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.

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

Open to Public Inspection

<u>A</u>	For the	2016 calendar year, or tax year beginning	and ending		
В	Check if applicable	C Name of organization	_	D Employer identific	ation number
	Addres	LEGAL AID SERVICES OF OREGON			
	Name change	Doing business as		93-00	635480
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit		
	Final return/	520 S.W. SIXTH AVENUE	1130		471-1140
	termin- ated		e	G Gross receipts \$	8,465,117.
	Amend			H(a) Is this a group re	
	Applic			for subordinates	
	pen,din	SAME AS C ABOVE		H(b) Are all subordinates in	
Ţ.	———— Г₃x-ехе		a)(1) or 52	<del>_</del> · ·	list (see instructions)
		e: ► WWW.LASOREGON.ORG		H(c) Group exemption	
<i>~</i> –		organization: X Corporation Trust Association Other	L Yea		State of legal domicile: OR
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities. SE	EE SCHED	ULE O	
Governance	`	<u> </u>			<del></del>
ī.	2	Check this box   if the organization discontinued its operations or organization.	disposed of mo	ore than 25% of its net as	sets
Š		Number of voting members of the governing body (Part VI, line 1a)		3	18
Ğ	1	Number of independent voting members of the governing body (Part VI, line	1b)	4	18
တို ပူ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	100
įŧe	6	Total number of volunteers (estimate if necessary)		6	714
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ř	l b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	<del>                                     </del>			Prior Year	Current Year
<b>=</b>	8	Contributions and grants (Part VIII, line 1h)		7,327,524.	8,107,304.
ZO1/ une	9	Program service revenue (Part VIII, line 2g)	ļ-	307,768.	320,220.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	r	5,481.	18,028.
, ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F	26,001.	19,565.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) (lines	42)	7,666,774.	8,465,117.
<u>ร</u> _		Grants and similar amounts paid (Part IX, column (A), lines (3) C I V C		0.	0,403,117.
		Benefits paid to or for members (Part IX, column (A), Ine 4)	78	Ŏ.	0.
Expenses	15	Salaries, other compensation, employee benefits [Rart IX, copumn][A] lines	, ioi m	5,766,402.	6,449,980.
	162	Professional fundraising fees (Part IX, column (A),    n)    11e)	38 E	0.	0.
	h	- 1	377067.		
ૢૺઍ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24-50000,		1,419,209.	1,687,999.
Ю <sup>—</sup>		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	7,185,611.	8,137,979.
		Revenue less expenses Subtract line 18 from line 12	<u> </u>	481,163.	327,138.
56		Hevenue less expenses oubtract line to non line 12		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	H	3,977,697.	4,295,146.
ASS	21	Total liabilities (Part X, line 26)	F	683,719.	674,030.
ĕ	22	Net assets or fund balances. Subtract line 21 from line 20	ŀ	3,293,978.	3,621,116.
	art II	Signature Block		3,233,310.	3,021,110.
		alties of perjury, I declare that I have examined this return, including accompanying sci	hedules and state	ements, and to the hest of m	v knowledge and helief it is
		ct, and comp <u>lete.</u> Declaration of preparer (other than officer) is based on all information			y miorioago ana conoi, n io
	0, 00.100	Jan R. Mounes	or willow propu	9/29	717
Sig	710	Signature of officer		Date	1/ (
He		JANICE MORGAN, EXECUTIVE DIRECTOR			
пе	: C	Type or print name and title			
		Print/Type preparer's name Preparer's sunature	1	Date / Check	PTIN
Pa	id	YEE LEE MCGEE	-	9/25// set 2mploy	
	eparer	Firm's name GARY MCGEE & CO LLP		Firm's EIN	W KOTEJEJJO
	e Only	Firm's address 808 S.W. THIRD AVENUE, SUITE	700	THIN S LIN	<del></del>
	<b>,</b>	PORTLAND, OR 97204	, 00	Phone no. ( 5	03) 222-2515
 M:	av the II	RS discuss this return with the preparer shown above? (see instructions)		Tritonatio, ( )	Yes No
	2001 11-1		tructions		Form <b>990</b> (2016)
3,76			u uullui13.		1 01111 000 (2010)

Form **990** (2016)

	990 (2016) LEGAL AID SERVICES OF OREGON	<u>93-0635480</u>	Page <b>2</b> _
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission	DE 60	
	THE PRIMARY PURPOSE OF LEGAL AID SERVICES OF OREGON SHA		
	ACHIEVE JUSTICE FOR THE LOW-INCOME COMMUNITIES OF OREGON		ING
	A FULL RANGE OF THE HIGHEST QUALITY CIVIL LEGAL SERVICE:	S.	
2	Did the organization undertake any significant program services during the year which were not listed on the	<del></del>	
2			s X No
	prior Form 990 or 990-EZ?	L Yes	S LALINO
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye:	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	96
-			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	, and
	revenue, if any, for each program service reported	<del></del>	
4a	(Code) (Expenses \$7 , 322 , 251 . including grants of \$) (Reven		<u>,220.</u> )
	LEGAL AID SERVICES OF OREGON (LASO) IS A NON-PROFIT ORG	ANIZATION T	HAT
	PROVIDES REPRESENTATION ON CIVIL CASES TO LOW-INCOME CL	TENTS THROUG	CHOUT
	OREGON. IN ADDITION, TWO STATEWIDE PROGRAMS PROVIDE LE		
	FARMWORKERS AND REPRESENTATION ON NATIVE AMERICAN ISSUE	S IN STATE	AND
	TRIBAL COURTS.		
		<del></del>	
4b	(Code) (Expenses \$) (Reven		
40	(Code //Expenses 5 including grants of 5 // (Heven	.ue \$	/
			<del></del>
			<del></del>
4c	(Code) (Expenses \$	iue \$	)
4d	Other program services (Describe in Schedule O.)	<del></del>	
•••		,	
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 7,322,251.	<del></del>	000
		Form	990 (2016)

Part IV Checklist of Required Schedules

	tri oneckist of frequired octoques ,		-	
			Yes	No
1'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<b></b>
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		. ]	37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ '		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₹.
_	Schedule D, Part III	_8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	x	
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9_	^	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10_		-41
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		**	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14 <u>a</u>		_ <u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i	1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <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			
<b>.</b> -	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,			**
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		]	٦,
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash$	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19	000	X (2016)

Form 990 (2016) LEGAL AID SERVICES OF OREGON

Part IV Checklist of Required Schedules (continued)

<u> </u>			Yes	NI-
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		,,
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<b> </b>		1,7
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II			<b>.</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34	Part V, line 1	24		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		A
-	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?	330		<u> </u>
~ <b>~</b>	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		**
	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?	J.		<del>-^</del>
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	!
		,		(0016)

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

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	3		ĺ
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	_[	ĺ '	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other			_
	officer, director, trustee, or key employee?			_2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		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	appoint	one or			
	more members of the governing body?			_7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ne following:			1
а	The governing body?			<u>8a</u>	X	<del></del>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			_10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<u> </u>	<b>├</b> ─
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	X	<del> </del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<del> </del>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	<u> </u>	<del> </del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," a	escnbe			
	in Schedule O how this was done			12c	X	<del> </del>
13	Did the organization have a written whistleblower policy?			13	X	<b>├</b>
14	Did the organization have a written document retention and destruction policy?			14	X	<del> </del>
15	Did the process for determining compensation of the following persons include a review and appro	•	ndependent	İ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	· ?		1		1
a	The organization's CEO, Executive Director, or top management official			15a	X	├
b	Other officers or key employees of the organization			15b	X	<del> </del>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	om	with a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement \	wiii a	1,0		v
	taxable entity during the year?	oto :		16a	<del> </del>	X
0	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in the control of the standard organization to evaluate the control of the standard organization to evaluate the standard organization the standard organization to evaluate the standard organization the standard organizat					[
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	on's		]	j
<u>Sac</u>	exempt status with respect to such arrangements?tion C. Disclosure			16b	L	Ь
17	List the states with which a copy of this Form 990 is required to be filed ▶OR					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	tion 501(c)(3)s only	avadat		
	for public inspection. Indicate how you made these available. Check all that apply.	. (080	aon oo raajojs only)	avalldi	,1 <del>0</del>	
	Own website Another's website X Upon request Other (expla	ın ın Sa	hedule Ol			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		<u>-</u>	nd finan	oial	
13	statements available to the public during the tax year.	or mict	or interest policy, at	ıu iinar	uldi	
20	State the name, address, and telephone number of the person who possesses the organization's t	noko o	nd records			
20	PHIL MARTIN	ouns a				

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

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	oox, unless person is officer and a director			ıs bot	h an	compensation	compensation	amount of
	week	<b>├</b> ─~				rector/trastco/		from	from related	other
	(list any hours for	trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e 0 .	stee			sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	altru		) se	шре		(		and related
	below	Individual	Institutional trustee	, 5.	Key employee	Highest compensated employee	뎔			organizations
<u> </u>	line)	횰	as a	Officer	Ke	돌	<b>Former</b>			
(1) WAYNE BELMONT	1.00		!		Ì	l			l	
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0
(2) MARK COMSTOCK	1.00	ļ			]					
DIRECTOR		X			L_			0.	0.	0
(3) AMY EDWARDS	1.00								_	
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0
(4) DANA GALAXY	1.00	1							_	
DIRECTOR		X		_		_		0.	0.	0
(5) ED GOODMAN	1.00							_	_	_
DIRECTOR		X	<u> </u>	<b>)</b>	_	ļ_	<u> </u>	0.	0.	0
(6) SARA GRAY	1.00	<u> </u>						_		_
DIRECTOR		X	_	<u> </u>	<u> </u>	_	_	0.	<u> </u>	. 0
(7) KRISTIN MACKAY	1.00	4	1			1	ĺ	1		_
DIRECTOR		X	-	<u> </u>	ļ	-	<u> </u>	0.	0.	0
(8) GAYLE PATTERSON	1.00	l	1	}	ļ	1	l			
DIRECTOR		X	<u> </u>	<u> </u>		-		0.	0.	0
(9) MANUEL PEREZ	1.00	┨			1	1				
DIRECTOR		X	_	<u> </u>	igspace	$\vdash$	<u> </u>	0.	0.	0
(10) MARC PERRIN	1.00	<b>┤</b>	ļ	ļ	l					
DIRECTOR	1 2 2 2	X	-	<u> </u>	<del> </del>	<b>↓</b> _	-	0.	0.	0
(11) LOU SAVAGE	1.00	┨		ŀ						1
DIRECTOR		X	┝	<b>├</b> -	<del> </del> _	╄-	ļ_	0.	0.	0
(12) MARY TINOCO	1.00	┨		ļ						
DIRECTOR	1 00	X	-	<u> </u>	-	╄-	┝	0.	0.	0
(13) ASSITAN SYLLA TRAORE	1.00	I	Ì	[		ĺ	ĺ			1
DIRECTOR		X	-	├-	<u> </u>	┼		0.	0.	0
(14) MARISA WILKINS	1.00	┨			ł		ł	1		
DIRECTOR	1 00	X	<del>  _</del>	<b>├</b> -	<u> </u>	┼	_	0.	0.	0
(15) MICHAEL MASON	1.00	١			]					] _
PRESIDENT		X	<b>├</b> ─	X	-	┼	├—	0.	0.	0
(16) BEVERLY PEARMAN	1.00		1						_	_
VICE PRESIDENT	1 22	X	<del> </del>	X	-	ļ	<del> </del>	0.	0.	0
(17) PAULA PALMER	1.00		1							_
TREASURER		X	<u> </u>	X	<u>L</u> .		<u> </u>	<u> </u>	0.	Form <b>990</b> (201

Part VII Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C	1					
(A)	(B)	(C) Position						(D)	(E)		-	(F)	
Name and title	Average hours per		not c	not check more than one unless person is both an				Reportable	Reportable	,		timat 10unt	
	week					or/trus		compensation from	compensation from related	- 1		othe	
	(list any	ğ						the	organizations	- 1			ation
	hours for	die				뎙	•	organization	(W-2/1099-MIS	C)	fr	om tl	ne
	related	stee	ruste		_	Bensa		(W·2/1099-MISC)		1	-	anıza	
	organizations below	lal tru	onalt		toyee	E 8				l		d rela	
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ē				orga	inizat	lions
(10)	1.00	=	트	5	₹	= 5	- E						
(18) MARTINA GORDON	1.00	x		x				0.		0.			Λ
SECRETARY	35.00	^		^	-	┼─		0.		٠.			0.
(19) JANICE MORGAN	33.00	1		х				90,120.		0.	2	3 6	68.
EXECUTIVE DIRECTOR	35.00			Λ				90,120.		•	4	J,.	
(20) PHIL MARTIN	33.00	1		x				83,025.		0.	2	1 1	.34.
DIRECTOR OF FINANCE				^	$\vdash$	1		03,023.		٠.		<u> </u>	
		1											
				<del>                                     </del>									
		1											
					$\vdash$	$\vdash$	$\vdash$						
		1											
		1											
			<del>                                     </del>										
		1											
				$\vdash$	-	+			•				
		1		ł									
1b Sub-total	L	<u> </u>	1	<u> </u>		1		173,145.		0. 44,702			
c Total from continuation sheets to Part V	II Section A							0.		0.		<del>-</del> , ,	0.
d Total (add lines 1b and 1c)	ii, Section A							173,145.		0.	1	1 -	702.
2 Total number of individuals (including but r	ot limited to th	1000	lieta	le he	hov	صــــــــــــــــــــــــــــــــــــ	10 r		1 000 of reportable			<u> </u>	02.
compensation from the organization	iot iiiiiitea to ti	1030	11311	3 <b>u</b> u	JOV.	C) W	10 1	eceived inoie triair wroc	,000 of reportable	5			0
Germperioditer from the organization												Yes	
3 Did the organization list any former officer	director or tri	ıste	e ka	ov er	nnic	SVER	or	highest compensated e	mnlovee on	- 1			+
line 1a? If "Yes," complete Schedule J for s			o,	.,		,,,,	, 0.	riigiicot componicated c	inployed on		3		X
4 For any individual listed on line 1a, is the si			omn	ensa	atior	n and	to h	her compensation from	the organization			_	<del>  **</del>
and related organizations greater than \$15								•	ano organization	•	4		x
5 Did any person listed on line 1a receive or									idual for services		_		<u> </u>
rendered to the organization? If "Yes," con							٠.۵.	ou organization of many			5		x
Section B. Independent Contractors	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	0. 0		<i>p</i> 0								1
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors 1	that received more than	\$100,000 of com	nens	ation 1	rom	
the organization Report compensation for	=								•				
(A)								(B)			((	2)	
Name and business	address	N	ON:	E				Description of s	ervices	С	ompe		on
													-
					_								
2 Total number of independent contractors (	including but r	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization 🕨					0							

Form 990 (2016) LEGAL AID SERV Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin				
					( <b>A)</b> Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a	5,643.				
irar	b	Membership dues	1b					
Ğ,Ğ	С	Fundraising events	1c					
a #		Related organizations	1d			i		
S,E			tions) 1e 7,	562,873.				
E is	f	All other contributions, gifts, gran		•				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	1 1	538,788.				
ng pu	_	Noncash contributions included in lines	; 1a-1f \$		8,107,304.			
0 8	<u> </u>	Total. Add lines 1a-1f		Business Code	0,107,304.		<del></del>	<del>-  </del>
	2 3	FEES FOR SERVICE	פתי	541100	320,220.	320,220.		
Program Service Revenue	2 a b	I DDD I OK DDKVIC		341100	320,2201	320,220.		
Ser	c							<del>                                     </del>
E Š	d							
P. P. S.	u و							
P.	f	All other program service reve						
		Total. Add lines 2a-2f	,,,,,,	<b>•</b>	320,220.			
$\neg$	3	Investment income (including	dividends intere		32072201			
		other similar amounts)		<b>&gt;</b>	18,028.			18,028.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties		•				
		,	(ı) Real	(II) Personal	···· -		•	
	6 a	Gross rents	(y : : z = ::	1 (1)				
- 1		Less rental expenses						
1		Rental income or (loss)						
		Net rental income or (loss)	<u> </u>	· •				
		Gross amount from sales of	(i) Securities	(II) Other				
- [		assets other than inventory	,,	/				
ŀ	ь	Less cost or other basis						1
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<b>•</b>				
une		Gross income from fundraisin	•					
Ne		including \$						
Other Reve		contributions reported on line Part IV, line 18	•					
卢	_	Less: direct expenses	. а		1	İ		
ŏ		•	b drawna ovente		1			
		Net income or (loss) from fund Gross income from gaming a	_					-
	<i>5</i> d	Part IV, line 19						
ł	<b>h</b>	Less: direct expenses	a b		1			
- 1		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
1	iv a	and allowances						
	h	Less: cost of goods sold	a b			]		
		Net income or (loss) from sale	•					
<u> </u>	<u> </u>	Miscellaneous Revenu		Business Code			<del></del>	
<b> </b>	11 -	OTHER REVENUE	10	900099	19,565.			19,565.
	b			700099	19,303.		<del></del> . <u></u> -	13,303.
	C	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>			<del>                                     </del>
		All other revenue			-		<del></del> -	<del>                                     </del>
		Total, Add lines 11a-11d		<b></b>	19,565.			<del> </del>
	12	Total revenue. See instructions.	<u> </u>	-	8,465,117.	320,220.	0	. 37,593.

	Check if Schedule O contains a respons			(C)	··· (n)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<del></del>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16				<del></del> .
4	Benefits paid to or for members	- ·			
5	Compensation of current officers, directors,	217 047		215 572	2 274
_	trustees, and key employees	217,847.		215,573.	2,274.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) Other salaries and wages	4,320,170.	4,021,224.	294,308.	4,638.
7	Pension plan accruals and contributions (include	4,320,1100	4,021,224.	254,500.	4,050.
8	section 401(k) and 403(b) employer contributions)	230,501.	215,909.	14,358.	234.
9	Other employee benefits	1,345,562.	1,292,035.	52,277.	1,250.
10	Payroll taxes	335,900.	300,609.	34,810.	481.
11	Fees for services (non-employees):	000,5000	30070031		
''a					
b	·				**
c	, · · · · · · · · · · · · · · · · · · ·	47,200.		47,200.	
	Lobbying				
e	B ( ) ( ) O D ( ) ( ) ( ) ( )	"-			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	613,368.	561,149.	52,015.	204.
12	Advertising and promotion				
13	Office expenses	146,656.	130,779.	15,704.	173.
14	Information technology				
15	Royalties				
16	Occupancy	449,970.	393,444.	55,979.	547.
17	Travel	91,639.	91,402.	235.	2.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates	77 107	77 107		<del></del>
22	Depreciation, depletion, and amortization	77,187.	77,187.	2 515	2.5
23	Insurance	27,917.	25,367.	2,515.	35
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AMILIAN .	88,504.	81,188.	7,278.	38
b	COLOGRATOR	79,307.	70,965.	8,209.	133
c	TAGE TENDANU	48,321.	44,864.	3,417.	40
c		17,930.	16,129.	1,783.	18
	All other expenses		/		
25 25	Total functional expenses. Add lines 1 through 24e	8,137,979.	7,322,251.	805,661.	_10,067
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			i i	

Part >	X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing		1,501,020.	1	1,187,227
2	2	Savings and temporary cash investments		1,487,345.	2	1,796,220
3	3	Pledges and grants receivable, net			3	
		Accounts receivable, net		493,055.	4	643,718
5		Loans and other receivables from current and form	mer officers, directors.			
	•	trustees, key employees, and highest compensate	1			
		Part II of Schedule L.			5	
e	R	Loans and other receivables from other disqualifie	ed persons (as defined under			
'	_	section 4958(f)(1)), persons described in section 4	' '			
		employers and sponsoring organizations of section				
,		employees' beneficiary organizations (see instr) C	-		6	
Siessel 7	7	Notes and loans receivable, net		7		
ξ   ε		Inventories for sale or use		8		
٥		Prepaid expenses and deferred charges	ļ	363,139.	9	363,005
	-	Land, buildings, and equipment. cost or other	ı 1	3 00 / 2031		200,000
"	J G		10a 581,571.			
	h	·	10b 276,595.	133,138.	10c	304,976
11		Investments - publicly traded securities	2,0,3331	133/1301	11	301/3/0
12		Investments - other securities See Part IV, line 11		12		
13		Investments - program-related See Part IV, line 11		13		
14		Intangible assets		14		
15		Other assets. See Part IV, line 11		15		
16		Total assets. Add lines 1 through 15 (must equal	3,977,697.	16	4,295,146	
17		Accounts payable and accrued expenses		418,204.	17	442,651
18		Grants payable	İ		18	
19		Deferred revenue	Ì	57,956.	19	5,139
20		Tax-exempt bond liabilities	Ì	0.,,,,,,	20	
21		Escrow or custodial account liability. Complete Pa	art IV of Schedule D	16,905.	21	33,624
		Loans and other payables to current and former of	ľ			
	_	key employees, highest compensated employees	· ·			
		Complete Part II of Schedule L	, and and damino personer		22	
ة   <sub>23</sub>	3	Secured mortgages and notes payable to unrelate	ed third parties		23	
24		Unsecured notes and loans payable to unrelated	· .	•	24	
25		Other liabilities (including federal income tax, paya	·	_		<del></del>
	•	parties, and other liabilities not included on lines 1				
		Schedule D		190,654.	25	192,616
26	6	Total liabilities. Add lines 17 through 25		683,719.	26	674,030
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
က္က		complete lines 27 through 29, and lines 33 and				
27	7	Unrestricted net assets		3,271,222.	27	3,566,378
28	8	Temporarily restricted net assets	_	22,756.	28	54,738
9 29	9	Permanently restricted net assets		· · · · · · · · · · · · · · · · · · ·	29	
5		Organizations that do not follow SFAS 117 (AS	C 958), check here ▶ 🔲			
5		and complete lines 30 through 34.				
Net Assets of Fund balances 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	0	Capital stock or trust principal, or current funds		30		
3	1	Paid-in or capital surplus, or land, building, or equ	pment fund		31	
32		Retained earnings, endowment, accumulated inco	· .		32	
ž   30	3	Total net assets or fund balances		3,293,978.	33	3,621,116
34	4_	Total liabilities and net assets/fund balances		3,977,697.	34	4,295,146

	1990 (2016) LEGAL AID SERVICES OF OREGON	93-	·063548	0	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,4	<u>65</u>	<u>, 1:</u>	<u> 17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,1			
3	Revenue less expenses Subtract line 2 from line 1	3	3	27	<u>, 13</u>	<u>38.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,2	93	<u>, 9'</u>	<u>78.</u>
5	Net unrealized gains (losses) on investments	5			_	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,6	21	,1:	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Y	es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	<b>o</b> _ :	X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c i	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	)			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Au	dıt			
	Act and OMB Circular A-133?		3	a .	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	<b>o</b> :	X	

Form **990** (2016)

### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization 93-0635480 LEGAL AID SERVICES OF OREGON Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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). X 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 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 in your governing document? (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 LEGAL AID SERVICES OF OREGON 93-0635480 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	6,660,752,	6,911,859,	7,461,353.	7,327,524,	8 107 304.	36,468,792,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ľ				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,660,752.	6,911,859,	7,461,353,	7,327,524.	8,107,304.	36,468,792.
5	The portion of total contributions						
	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)						
	Public support. Subtract line 5 from line 4						36,468,792.
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		Т			
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 4	6,660,752,	6,911,859.	7,461,353.	7,327,524.	8,107,304,	36,468,792,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				<b>5</b> 404	10 000	20 500
	and income from similar sources	8,520.	3,068.	4,625.	5,481.	18,028.	39,722.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	_					
10	Other income. Do not include gain					,	
	or loss from the sale of capital	44 400	25 645	01 546	06 001	10 565	444 455
	assets (Explain in Part VI)	41,408.	35,617.	21,546.	26,001.	19,565.	
	Total support. Add lines 7 through 10	L			···· <u>-</u> · · · · · · · · · · · · · · · · ·	1	36,652,651.
	Gross receipts from related activities,	•	•				,389,077.
13	First five years. If the Form 990 is for	=	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	<b>.</b> —
Sec	organization, check this box and storection C. Computation of Publ	ic Support Per	rcentage	<u> </u>			
	Public support percentage for 2016 (			rolumo (fi)		14	99.50 %
	Public support percentage from 2015	, ,,	• •	(1)		15	99.51 %
	33 1/3% support test - 2016. If the			n line 13, and line 1	14 is 33 1/3% or n	·	· · · · · · · · · · · · · · · · · · ·
	stop here. The organization qualifies	•					►X
t	33 1/3% support test - 2015. If the				line 15 is 33 1/3%	or more, check ti	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		▶□
Ł	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and :	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs 🕨 🗌
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 LEGAL AID SERVICES OF OREGON 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	sion, piodos com	pioto i ait ii j				
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not		1			1	
include any "unusual grants ")						
2 Gross receipts from admissions,		ļ				
merchandise sold or services per-					1	
formed, or facilities furnished in any activity that is related to the		<b>)</b>	ļ		<b>,</b>	
organization's tax-exempt purpose						
3 Gross receipts from activities that	1					
are not an unrelated trade or bus-		ļ				ı
iness under section 513					ļ	
4 Tax revenues levied for the organ-	ı				i	
ızatıon's benefit and either paid to	1					ı
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		}				
the organization without charge	<u> </u>			l		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	L		l			
<b>b</b> Amounts included on lines 2 and 3 received	i					
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		<b>)</b>	ļ		j	
amount on line 13 for the year					<u> </u>	
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)				<u> </u>	<u> </u>	
Section B. Total Support			<del> </del>		<del></del>	
Calendar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties					1	1
and income from similar sources					ļ	
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses		1	1			
acquired after June 30, 1975	L					
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,			ł	1		ţ
whether or not the business is			1			}
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital				1		1
assets (Explain in Part VI)			<b></b>	<u> </u>	<u> </u>	ļ
13 Total support (Add lines 9, 10c, 11, and 12)	L	l	<u> </u>			
14 First five years. If the Form 990 is for	r the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	<del></del>	···-				<u> </u>
Section C. Computation of Publ					<del></del>	
15 Public support percentage for 2016 (	• •	•	column (f))	•	15	%
16 Public support percentage from 2015				· <del></del>	16	%
Section D. Computation of Inve					T.:-1	
17 Investment income percentage for 20		* * * * * * * * * * * * * * * * * * * *	ne 13, column (f))		17	<u>%</u>
18 Investment income percentage from:		-		. 45	18	%
19a 33 1/3% support tests - 2016. If the	-				•	1 / is not
more than 33 1/3%, check this box a	•			• • •	•	▶∟
b 33 1/3% support tests - 2015. If the	<del>-</del>				•	
line 18 is not more than 33 1/3%, che		· ·			•	·     ₹⊢
20 Private foundation. If the organization	in did not check a	DOX on line 14, 19	ia, or 19b, check t	nis box and see in	structions	<u> </u>

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action. (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	-	Yes	No
		.,,,	
	1		
	2		
	3a		
	3b		
	3c	<u>-</u>	
	4a		
	4b	:	
	•		
	4c		
	_5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		<del>_</del>
	9b		
	9c		
	10a		
	10b		
O	90 or 90	V EZ	2016

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	<u>.                                  </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

	dule A (Form 990 or 990 EZ) 2016 LEGAL AID SER			3-0635480 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
Secti	on D - Distributions	<del>-, </del>		Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6		<u></u>	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
	From 2013			
	From 2014		****	
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
<del>-</del>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if	· · · · · · · · · · · · · · · · · · ·		
J	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			-
J	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
	Excess distributions carryover to 2017. Add lines 3j			-
7	and 4c			
8	Breakdown of line 7			
_ <del>_</del>				
	Excess from 2013			
	Excess from 2014			
		· <del>/</del>		

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d Excess from 2015 e Excess from 2016

Schedule A	(Forn	n 990	or 990-E	Z) 2016	LEGAL	AID	SERV	ICES (	OF O	REGON			<u>93</u> -	06354	80 Pag	e <b>8</b>
Part VI												rt II, line 17a		_		
	Part	IV. S	ection A.	lines 1.	. 2. 3b. 3c. 4	b. 4c. 5	a. 6. 9a. 9	b. 9c. 11a.	11b. an	d 11c: Par	rt IV. Se	ection B, line	s 1 and 2,	Part IV, Se	ction C,	
	line	1: Par	rt IV. Sec	ction D.	lines 2 and 3	3. Part IV	<ol><li>Section</li></ol>	E. lines 1c.	2a. 2b.	3a, and 3	b, Part	V, line 1, Pa	rt V, Sectio	n B, line 1	e, Part V,	
	Sec	tion D	), lines 5,	6, and	8, and Part	V, Section	on E, lines	s 2, 5, and 6	Also c	omplete th	nis part	for any add	tional infor	mation		
	(See	instr	uctions)	<u></u>										<del></del>		—
													-			
SCHEDU	<u>JLE</u>	Α,	PAR	r II	<u>, LINE</u>	10,	EXPL	ANATI	ON F	OR OT	HER	INCOME	:			
OTHER	INC	COM	E (\$1	144,	<u>137)                                    </u>											
														-		
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### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 93-0635480

Par	t I Organizations Maintaining Donor Advised		is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		ŗ
	Organization anovoted Tes Stri Stri 350; Fatt 17, iii d	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(4)	(2)
1	Aggregate value of contributions to (during year)		
2	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in wr	eting that the agests hold in depar adv	used funds
5			Yes N
6	are the organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and donor adv	<del>-</del>	<del></del>
6	for charitable purposes and not for the benefit of the donor or		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?	donor advisor, or for any other purpos	Yes  N
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		, ratery, mior
'	Preservation of land for public use (e.g., recreation or edi		storically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space	rieservation of a ce	itilied Historic structure
^		d concentation contribution in the form	n of a connentation assument on the last
2	Complete lines 2a through 2d if the organization held a qualifie	a conservation contribution in the form	Held at the End of the Tax Yea
_	day of the tax year  Total number of conservation easements		
d L	Total acreage restricted by conservation easements		2a
b	Number of conservation easements on a certified historic struc	eturo included in (a)	2b
C	Number of conservation easements included in (c) acquired aff	, ,	2c
d	listed in the National Register	ter 6/17/06, and not on a historic struc	2d
3	Number of conservation easements modified, transferred, release	and extinguished or terminated by the	<u></u>
3	year	ased, extinguished, or terminated by the	ne organization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		- f
•	violations, and enforcement of the conservation easements it h	- · · · · · · · · · · · · · · · · · · ·	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, his		<del></del> ····
•		and my or trousioner and orner ening so	noonvalien oudernome damig into you.
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	vation easements during the year
•	<b>&gt;</b> \$	ing of the another, and other oning contact	action decomand during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	<del></del>
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	<del></del>	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exhit	•	
	the text of the footnote to its financial statements that describe		, , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116 (ASC		int and balance sheet works of art, historic
_	treasures, or other similar assets held for public exhibition, edu		
	relating to these items.		and the control of th
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	
_	the following amounts required to be reported under SFAS 116		gant provido
а	Revenue included on Form 990, Part VIII, line 1	v coop colding to alege items.	<b>&gt;</b> \$
	Assets included in Form 990, Part X	•	

	dule D (Form 990) 2016 LEGAL A	ID SERVICE				r Other		93-06			age <b>2</b>
3	Using the organization's acquisition, accessi										
3	(check all that apply).	on, and other record	us, crieck a	arry or tire	TOHOWING THAT	ale a sigi	iiiicaiii	use of its	CONECTION	ILCIII.	3
_	Public exhibition	_	a 🗆 Lo	an or evel	hange progra	me					
a b	Scholarly research			ther	nange progra	1113					
	Preservation for future generations	•	ان ا								
C											
4 5											
5	to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No										
Pai	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, Par	·	ete ii ti io o	nganizatio	ii alisweled	163 OIII	51111 550	), i ait iv,	e 5, 6i		
12	Is the organization an agent, trustee, custodi		diany for co	ntribution	s or other ass	sets not in	cluded				
10	on Form 990, Part X?	an or other interne-	ulary lor co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13 01 011161 43.	3613 1101 111	Cidded	Г	Yes	X	No
_	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing tal	hla					J 163	LAN	J 140
D	ii res, explain the anangement in Fait Am	and complete the it	ollowing tal	uie.			·		Amount		
_	Pagunna balanca						10		Amount		
C	Additions during the year						1c				
d	Additions during the year  Distributions during the year						1d 1e				
e	Ending balance						1f				
f 20	Did the organization include an amount on Fe	orm 000 Part Y line	21 for as	crow or ci	istodial accor	unt liability		Y	Yes		No
	If "Yes," explain the arrangement in Part XIII.						•	له.	_ 1es	Ÿ	=
	rt V Endowment Funds. Complete i										
	Endownione i direo. Complete i	(a) Current year	(b) Pric		(c) Two years		Three v	ears back	(e) Four	Veare	hack
4.	Beginning of year balance	(a) Current year	ן נטורות	Ji yeai	(C) (WO year.	S Dack (U	Tilles	Gais Dack	(e) i oui	years	Dack
1a	(		<del> </del>								
b	Contributions		<del> </del>		<del> </del> -				<del></del> -		
C	Net investment earnings, gains, and losses	<u> </u>	<del> </del>		<del> </del>						
d	Grants or scholarships	<del></del>	<del> </del>		<del></del>				<del></del> -		
е	Other expenditures for facilities		ſ		ĺ	ĺ					
	and programs				<del>                                     </del>						
T	Administrative expenses										
9	End of year balance				<u> </u>					—	
2	Provide the estimated percentage of the curr	rent year end balan		column (a	a)) neid as						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho			11-1		. de de					
За	Are there endowment funds not in the posse	ession of the organiz	zation that	are neid a	ina administe	rea for the	organi	zation	ſ		
	by.									Yes	No
	(i) unrelated organizations								3a(i)	—–	
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		L
Bo	Describe in Part XIII the intended uses of the		owment tu	nas					<del></del>	—	
Pa	rt VI Land, Buildings, and Equipm					. D V .	40				
	Complete if the organization answere							. –			
	Description of property	(a) Cost or	I .		or other	(c) Acc		<b>I</b>	(d) Book	: valu	е
	<del></del>	basis (invest	ment)	Dasis	(other)	aepr	ciation				
	Land										
b	Buildings				0.050		20 0	<del></del>			
C	Leasehold improvements	<u> </u>			9,050.		20,0				<u>82.</u>
d			+		8,607.		$\frac{12,6}{2}$		29	<u>9 رو</u>	<u>94.</u>
	Other (October 4)				3,914.		13,9	14.		1 9	<u>0.</u>
1012	I Add lines 1a through 1e (Column (d) must e	nusi Form UUA Dar	TY COLUMN	TINI UPA 1	1770				< (1)		/ h

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11h See Form 990 t	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		aluation. Cost or end	of-year market value
(1) Financial derivatives	<del></del>			
(2) Closely-held equity interests	<del></del>			
(3) Other				
(A)				
(B)				
(C)			<u> </u>	
(D)	<del></del>			
(E)			· <del>-</del>	
(F)	· -·			
(G)	<del> </del>			
(H)	<del> </del>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				of year market value
(a) Description of investment	(b) Book value	(c) Method of Va	aluation Cost or end	oryear market value
(2)	<del></del>			
(3)	<del>-</del>			
(4)			<del></del>	
(5)	<del></del>	<del>-  </del>	<del>-</del>	<del> </del>
	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	<del></del>	<del>-   -</del>	<del></del>	<del> </del>
(9)				<del>-</del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<del></del>		<del></del>	<del> </del>
Part IX Other Assets.	<del> </del>		<del></del>	<del></del>
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d See Form 990,	Part X, line 15	
	escription			(b) Book value
_ (1)				
(2)				
_ (3)				
(4)				
(5)				
(6)				
(7)				<del> </del>
(8)				
(9)	<del></del>	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		100 (16		
(2) DEFERRED RENT EXPENSE		192,616.		
(3)				
(5)				
(6)				
(9)				
Total (Column (b) must equal Form 990, Part X, col. (B) line	25.1	192,616.		

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 _ LEGAL AID SERVICES	S OF OREGON	93-06354	180 Page 4
Part XI Reconciliation of Revenue per Audited Fina			
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial state	ements	. 1 8,4	65,117.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	_ 0.
3 Subtract line 2e from line 1		3 8,4	165,117.
4 Amounts included on Form 990, Part VIII, line 12, but not on line	1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	.   4a		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa	rt I, line 12.)	5 8,4	165,117.
Part XII Reconciliation of Expenses per Audited Fina		es per Return.	
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1 8,1	37,979.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	_2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3 8,1	L37,979.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		[ [	
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 18)	5 8,3	L37,979.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, Iir	nes 1a and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2,	Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional information.		
		_ <b>-</b>	
PART IV, LINE 2B:			
CLIENT TRUST ACCOUNTS			
<del></del>			
<del></del>			
······································			·
		_	
<u></u>			
<del></del>			

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LEGAL AID SERVICES OF OREGON	93-0635480
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
THE PRIMARY PURPOSE OF LEGAL AID SERVICES OF OREGON SHALL	BE TO ACHIEVE
JUSTICE FOR THE LOW INCOME COMMUNITIES OF OREGON BY PROVID	OING A FULL
RANGE OF THE HIGHEST QUALITY CIVIL LEGAL SERVICES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE	COMMITTEE BEFORE
FILING. THE REVIEWED FORM 990 FOR THE YEAR IS PRESENTED	TO THE FULL BOARD
AT THE NEXT SCHEDULED MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AS A NON-PROFIT LAW FIRM, ALL ATTORNEYS ARE GOVERNED BY THE	HE OREGON RULES OF
PROFESSIONAL CONDUCT, WHICH INCLUDES CONFLICT OF INTEREST	RULES. UNDER
THESE RULES, ALL ATTORNEYS ARE REQUIRED TO MONITOR AND EN	FORCE COMPLIANCE
WITH THE CONFLICT OF INTEREST RULES AS A CONDITION OF LICE	ENSE IN OREGON.
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS COMPARABLE SA	ALARY INFORMATION
AND APPROVES THE SALARY LEVEL FOR THE EXECUTIVE DIRECTOR A	AND DIRECTOR OF
FINANCE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLIC	CT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS UPON REQUEST.	