 1 1 1
b	Applied to 2016 distributable amount	1 4 7 4 8 4 6 6	70%41373	
c	Remainder Subtract lines 4a and 4b from 4		11111111	
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			<u> </u>
6	Remaining underdistributions for 2016 Subtract lines 3h		M. The Mark Mark St. Com.	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	, , , , , , , , , , , , , , , , , , ,		
7	Excess distributions carryover to 2017. Add lines 3		· · · · · · · · · · · · · · · · · · ·	
	and 4c	{		
8	Breakdown of line 7			. , , , ,
а				
b	Excess from 2013			;
с	Excess from 2014			, , ,
d	Excess from 2015			<u> </u>
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 OREGON LAW CENTER	93-1194564	Page 8
Part VI. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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	17b, Part III, line 12, and 2, Part IV, Sectior	n 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	, Section B, line re, Panal information	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME (\$69,783)		
	 	
		 -
		
		
		
		
		-
		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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) (see separate instructions), then

 Section 501(c)(4), (5), or (6) org 	ganizations Complete Part III.			
Name of organization			Empl	oyer identification number
	ON LAW CENTER			93-1194564
Part I-A Complete if the	e organization is exempt und	der section 501(c	or is a section 527 o	rganization.
· ·	organization's direct and indirect politic	cal campaign activities	_	
Political campaign activity exp			▶\$	
3 Volunteer hours for political c	ampaign activities		- •	
Part I-B Complete if the	e organization is exempt und	der section 501(c	.)(3).	
L	se tax incurred by the organization un		▶ \$	
	se tax incurred by organization manag			
3 If the organization incurred a	section 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the	e organization is exempt und	der section 501(c), except section 501(c)(3).
1 Enter the amount directly exp	ended by the filing organization for se	ection 527 exempt fun	ction activities	
2 Enter the amount of the filing	organization's funds contributed to o	ther organizations for	section 527	
exempt function activities			▶\$	
3 Total exempt function expend	ditures Add lines 1 and 2 Enter here	and on Form 1120-PO)L,	
line 17b			▶\$	
4 Did the filing organization file				Yes L No
	and employer identification number (E		*	
	ganization listed, enter the amount pa			•
	rere promptly and directly delivered to AC) If additional space is needed, pro	•	•	ite segregated fund or a
				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
	}	}	funds. If none, enter -0-	promptly and directly
		}		delivered to a separate
		}		political organization If none, enter -0-
				
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f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 OREGON LAW CENTER 93-119456

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

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(<u>E</u>	
	e lobbying activity	Yes	No	Amo	ount
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		1944		
а	Volunteers?	Mir vide in milio da	Maria da da d		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				<u>/x_</u> ~~
	Mailings to members, legislators, or the public?	<u> </u>	 		
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?		ļ ————		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?		ļ —		
i	Total Add lines 1c through 1i	1111	14 1 1	- 	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	*-*-	79.5	» / · / ·
	If "Yes," enter the amount of any tax incurred under section 4912	1311	444	* // *-	<u> </u>
	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?			(111.	2.7
	tall A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6).				,
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		ļ
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from till/B Complete if the organization is exempt under section 501(c)(4), sect	the prior yea	ar? 3	<u></u>	L
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," O 		t III-A, li	ne 3, is
1	Dues, assessments and similar amounts from members	v: 1	1	 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ticai	1.1		
_	expenses for which the section 527(f) tax was paid).			ļ	
_	Current year		2a	 	
b	•		2b	 	
_	Total Approximation of the state of the stat		2c	 	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e			1	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	I -	,	
_	expenditure next year? Toyable amount of labburg and neltical avacaditures (see years)		4	ļ	
5 Par	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		<u>_5</u>	<u> </u>	
$\overline{}$	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	in light). Down	II A lines 1	and 0 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	up iisi), rari	n-A, intes i	anu z (see	
1115111	ictions), and Part II-B, line 1. Also, complete this part for any additional information				
					
				- -	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 996)

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

Schedule D (Form 990) 2016_

Name of the organization

OREGON LAW CENTER

Employer identification number 93-1194564

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts.Complete if the
	organization answered Tes On Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		pe used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Pa	rtill . Conservation Easements. Complete if the org	anization answered "Yes" on Form 990), Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ea	ducation) — Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic stru	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by	the organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per	-	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation easements during the year
	▶ \$	gg	,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	GC 958), not to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furth	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statem	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finar	ncial gain, provide
	the following amounts required to be reported under SFAS 1		•
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		▶ \$

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

		LAW CENTER							94564	
Par	rt III. Organizations Maintaining Co	ollections of A	t, Histor	rical Tre	easures, o	r Othe	er Simila	ar Asset	ts (continue	ed)
3	Using the organization's acquisition, accession	n, and other record	s, check a	ny of the	following that	are a si	gnificant (use of its o	collection r	tems
	(check all that apply)									
а	Public exhibition	d	Loa	an or excl	hange progra	ms				
b	Scholarly research	е	Oth	ner						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they	further th	ne organizatio	on's exe	mpt purpo	se in Parl	: XIII	
5	During the year, did the organization solicit or	receive donations	of art, histo	rical trea	sures, or othe	er sımılaı	assets		7	
2.	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arrang		ete if the or	ganızatıo	n answered "	Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ntribution	s or other as:	sets not	ıncluded	<u></u>	٦	X No
	on Form 990, Part X?			_				L	」 Yes	LÆ∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	le			(T			
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
1	•	000 David V I	01 for one		untodual acco	نظميا عمين	lets 2	T X	Yes	No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII								J 169	X
	rt*V Endowment Funds. Complete if									LEEU
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prio		(c) Two year		(d) Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) ourient year	10/110	, you	(6)		(5)		(4)	
b	Contributions				 					
						-				
	Grants or scholarships									
	Other expenditures for facilities								{	
	and programs				i	ļ			1	
f	Administrative expenses				<u> </u>					
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g,	column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administe	ered for t	the organi	zation	_	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		,						3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiza				,				3b	
D ai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment tu	nas						
. a	Complete if the organization answered		0 Part IV	line 11a (See Form 000) Dart V	line 10			
	Description of property	(a) Cost or			t or other		ccumulate		(d) Book	
	Description of property	basis (invest	,		(other)		preciation		(u) BOOK	value
12	Land	2233 (11463)	+		·	13 1/2	<u> </u>	72		
_	Buildings	 				1. (1	1. 1. " E	**		
	Leasehold improvements	 	+	1	3,645.		13,6	45.		0.
	Equipment	 			12,121.		562,4		279	703.
	Other	<u> </u>		- -	531.			31.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Par	t X. column	(R) line		<u> </u>	<u>~</u>		279	703.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes"				d -6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
1) Financial derivatives		 		
2) Closely-held equity interests	<u> </u>	 		
3) Other (A) CERTIFICATES OF DEPOSIT	1,604,531.	END-OF-V	EAR MARKET	VALUE
	1,004,551.	BIVE OF T	DINC IMMODI	
(B) (C)	 	 		
(D)	 	 		
(E)	 			
(F)	 			
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,604,531.	53235500	<u>3.11.56.15.11.15.55</u>	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes'				
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
	 	 		
(2)	 	 		
(3)	 	 		
(4)	 	 		
(6)	 	 		
(7)	 	 		
(8)	 	 		
(9)	 	 		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		7:5:11:17:2	\$! ? # ! \$ \$ \$ \$ \$ \$ \$	
Part IX Other Assets.				
Complete if the organization answered "Yes		11d See Form 990,	Part X, line 15	
) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
				
(9)				
	ne 15)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) III		e 11e or 11f See For	m 990, Part X, line 2	5
Part X Other Liabilities. Complete if the organization answered "Yes		e 11e or 11f See For	m 990, Part X, line 2	5
Part X Other Liabilities. Complete if the organization answered "Yes			m 990, Part X, line 2	5
Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			m 990, Part X, line 2	5
Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes			m 990, Part X, line 2	5
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			m 990, Part X, line 2	5
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			m 990, Part X, line 2	5
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			m 990, Part X, line 2	
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			m 990, Part X, line 2	5
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			m 990, Part X, line 2	5
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" on Form 990, Part IV, line		m 990, Part X, line 2	5

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

6

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization

OREGON LAW CENTER

Employer identification number 93-1194564

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

UNEMPLOYMENT INSURANCE, CHILD SUPPORT AND SIMILAR MATTERS.

OREGON LAW CENTER

Employer identification number 93-1194564

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

IN THE MOST RECENT TWELVE MONTH PERIOD FOR WHICH STATISTICS ARE

AVAILABLE, OLC CLOSED 3,734 CASES, INCLUDING 37 CASES WHERE THE

REPRESENTATION RESULTED IN AN ADMINISTRATIVE AGENCY DECISION AND 50

CASES WHERE THE REPRESENTATION RESULTED IN A COURT DECISION. ABOUT 30%

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

INVOLVE DOMESTIC VIOLENCE OR CHILD ABUSE), 40% WERE CATEGORIZED AS

HOUSING LAW (INCLUDING LANDLORD/TENANT, SUBSIDIZED HOUSING AND

FORECLOSURE CASES), 9% WERE CATEGORIZED AS EMPLOYMENT LAW (HELPING

CLIENTS WITH CASES THAT ARISE UNDER STATE AND FEDERAL STATUTES RELATED

TO WAGES, DISCHARGE, DISCRIMINATION, SAFETY AND SIMILAR ISSUES), 5%

WERE CATEGORIZED AS INCOME MAINTENANCE (UNEMPLOYMENT INSURANCE,

VETERANS' BENEFITS, SOCIAL SECURITY, AND OTHER PUBLIC BENEFITS), 5%

Employer identification number 93-1194564

WERE CATEGORIZED AS CONSUMER LAW, 5% WERE CATEGORIZED AS INDIVIDUAL
RIGHTS (INCLUDING MENTAL HEALTH, DISABILITY RIGHTS, CIVIL RIGHTS AND
HUMAN TRAFFICKING), 3% WERE CATEGORIZED AS ACCESS TO HEALTH CARE, 1%
WILLS/ESTATES AND OTHERS WERE CATEGORIZED AS EDUCATION, JUVENILE, OR
LICENSES.

CLIENTS ACHIEVED A POSITIVE RESULT IN 97% OF THESE CASES HANDLED BY

OLC. AS A RESULT OF THE REPRESENTATION: 66% OF THE CLIENTS WERE

PHYSICALLY SAFER; 60% WERE BETTER ABLE TO KEEP CHILDREN SAFE; 65%

OBTAINED OR MAINTAINED HOUSING; 71% WERE MORE ECONOMICALLY SECURE; 97%

OF THE CASES ALSO BENEFITED THE CLIENT'S FAMILY OR HOUSEHOLD MEMBERS;

AND 69% OF THE CASES BENEFITTED OTHER LOW-INCOME PEOPLE IN OREGON

BEYOND THE CLIENT'S FAMILY AND HOUSEHOLD.

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

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

INDIVIDUAL CLIENT.

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

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

Name of the organization

OREGON LAW CENTER

Employer identification number 93-1194564

TO PREPARE THE 990. THE FINAL DRAFT IS SENT TO THE BOARD.

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

OLC HAS HAD AND CONTINUES TO HAVE IMMATERIAL TRANSACTIONS WITH RELATED

PARTIES, WHICH INCLUDES DIRECTORS OF THE ORGANIZATION. IN ALL OF THESE

INSTANCES, OLC HAS FOLLOWED ITS CONFLICT OF INTEREST POLICY. IN ADDITION,

AS PART OF OLC'S ANNUAL AUDIT, OLC ASKS MEMBERS AND THE EXECUTIVE DIRECTOR

TO FILL OUT A QUESTIONNAIRE THAT HELPS TO IDENTIFY RELATED PARTY

TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARY OF THE EXECUTIVE DIRECTOR WAS SET BY THE BOARD OF DIRECTORS.

THIS ACTION IS NOTED IN THE MINUTES. THE BOARD REVIEWS SALARIES PAID FOR

COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS IN MAKING THE DECISION. AN

OFFICER OF THE BOARD SENDS WRITTEN DIRECTIONS TO THE CHIEF FINANCIAL

OFFICER WHEN THE EXECUTIVE DIRECTOR'S SALARY IS CHANGED BY THE BOARD. THE

SALARY FOR THE CHIEF FINANCIAL OFFICER WAS APPROVED BY THE TREASURER OF THE

BOARD AND THE EXECUTIVE DIRECTOR BASED ON THE SALARIES PAID FOR COMPARABLE

POSITIONS AT SIMILAR ORGANIZATIONS.

ON WRITTEN SALARY SCALES THAT HAVE BEEN APPROVED BY THE BOARD. THE BOARD APPROVES SALARY SCALES AFTER REVIEWING SALARIES PAID FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS AND BARGAINING WITH THE OLC'S EMPLOYEE'S UNION FOR POSITIONS LOCATED WITHIN THE BARGAINING UNIT.

FORM 990, PART VI, SECTION C, LINE 19:

OLC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization OREGON LAW CENTER	Employer identification number 93-1194564
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	. IN ADDITION,
THE OLC'S FORM 990 ARE AVAILABLE ON THE GUIDESTAR WEBSITE	AND OLC'S
WEBSITE.	