

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning 2010, and ending \_\_\_\_\_

**B** Check if applicable: **C**

<input type="checkbox"/> Address change	<b>MOBILITY UNLIMITED, INC.</b> <b>1214 STOWE AVE.</b> <b>MEDFORD, OR 97501</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Name change		93-1282565
<input type="checkbox"/> Initial return		<b>E</b> Telephone number
<input type="checkbox"/> Terminated		541-618-9468
<input type="checkbox"/> Amended return		<b>F</b> Group Exemption Number
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**I** Website: mobilityunlimited.org

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 122,966.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	122,596.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	370.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less: direct expenses from gaming and fundraising events	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,966.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	39,325.
	13 Professional fees and other payments to independent contractors	13	770.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,358.
	16 Other expenses (describe in Schedule O) <u>See Schedule O</u>	16	74,178.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	117,631.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,335.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	153,912.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	159,247.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	48,464.	22	52,108.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	109,283.	24	111,113.
25 Total assets	157,747.	25	163,221.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	3,835.	26	3,974.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	153,912.	27	159,247.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>PROVIDING DURABLE MEDICAL EQUIPMENT TO CONTINUE MOBILITY FOR WORKING ADULTS.</u>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a		27,748.
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a		
32 Total program service expenses (add lines 28a through 31a)	32		27,748.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BRUCE HOUGH 1214 STOWE AVE. MEDFORD, OR 97501	President 5.00	0.	0.	0.
BETHANY BROWN 1214 STOWE AVE. MEDFORD, OR 97501	Executive Direc 50.00	12,750.	0.	0.
NANCY SAUM HOUGH 1214 STOWE AVE. MEDFORD, OR 97501	Director 15.00	0.	0.	0.

**COPY**



45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45 a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49 a		X
	b If 'Yes,' was the related organization a section 527 organization?	49 b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title. **President**

Paid Preparer Use Only  
 Print/Type preparer's name: **CARY M. PRESTON**  
 Preparer's signature: **CARY M. PRESTON**  
 Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P01232375**  
 Firm's name: **Preston & Preston LLP**  
 Firm's address: **823 West 8th Street Medford, OR 97501**  
 Firm's EIN: **87-0696759**  
 Phone no.: **(541) 772-6297**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>MOBILITY UNLIMITED, INC.</b>	Employer identification number <b>93-1282565</b>
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

COPY

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge...						
4 <b>Total.</b> Add lines 1 through 3...						
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)...						
6 <b>Public support.</b> Subtract line 5 from line 4.....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
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 assets (Explain in Part IV.).....						
11 <b>Total support.</b> Add lines 7 through 10.....						
12 Gross receipts from related activities, etc (see instructions).....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.....	15	%

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') .....	138,319.	198,169.	168,322.	113,086.	122,966.	740,862.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						0.
6 Total. Add lines 1 through 5. ....	138,319.	198,169.	168,322.	113,086.	122,966.	740,862.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. ....	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b. ....	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.) .....						740,862.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6. ....	138,319.	198,169.	168,322.	113,086.	122,966.	740,862.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....			1,978.	1,237.		3,215.
c Add lines 10a and 10b. ....	0.	0.	1,978.	1,237.	0.	3,215.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	138,319.	198,169.	170,300.	114,323.	122,966.	744,077.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	99.6 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	99.6 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	0.4 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	0.4 %

19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

MOBILITY UNLIMITED, INC.

Employer identification number

93-1282565

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Mobility Unlimited assists physically disabled adults who have exhausted all other financial resources available to them and are still unable to meet their mobility needs.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

COPY

Client MOBILITY

MOBILITY UNLIMITED, INC.

93-1282565

5/05/11

02:59PM

Form 990-EZ, Part I, Line 16  
Other Expenses

Advertising and Promotion.....	\$	790.
BOARD MEETINGS.....		162.
Conferences, Conventions, and Meetings.....		775.
DUES & FEES.....		307.
FUNDRAISING EXPENSE.....		29,170.
Information Technology.....		7,811.
Insurance.....		3,029.
Interest.....		112.
MEMBERSHIP FEES.....		557.
MERCHANT SERVICES.....		448.
Office Expenses.....		1,084.
PROGRAM EXPENSES.....		27,748.
TELEPHONE.....		606.
Travel.....		1,518.
VOLUNTEER APPRECIATION.....		61.
Total	\$	<u>74,178.</u>

Form 990-EZ, Part II, Line 24  
Other Assets

	Beginning	Ending
Accounts Receivable.....	\$ 16,853.	\$ 8,362.
IN-KIND DONATION.....	9,195.	9,195.
JAMES COLLIEER FUND - STOCK.....	16,835.	26,846.
Pledges and Grants Receivable.....	66,200.	66,510.
UNDEPOSITED FUNDS.....	200.	200.
Total	\$ <u>109,283.</u>	\$ <u>111,113.</u>

Form 990-EZ, Part II, Line 26  
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses.....	\$ 0.	\$ 110.
PAYROLL LIABILITIES.....	3,835.	3,864.
Total	\$ <u>3,835.</u>	\$ <u>3,974.</u>

COPY

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451  
E-Mail: charitable.activities@doj.state.or.us  
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

For Accounting Periods Beginning In:

# 2010

### Section I. General Information

1. Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

Registration #: 29541

Organization Name: MOBILITY UNLIMITED, INC.

Address: 1214 STOWE AVE.

City, State, Zip: MEDFORD, OR 97501

Phone: 541-618-9468 Fax: 541-770-6640 Amended Report?

Email: EXDIR@MOBLITYUNLIMITED.ORG

Period Beginning: 01 / 01 / 10 Period Ending: 12 / 31 / 10

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, or secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
BRUCE HOUGH	PRESIDENT	541-734-2565	1214 STOWE AVE. MEDFORD, OR 97501

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	SEE IRS FORM		
Address:	-----		
Phone:	( ) -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	( ) -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	( ) -----		
Email:	-----		

COPY

## Section II. Fee Calculation

<p>9. Total Revenue .....  <small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small></p>	9.	\$122,966.00																			
<p>10. Revenue Fee .....  <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	10.	\$75.00	
Amount on Line 9	Revenue Fee																				
\$0 - \$24,999	\$10																				
\$25,000 - \$49,999	\$25																				
\$50,000 - \$99,999	\$45																				
\$100,000 - \$249,999	\$75																				
\$250,000 - \$499,999	\$100																				
\$500,000 - \$749,999	\$135																				
\$750,000 - \$999,999	\$170																				
\$1,000,000 or more	\$200																				
<p>11. Net Assets or Fund Balances at End of the Reporting Period .....  <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 4 to calculate.)</small></p>	11.	\$159,247.00																			
<p>12. Net Fixed Assets Used to Conduct Charitable Activities .....  <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 to calculate. See instructions if organization owns income-producing assets.)</small></p>	12.	\$6,200.00																			
<p>13. Amount Subject to Net Assets or Fund Balances Fee .....  <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$153,047.00																			
<p>14. Net Assets or Fund Balances Fee .....  <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small></p>	14.	\$15.00																			
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No .....  <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.																				
<p>16. Total Amount Due .....  <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$90.00																			

17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
⇒	_____	_____	PRESIDENT
	Signature of officer	Date	Title
Paid Preparer's Use Only	⇒		
	_____	_____	541-772-6297
	Preparer's signature	Date	Phone
	CARY M. PRESTON	823 W. 8TH MEDFORD, OR 97501	
	Preparer's name	Address	

COPY