

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)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the 2	020 calendar year, or tax year beginning an	nd ending		
-	Check if applicable:	C Name of organization	ore secultified 🕶 s	D Employer ident	ification number
ſ	Address	OREGON LAW CENTER			
Ì	Name change	Doing business as		93-1194	564
Ī	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/ termin-	522 S.W. FIFTH AVENUE	812	(503) 2	
E	ated Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,342,148
F	Ireturn Applica-	PORTLAND, OR 97204		H(a) Is this a group	
L	ltion pending	F Name and address of principal officer:MONICA GORACKE SAME AS C ABOVE			es? Yes X No
-	Tayloyomr	ot status:) or 527	H(b) Are all subordinates	
		WWW.OREGONLAWCENTER.ORG) 01 527	1	a list. See instructions
_		anization: X Corporation Trust Association Other	I Vear	of formation: 1 9 9 5	on number ► M State of legal domicile: OF
1	The second second second	ummary	IL Tour	oriorination. 1999	M State of legal dofficile: OF
-	1 Brie	fly describe the organization's mission or most significant activities: PROV	JIDE LE	GAL SERVICE	ES TO
Activities & Governance	LO	W-INCOME INDIVIDUALS.			
E L	2 Che	ck this box 🕨 📖 if the organization discontinued its operations or dispo	osed of more	than 25% of its net a	assets.
Š	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		3	
•ಕ	4 Nun	nber of independent voting members of the governing body (Part VI, line 1b)		4	18
ies	5 Tota	Il number of individuals employed in calendar year 2020 (Part V, line 2a)		5	86
ËVİ	6 Tota	I number of volunteers (estimate if necessary)		6	52
Ac	7 a Tota	l unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
	0 0	hulber Affice and assess Affice (Day 1) All I Provide Affice Affi	_	Prior Year	Current Year
īĽe	8 Cont	tributions and grants (Part VIII, line 1h)		7,184,782.	
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)		150,074.	
æ	10 Inves 11 Othe	stment income (Part VIII, column (A), lines 3, 4, and 7d)		-30,737. 15,161.	
	12 Total	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,319,280.	30,355.
_	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)	*******	0.	10,342,148.
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	45 Color	ion other componenties and law to the Charles of th		6,661,913.	8,386,247.
nse	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		0.	0,300,247.
Expenses	b Total	ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25)	00.		<u> </u>
ú	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,364,215.	1,788,082.
	18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,026,128.	10,174,329.
		nue less expenses. Subtract line 18 from line 12		-706,848.	167,819.
s or				inning of Current Year	End of Year
Asset Balar	20 Total	assets (Part X, line 16)		4,408,871.	4,942,204.
Net As		liabilities (Part X, line 26)	*********	494,036.	853,093.
		ssets or fund balances. Subtract line 21 from line 20		3,914,835.	4,089,111.
		nature Block			
Unde	r penaities of	perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is
п це, (Lorrect, and (complete. Declaration of preparer (other than officer) is based on all information of wh	ncn preparer h	as any knowledge.	
Sign		Signature of officer		Date	
Sigii Here	1.	MONICA GORACKE, EXECUTIVE DIRECTOR		Dato	
пеге		Type or print name and title			
		Type preparer's name Preparer's signature	Da	te Check	II PTIN
Paid		LEE MCGEE	1.5,553	3/11/21 self-employed	
Prepa	-			Firm's EIN	F07274330
Use O	1 11111	address 1000 S.W. BROADWAY, SUITE 1200		THIRD CITY	
		PORTLAND, OR 97205		Phone no. (50	3) 222-2515
∕lay t	he IRS disc	uss this return with the preparer shown above? See instructions			Yes No
					100110

	orm 990 (2020) OREGON LAW CENTER	93-1194564 Page
	Part III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
	1 Briefly describe the organization's mission:	
	TO ACHIEVE JUSTICE FOR THE LOW INCOME COMMUNITIES	S OF OREGON BY
	PROVIDING A FULL RANGE OF THE HIGHEST QUALITY CIV	VIL LEGAL SERVICES.
-2	2 Did the organization undertake any significant program services during the year which were not lis	sted on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	1163 22 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	ram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4		n services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc revenue, if any, for each program service reported.	ations to others, the total expenses, and
4	0 001 000	250 100
-11	THE OREGON LAW CENTER (OLC) PROVIDES FREE CIVIL I) (Revenue \$ 350,192.)
	LOW-INCOME PEOPLE (THOSE LIVING AT AND BELOW 125%	OF THE NATIONAL
	POVERTY GUIDELINES); ADVOCATES TO SUPPORT THE INT	ERESTS OF LOW-INCOME
	OREGONIANS BEFORE JUDICIAL, ADMINISTRATIVE AND LE	EGISLATIVE BODIES:
	PROVIDES COMMUNITY EDUCATION TO LOW-INCOME PEOPLE	E; AND MAINTAINS A
	PANEL OF PRO BONO ATTORNEYS. OLC EMPLOYS ATTORNE	YS AND PARALEGALS
	WORKING IN ELEVEN OFFICES ACROSS OREGON TO PROVID	E THE FULL RANGE OF
	CIVIL LEGAL ASSISTANCE TO CLIENTS WHO LIVE IN POV	ERTY.
	COMMITTED ON COMPANY P. C.	
	CONTINUED ON SCHEDULE O.	
4b	10. do.	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
•	Total program service expenses ▶ 9,034,809.	
		Form 990 (2020)

Form 990 (2020) OREGON LAW CENTER Part IV Checklist of Required Schedules

			Yes	s No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7,	
	If "Yes," complete Schedule A	1	X	-
	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	1	-
`	public office? If "Yes," complete Schedule C, Part I	2		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effec	t	†	A
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	X	-
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	o and the state of			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	X
7	o processo open open,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Barrier and the state of the st		1	7,7
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	-	X
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		-
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11		-		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
t	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
(Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.15		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
c	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
4-	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			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.5
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		- 1	v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19		X
2Ua		20a	_	X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	_
		24		X
_	gornous growths. Contract by solution by the reference of the contract of the	21		<u> </u>

Form 990 (2020) OREGON LAW CENTER Part IV Checklist of Required Schedules (continued)

		***	Ye	s No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	2	X
2	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	722	.	7.7
2	Schedule J 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	X
_	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			\ v
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	_	X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	241)	+
	any tax-exempt bonds?	240		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		+
25	Sa Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	1	+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	+	+==
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete		1	
	Schedule L, Part I	25b		X
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member 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			
	instructions, for applicable filing thresholds, conditions, and exceptions):	1		
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
ı	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
-	Schedule N. Part II			37
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34		Х
35 a	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	004		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t v Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

Form 990 (2020) OREGON LAW CENTER
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ĩ Ĩ			Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a	86	5		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		20		_
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		x
i	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	le O	*****************	3b		21,
48	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r authority	over a	OD.		
	financial account in a foreign country (such as a bank account, securities account, or other financia	account)?		4a		Х
k	of the ryes, the name of the foreign country ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (I	FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		MIDAR-H-A-SCHOOL	5a		Х
l.	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organiza	ation solicit	- 00		
	any contributions that were not tax deductible as charitable contributions?			6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or aifi	ts			
	were not tax deductible?		re:	6b		
7	organizations that may receive deductible contributions under section 170(c).			-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provid	led to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?			7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 a	s required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a F	Form 1098-C?	7h	N/A	eg.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	ſ			
_	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					_
a	Did the sponsoring organization make any taxable distributions under section 4966?	· · · · · · · · · · · · · · · · · · ·	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $$		N/A	9b		
	Section 501(c)(7) organizations. Enter:		200			_
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		- 1		
	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders N/A	11a			-4	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b i	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a i	s the organization licensed to issue qualified health plans in more than one state?	************	N/A	l3a		
	lote: See the instructions for additional information the organization must report on Schedule O.		1			
b E	inter the amount of reserves the organization is required to maintain by the states in which the			- 1		
C	rganization is licensed to issue qualified health plans	13b				
c E		13c				
4a D	id the organization receive any payments for indoor tanning services during the tax year?		1	4a	X	
b If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	1	4b		
5 ls	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner:	ation or	2007			
e.	xcess parachute payment(s) during the year?	*************		15	X	
lf.	"Yes," see instructions and file Form 4720, Schedule N.		110000000			
is is	the organization an educational institution subject to the section 4968 excise tax on net investment	income?		6	X	
lf	"Yes," complete Form 4720, Schedule O.					

Form 990 (2020) OREGON LAW CENTER 93-1194564 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Se	ction A. Governing Body and Management	*******					12	
-	Ction A. Governing Body and Management					I V	L	
1:	Enter the number of voting members of the governing body at the end of the tax year	l 1a	ĺ	18	_	Yes	N	
	If there are material differences in voting rights among members of the governing body, or if the governing	10						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
- 1	Enter the number of voting members included on line 1a, above, who are independent	1b		18				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other			i		
	officer, director, trustee, or key employee?		arry outlor		2	h	x	
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?		oupervision		3	1	x	
4								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X	
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 a	ppoint	one or		Ť	-		
	more members of the governing body?				7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	lders. or		- 4		-	
	persons other than the governing body?				7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following:					
а	The state of the s				8a	х	l)	
b					8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	t the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	********		200000	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)					
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		ALCO	1	0a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ci	napters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			- 10	оь			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	2a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	12	2b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," des	cribe					
	in Schedule O how this was done		******************	12	2c	X		
13	Did the organization have a written whistleblower policy?			1	3	X		
14	Did the organization have a written document retention and destruction policy?			1	4	X		
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent		\neg			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				- [- 1		
а	The organization's CEO, Executive Director, or top management official			15	ā	X		
b	Other officers or key employees of the organization			15	ib	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ent wit	ha					
	axable entity during the year?			16	a		X	
	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	ticipation					
i	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	\$					
	exempt status with respect to such arrangements?			16	b			
ecti	on C. Disclosure							
	ist the states with which a copy of this Form 990 is required to be filed ▶OR							
18 S	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T	(Section 501(d	c)(3)s or	nly) :	availat	ole	
f	or public inspection. Indicate how you made these available. Check all that apply.		·					
	Own website Another's website X Upon request Other (explain of							
9 [escribe on Schedule O whether (and if so, how) the organization made its governing documents, cor	oflict of	interest policy,	and fin	anc	ial		
S	tatements available to the public during the tax year.							
5	state the name, address, and telephone number of the person who possesses the organization's booksaRAH_DEMARTINO = (503) 295-2760		records		_		_	
5	22 S.W. FIFTH AVENUE, SUITE 812, PORTLAND, OR 972	204						

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any relate	d org	janiz	atio	n cc	mpe	ensa	ted any current officer,	director, or trustee.	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(d	o not	check	more	e than	one	Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)		compensation from	compensation	amount of				
	(list any	į	1	T		T	П	the	from related organizations	other compensation
	hours for	gire				吕		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			EN SE		(W-2/1099-MISC)	,,	organization
	organization	S	onal b		oloyee	сощр				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MONICA GORACKE	45.00		Ë	5	- 35 - 55	至易	요			
EXECUTIVE DIRECTOR	43.00			x				97,375.	0.	22 000
(2) SARAH DEMARTINO	35.00		\vdash	A	\vdash		Н	31,313.	0.	33,997.
CFO	33.00	-		x				88,931.	0.	25 204
(3) MICHAEL MASON	1.00			-	-	\vdash	Н	00,551.	0.	25,294.
BOARD MEMBER	1100	x						21,475.	0.	0
(4) AMY EDWARDS	1.50	1					\vdash	21,175.	0.	0.
PRESIDENT		x		х				0.	0.	0.
(5) BEVERLY PEARMAN	1.50	1		-					- 0.	0.
VICE PRESIDENT		X		х				0.	0.	0.
(6) PAULA PALMER	1.50						\neg			0.
TREASURER		x		X				0.	0.	0.
(7) MARTINA GORDON	1.50									
SECRETARY		x		X				0.	0.	0.
(8) WAYNE BELMONT	1.00					\neg				
BOARD MEMBER		X						0.	0.	0.
(9) MARK COMSTOCK	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) SHERISA DAVIS-LARRY	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(11) DANA GALAXY	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) LUIS GARCIA	1.00									
BOARD MEMBER		Х		_				0 🖟	0 .	0.
(13) SARA GRAY	1.00									
BOARD MEMBER		Х	_	4				0 .	0.	0.
(14) ANABEL HERNANDEZ-MEJIA	1.00									
BOARD MEMBER	4 00	X	4	4	4	4	4	0.	0.	0.
(15) MARC D. PERRIN	1.00									-
BOARD MEMBER		X	4	-	-	4	-	0.	0 .	0.
(16) IVAN RESENDIZ GUTIERREZ BOARD MEMBER	1.00	., l								_
(17) LOU SAVAGE	1.00	X	-	-	+	-	-	0.	0.	0.
BOARD MEMBER		x								
DOME MEMBER		$\Delta \perp$		-1		_	_	0 .	0.	0 .

(D)

(E)

(B)

Page 8

(F)

Form 990 (2020)

(A)

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Unrelated Revenue excluded from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 583,411. f All other contributions, gifts, grants, and similar amounts not included above 9,339,873 1f g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 9,923,284 **Business Code** 2 a ATTORNEY FEES 900099 Program Service Revenue 350,192, 350,192 All other program service revenue Total. Add lines 2a-2f 350,192, Investment income (including dividends, interest, and other similar amounts) 38,317 38,317, Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not 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 _____9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** fiscellaneous Revenue 11 a OTHER 900099 30,355 30,355. b d All other revenue e Total. Add lines 11a-11d 30,355. Total revenue. See instructions 12 10,342,148, 350,192. 68,672.

Form 990 (2020) OREGON LAW CE. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D	Check if Schedule O contains a respond not include amounts reported on lines 6b,	1 (4)	(D)	1 101	701
78	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	and the second s	S			
_	and domestic governments. See Part IV, line 21				
2					
_	individuals. See Part IV, line 22				
3	and the second s				
	organizations, foreign governments, and foreign	וו			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	245 505	6 560		
•	trustees, and key employees	245,597	6,568.	228,519.	10,51
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	01 455	40.000		
_	persons described in section 4958(c)(3)(B)	21,475.		2,362.	9,62
7	Other salaries and wages	6,073,823.	5,549,267.	514,936.	9,62
8	Pension plan accruals and contributions (include	252 502	202 505	00.015	
^	section 401(k) and 403(b) employer contributions)	353,583.		29,343.	53
9	Other employee benefits	1,188,979.		91,981.	1,20
0	Payroll taxes	502,790.	446,088.	55,304.	1,39
11	Fees for services (nonemployees):				
a	Management	20 572	10.050		
b	Legal	20,572.	18,252.	2,263.	5
C	Accounting	18,500.	26 000	18,500.	
d	Lobbying	41,500.	36,820.	4,565.	11.
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	245 560	202 000		
•	column (A) amount, list line 11g expenses on Sch O.)	345,568.	323,009.	21,546.	1,013
2	Advertising and promotion	126 224	100 050	4.4.00	
3	Office expenses	136,324.	120,950.	14,995.	379
1	Information technology	112,952.	100,214.	12,424.	314
5	Royalties	640.000	555 654		
	Occupancy	648,822.	575,651.	71,367.	1,804
	Travel	33,172.	29,431.	3,649.	92
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 455			
	Conferences, conventions, and meetings	12,457.	11,049.	1,373.	35
	Interest				
	Payments to affiliates	400.006			
	Depreciation, depletion, and amortization	102,836.	91,239.	11,311.	286
	Insurance	38,750.	34,380.	4,262.	108
i	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	FRAINING AND EDUCATION	105,162.	93,303.	11,567.	292
	DUES AND SUBSCRIPTIONS	48,764.	43,264.	5,364.	136
-	LIBRARY	35,912.	35,912.	3,3011	130
	LITIGATION EXPENSE	34,149.	34,149.		
-	All other expenses	52,642.	46,707.	5,789.	146
		10,174,329.	9,034,809.	1,111,420.	28,100
	oint costs. Complete this line only if the organization			_///	20,100
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
_	heck here if following SOP 98-2 (ASC 958-720)	1		1	

	art.	Check if Schedule O contains a response or note to a	yny line in this Dort V			
=		orieck in obligating of contains a response of note to a	iny line in this Part X	(A)	Τ	
				Beginning of year		(B) End of year
	-	Cash - non-interest-bearing		1,575,942	. 1	2,172,876
	2	2 Savings and temporary cash investments		39,654		101,695
	3			224,266		239,478
	4	Accounts receivable, net		288		7,072
	5		er officer, director,			10/10/2001/0-00
	1	trustee, key employee, creator or founder, substantial		1		
	1	controlled entity or family member of any of these per			5	
ets	6	the same same secondarias in the same aloqualities per	ersons (as defined			
	1	under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
	7				7	
Assets	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges		128,456.	9	110,419
	10	a Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
		b Less: accumulated depreciation 10b	479,354.	219,079.	10c	303,961
	111	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	***************************************	2,221,186.	12	2,006,703
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		4 400 071	15	
_	16	Total assets. Add lines 1 through 15 (must equal line 3	33)	4,408,871.	16	4,942,204
	17	Accounts payable and accrued expenses		360,728.	17	616,146.
	18	Grants payable	04 554	18		
	19	Deferred revenue		94,554.	19	136,152.
	20	Tax-exempt bond liabilities		20 754	20	400
	21	Escrow or custodial account liability. Complete Part IV		38,754.	21	100,795.
	22	Loans and other payables to any current or former offic				
	l)	trustee, key employee, creator or founder, substantial o				
· w	23	controlled entity or family member of any of these person	ons		22	
	24	Secured mortgages and notes payable to unrelated thin Unsecured notes and loans payable to unrelated third p	d parties		23	
- 1	25	Other liabilities (including federal income tax, payables			24	
- [20	parties, and other liabilities not included on lines 17-24).				
					05	
-1	26	of Schedule D Total liabilities. Add lines 17 through 25		494,036.	25	853,093.
7		Organizations that follow FASB ASC 958, check here	X	171,030.	20	055,095.
1		and complete lines 27, 28, 32, and 33.				
1	27	Net assets without donor restrictions		3,813,120.	27	3,596,479.
1	28	Net assets with donor restrictions	*****************	101,715.	28	492,632.
		Organizations that do not follow FASB ASC 958, chec			20	154,054.
		and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds	**************************************		29	
	30	Paid-in or capital surplus, or land, building, or equipment	fund		30	
1	31	Retained earnings, endowment, accumulated income, o	r other funds		31	
1:	32	Total net assets or fund balances		3,914,835.	32	4,089,111.
	33	Total liabilities and net assets/fund balances		4 400 004	33	4,942,204.

Form 990 (2020)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No.: 1545-0047

2020

Inspection

Name of the organization Employer identification number OREGON LAW CENTER 93-1194564 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.) 1 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: 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 I, Type II, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other In your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 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.)

Se	ection A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,556,151.	6,722,005.	6,507,529.	7,184,782	9,923,284.	35,893,751
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge		W				
4	Total. Add lines 1 through 3	5,556,151.	6,722,005.	6,507,529.	7,184,782.	9,923,284.	35,893,751.
5	The portion of total contributions				1,212,1021	5,525,204.	33,033,731,
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,745,601.
	Public support. Subtract line 5 from line 4.						32,148,150.
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	5,556,151.	6,722,005.	6,507,529.	7,184,782.	9,923,284.	35,893,751.
	Gross income from interest,						
	dividends, payments received on	1			U		
	securities loans, rents, royalties, and income from similar sources	14,540.	28,730.	24,715.	52,930.	20 217	150 000
	Net income from unrelated business	14,540.	20,730.	24,713.	54,930.	38,317.	159,232.
	activities, whether or not the						
	business is regularly carried on		7	1	1	1	
	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part VI.)	10,548.	17,917.	27,721.	15,161.	30,355.	101,702.
	Total support. Add lines 7 through 10						36,154,685
2 (Gross receipts from related activities, e	etc. (see instruction	ns)			12 1,	368,529.
3 F	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	D1(c)(3)	
_ (organization, check this box and stop I	here					
ect	ion C. Computation of Public	Support Per	centage				
4 F	Public support percentage for 2020 (lin	e 6, column (f), div	rided by line 11, co	olumn (f))		14	88.92 %
5 F	Public support percentage from 2019 S	Schedule A, Part II	, line 14		L	15	89.16 %
ba 3	3 1/3% support test - 2020. If the org	ganization did not	check the box on	line 13, and line 14	is 33 1/3% or mo	ore, check this box	and
h 2	top here. The organization qualifies as	s a publicly suppoi	ted organization		- 45 1- 00 4/00/		▶ X
υo	3 1/3% support test - 2019. If the org	gariization did not	cneck a box on IIn	e 13 or 16a, and III	ne 15 is 33 1/3% i	or more, check this	s box
ս 7a 1	nd stop here. The organization qualific 0% -facts-and-circumstances test -	. 2020 If the organ	pported organizati	ock a boy on line 1	2 160 or 16b on	nd line 44 in 400/ -	
a	nd if the organization meets the facts-	and-circumstances	stest check this h	nov and ston here	Evoluin in Part VI	how the organizat	r more,
	eets the facts-and-circumstances test					now trie organizat	
	0% -facts-and-circumstances test -					a. and line 15 is 10	
	ore, and if the organization meets the						770 OI
	ganization meets the facts-and-circum						
	ivate foundation. If the organization						
						ule A (Form 990 o	r 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			197-20	(4) =0.0	(0) 2020	(i) Total
membership fees received. (Do not				1		1
include any "unusual grants.")						
2 Gross receipts from admissions,		+				
merchandise sold or services per-		1	1			
formed, or facilities furnished in			I.			
any activity that is related to the		1	1			
organization's tax-exempt purpose					4	
3 Gross receipts from activities that						
are not an unrelated trade or bus-				1		1
iness under section 513				1	1	1
4 Tax revenues levied for the organ-			†		_	
ization's benefit and either paid to						
or expended on its behalf			1			ł
The residence of the second						
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				ľ		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						7
exceed the greater of \$5,000 or 1% of the					I. A	
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						(1)
IOa Gross income from interest,						
dividends, payments received on					1	
securities loans, rents, royalties, and income from similar sources					1	
b Unrelated business taxable income					-	
					1 1	
(less section 511 taxes) from businesses		1	1			
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on		1				
2 Other income. Do not include gain						
or loss from the sale of capital	1		(1)			
assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
First 5 years. If the Form 990 is for the o						
check this box and stop here						
ection C. Computation of Public	Support Per	centage				
Public support percentage for 2020 (line	8, column (f), di	vided by line 13, c	olumn (f))		15	Ç
Public support percentage from 2019 Sc	hedule A, Part I	II, line 15			16	
ection D. Computation of Investm	nent Income	Percentage			1.0	
Investment income percentage for 2020 (e 13 column (f)		17	
Investment income percentage from 2016	a Schodulo A. E	ort III. lina 17	e 15, column (i))			9
Investment income percentage from 2019	s Scriedule A, P	artin, mie 17			18	9
a 33 1/3% support tests - 2020. If the orga						is not
more than 33 1/3%, check this box and s						
b 33 1/3% support tests - 2019. If the orga						
line 18 is not more than 33 1/3%, check t	his box and sto	p here. The organi	zation qualifies as	a publicly suppo	rted organization	
Private foundation. If the organization did						

Part IV | Supporting Organizations

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

Section A. All 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 lines 3b and 3c 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")? /f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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 line 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
	1		
	2		
	_3a		
	3b		
	Зс		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		-
	6		— ,
	7		
	8		_
	9a		
	9b		
	9c		_
	10a		_
1	10b		_

	art is Supporting Organizations (continued)			
			Yes	s No
1	of the state of th			
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
S	ection B. Type I Supporting Organizations	11c		
-	- The compositing organizations		7	T
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		Yes	S No
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1-		
2	b and the state of			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
20	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		
-	ction 6. Type it Supporting Organizations			
1	Were a majority of the organization's directors or tructors during the towns of the state of the		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Se	ction D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	Г		No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
0	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

P	art V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	nizations	- III IOOI Page
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
_	All other Type III non-functionally integrated supporting organizations m			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	- V		
	(explain in detail in Part VI):	1 1		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		Type III supporting organ	nization (see
	instructions)	,	. , po oupporting organ	

Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (contin	nued)	I ago
	tion D - Distributions	1,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	tsorm	I I	Current Year
1	Amounts paid to supported organizations to accomplish ex	1	ourrent rour		
2	Amounts paid to perform activity that directly furthers exem	1			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	The state of the s	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
_ 1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019			1-	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2020 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	excess from 2020				
<u> </u>	MANAGER STATE OF THE STATE OF T				

Schedule A (Form 990 or 990-EZ) 2020 OREGON LAW CENTER	93-1194564 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; P Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part S Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part (See instructions.)	ert II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1c; Part V
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER	TNCOME:
OTHER INCOME (\$101,702)	
	<u> </u>

Schedule B

(Form 990, 990-E**Z**, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of the organization		Employer identification number				
O	93-1194564					
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or s total contributions.				
Special Rules						
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$						
ut it must answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	rm 990, 990-EZ, or 990-PF), rm 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

OREGON	LAW (CENTER
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93-1194564

Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$,085,972.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
4 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 -		\$\$ <u>275,041.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OREGON LAW CENTER

93-1194564

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	\$(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		s	
a) lo. om art !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 4 Name of organization **Employer identification number** OREGON LAW CENTER 93-1194564 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Pert III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info, once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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 sep	parate instructions), the	en	ioxy rux/ (occ sopulat	te mod dedona/ of Form 99	o-Lz, Fart v, line 350 (Prox
Section 50	01(c)(4), (5), or (6) organi:	zations: Complete Part III.			
Name of organ	OREGON	LAW CENTER			ployer identification number 93-1194564
Part I-A	Complete if the o	rganization is exempt u	nder section 501(d	c) or is a section 527	organization.
2 Political c	ampaign activity expend	nization's direct and indirect poli ditures aign activities			\$
Part I-B	Complete if the or	rganization is exempt ur	nder section 501(c	c)(3).	
		x incurred by the organization u			\$
2 Enter the	amount of any excise ta	x incurred by organization mana	agers under section 495	55	\$
3 If the orga	anization incurred a secti	ion 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a cor	rection made?		**************************	***************************************	Yes No
b If "Yes," d	lescribe in Part IV.				
		ganization is exempt un			
		ed by the filing organization for s			·
		nization's funds contributed to	•		
		s. Add lines 1 and 2. Enter here			
				•	•
4 Did the filir	ng organization file Form	1120-POL for this year?			Yes No
5 Enter the r	names, addresses and e	mployer identification number (I	EIN) of all section 527 p	olitical organizations to which	ch the filing organization
made payr	nents. For each organiza	ation listed, enter the amount pa	aid from the filing organ	ization's funds. Also enter tl	ne amount of political
		romptly and directly delivered to			ate segregated fund or a
political ac	tion committee (PAC). If	additional space is needed, pro	ovide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

2000Jilig Expella	itales bailing 4- real	Averaging Feriod		
(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
507,384.	506,939.	549,969.	657,311.	2,221,603
				3,332,405.
140,067.	87,695.	207,119.	116,590.	551,471.
126,846.	126,735.	137,492.	164,328.	555,401.
				833,102.
	(a) 2017 507,384.	(a) 2017 (b) 2018 507,384. 506,939. 140,067. 87,695.	507,384. 506,939. 549,969. 140,067. 87,695. 207,119.	(a) 2017 (b) 2018 (c) 2019 (d) 2020 507,384. 506,939. 549,969. 657,311. 140,067. 87,695. 207,119. 116,590.

Schedule C (Form 990 or 990-EZ) 2020

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)).

During the vear, did the filing organization attempt to influence foreign, national, state, or		(a)		
1 During the year did the filing expenientian etterant to influence ferring actional state of	Yes	No	An	nount
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:	1			
a Volunteers?	[
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			7	
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?	"			
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?	-			
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	'			
of "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				_
The filling organization incurred a section 49 12 tax, did it life Form 4720 for this year?	tion 501/c)/	(5) or s	oction	
art III-A Complete if the organization is exempt under section 501/c)//\ sec	11011 30 1(0)	o, or s	ection	
rt III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).				
501(c)(6).		11	Yes	1
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	ı
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), sec	the prior year	2 7 3 5), or se	ection	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from ITIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year tion 501(c)(d "No" OR	2 7 3 5), or so (b) Par	ection	e 3,
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from IT III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	the prior year tion 501(c)(d "No" OR	2 7 3 5), or so (b) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	the prior year tion 501(c)(d "No" OR	2 7 3 5), or so (b) Par	ection	
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Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	the prior year tion 501(c)(d "No" OR tical	2	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	the prior year tion 501(c)(d "No" OR tical	2	ection	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	OREGON LAW CENTER		93-1194564
F	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV,	line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
•	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		inde
	are the organization's property, subject to the organization'		
6	Did the organization inform all grantees, donors, and donor		
•	for charitable purposes and not for the benefit of the donor		
P	impermissible private benefit? Int II Conservation Easements. Complete if the or	respiration annuared "Van" on Form 200. Dout !	Yes No
1			v, line 7.
	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recre	200 UND CONTROL OF THE TOTAL C	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
8	Total number of conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a
k	Total acreage restricted by conservation easements	***************************************	2b
C	Number of conservation easements on a certified historic st		2c
C	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
	>		3,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
	▶ \$		and you
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(3)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		.21 000011300 1110
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		lance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan	·	noo or pasilo
b	f the organization elected, as permitted under FASB ASC 95		e sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further and	e of public service,
	, , , , , , , , , , , , , , , , , , , ,	***************************************	•
	f the organization received or hold works of art, historical tree		
	f the organization received or held works of art, historical trea		provide
	he following amounts required to be reported under FASB AS		
al	Revenue Included on Form 990, Part VIII, line 1		\$
D	Assets included in Form 990, Part X		\$

7	TOTAL STREET,	LAW CENTE						93-13	19456	54	Page	
P	Part III Organizations Maintaining (Collections of A	Art, Histo	rical T	reasures	, or Ot	her Simi	lar Ass	ets(cont	inue	d)	
3	3 Using the organization's acquisition, access	ion, and other reco	rds, check a	any of th	e following t	hat make	significan	t use of it	S			
	collection items (check all that apply):											
	a Public exhibition		d Lo	an or ex	change pro	gram						
	b Scholarly research		e Ot	her								
	c Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5		or receive donations	of art, histo	orical tre	asures, or o	ther simil	ar assets					
	to be sold to raise funds rather than to be m	aintained as part of	the organiz	ation's c	collection?			E	Yes		No	
P	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
16	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included											
	on Form 990, Part X?											
k	b If "Yes," explain the arrangement in Part XIII and complete the following table:											
		•	Ü						Amoun			
c	Beginning balance						1c		7 4110 411			
c	d Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance	*******************************					1f					
	 Did the organization include an amount on Fo 	orm 990, Part X, line	21, for esc	row or c	ustodial acc	ount liab	ility?	X	Yes		No	
	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation h	nas beer	n provided o	n Part XI	II	********		X	-	
Pa	art V Endowment Funds. Complete if	the organization ar	nswered "Ye	es" on Fo	orm 990, Pa	rt IV, line	10.	- Carlos				
		(a) Current year	(b) Prior	year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years	back	
1a	Beginning of year balance											
b												
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g, c	olumn (a	a)) held as:							
	Board designated or quasi-endowment		_%									
	Permanent endowment	%										
C	Term endowment ▶%											
	The percentages on lines 2a, 2b, and 2c should											
3а	Are there endowment funds not in the possess	sion of the organiza	ation that ar	e held aı	nd administe	ered for t	he organiza	ation				
	by:									Yes	No	
	(i) Unrelated organizations								3a(i)			
	(ii) Related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Sche	dule R?					3b			
4	Describe in Part XIII the intended uses of the o		wment fund	s.								
'ar	t VI Land, Buildings, and Equipme											
	Complete if the organization answered	1), Part X,	line 10.					
	Description of property	(a) Cost or other					cumulated	((d) Book value			
		basis (investm	ent)	basis (other)		depreciation						
	Land											
b	Buildings											
	Leasehold improvements				0,612.		35,35		75	,26	51.	
	Equipment			672	2,172.	4	43,47		228	,70	00.	
	Other				531.		53:	1.			0.	
tal	Add lines 1a through 1e (Column (d) must equ	al Form 000 Port \	Cookima 10	W. line 10	101			42	303	06	1	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

SCHEDULE 0

(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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OREGON LAW CENTER

Employer identification number 93-1194564

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE TYPES OF SERVICES PROVIDED BY OLC INCLUDE: CONSULTATION AND ADVICE; BRIEF SERVICE; COMMUNITY EDUCATION/SELF-HELP/PRO SE FORMS/WEBSITES; 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 OUR CLIENT POPULATION BETTER UNDERSTAND THEIR RIGHTS AND RESPONSIBILITIES UNDER THE LAW. 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 WEBSITE. 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, 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 A
HOTLINE 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. OLC ATTORNEYS CONDUCT REGULAR INTAKE INTERVIEWS WITH APPLICANTS WHO CONTACT THE ATTORNEYS OFFER ADVICE, BRIEF SERVICE OR FULL AN OLC OFFICE. 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 LISTSERVE WHERE PRIVATE ATTORNEYS CAN PICK UP THE CASE. ACCEPTED BASED ON APPLYING PRIORITIES THAT ARE SET THROUGH A ROUTINE ASSESSMENTS OF CLIENT NEEDS. 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 3,166 CASES, INCLUDING 25 CASES WHERE THE

REPRESENTATION RESULTED IN AN ADMINISTRATIVE AGENCY DECISION AND 119

CASES WHERE THE REPRESENTATION RESULTED IN A COURT DECISION. ABOUT 23%

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

INVOLVE DOMESTIC VIOLENCE OR CHILD ABUSE), 38% WERE CATEGORIZED AS

HOUSING LAW (INCLUDING LANDLORD/TENANT, SUBSIDIZED HOUSING AND

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

ARISE UNDER STATE AND FEDERAL STATUTES RELATED TO WAGES, DISCHARGE,

DISCRIMINATION, SAFETY AND SIMILAR ISSUES), 7% WERE CATEGORIZED AS

INCOME MAINTENANCE (UNEMPLOYMENT INSURANCE, VETERANS' BENEFITS, SOCIAL

SECURITY, AND OTHER PUBLIC BENEFITS), 7% WERE CATEGORIZED AS CONSUMER

LAW, 6% WERE CATEGORIZED AS INDIVIDUAL RIGHTS (INCLUDING MENTAL HEALTH,

DISABILITY RIGHTS, CIVIL RIGHTS AND HUMAN TRAFFICKING), 4% WERE

CATEGORIZED AS ACCESS TO HEALTH CARE, AND 6% WERE CATEGORIZED AS

WILLS/ESTATES, EDUCATION, JUVENILE, LICENSES, OR OTHERS.

CLIENTS ACHIEVED A POSITIVE RESULT IN 94% OF CASES INVOLVING SOME FORM

OF LITIGATION. AS A RESULT OF THIS FORM OF REPRESENTATION: 88% WERE

MORE ECONOMICALLY SECURE; 89% OF THE CASES ALSO BENEFITED THE CLIENT'S

FAMILY OR HOUSEHOLD MEMBERS; AND 33% OF THE CASES BENEFITTED OTHER

LOW-INCOME PEOPLE IN OREGON BEYOND THE CLIENT'S FAMILY AND HOUSEHOLD.

WHERE A MATTER INVOLVED THESE SPECIFIC ISSUES: 87% OF THE CLIENTS WERE

PHYSICALLY SAFER; 81% WERE BETTER ABLE TO KEEP CHILDREN SAFE; AND 76%

OBTAINED OR MAINTAINED HOUSING. 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

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.

THE COMPENSATION OF OTHER EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR BASED

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

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 93-1194564 OREGON LAW CENTER Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 522 S.W. FIFTH AVENUE, NO. 812 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. Instructions. PORTLAND, OR 97204 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return **Application** Is For Code Code Is For Form 990-T (corporation) 07 01 Form 990 or Form 990-EZ Form 1041-A 08 Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) Form 5227 10 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) SARAH DEMARTINO The books are in the care of ► 522 S.W. FIFTH AVENUE, SUITE 812 - PORTLAND, OR 97204 Fax No. Telephone No. ► (503) 295-2760 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ➤ X calendar year 2020 or , and ending tax year beginning Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.