

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
 benefit trust or private foundation)

OMB No 1545-0047

**2006**

Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
Family Action Coalition Team

Number and street (or P O box if mail is not delivered to street address) Room/suite  
619 SW 11th Ave. Suite 106

City or town, state or country, and ZIP + 4  
Portland OR 97205-2646

**D** Employer identification number  
36-4533809

**E** Telephone number  
503-223-7279

**F** Accounting method:  Cash  
 Accrual  Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: www.factoregon.org

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and are not applicable to section 527 organizations. **I**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 166,423

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		390	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		64	
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>454</u> noncash \$ _____ )	<b>1e</b>			454
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			164,257
	<b>3</b> Membership dues and assessments	<b>3</b>			1,335
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			377
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe _____ )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8b</b>			
		<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including contributions reported on line 1b)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			166,423	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			109,570	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			32,710	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			142,280	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			24,143	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			30,644	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>				
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			54,787	

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NOV 13 2007

SCANNED Expenses

Net Assets

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	256	256	
<b>34</b> Telephone	<b>34</b>	29	29	
<b>35</b> Postage and shipping	<b>35</b>	94	94	
<b>36</b> Occupancy	<b>36</b>	1,100	1,100	
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	781	781	
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> See Statement 2	<b>43a</b>	140,020	107,310	32,710
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	142,280	109,570	32,710

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ See Statement 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

a Educating policy makers about issues faced by families of children with disabilities and educating families about the resources available and proper accessing.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

109,570

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses(should equal line 44, column (B), Program services)

109,570

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45	Cash-non-interest-bearing	30,644	45	54,787
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
	b	Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities		54a	
	b	Investments—other securities (attach schedule)		54b	
	55a	Investments-land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments-other (attach schedule)		56	
	57a	Land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)		57c	
58	Other assets, including program-related investments (describe )		58		
59	<b>Total assets (must equal line 74) Add lines 45 through 58</b>	30,644	59	54,787	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe )		65	
66	<b>Total liabilities. Add lines 60 through 65</b>	0	66	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 70 through 74</b>				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds	30,644	72	54,787
73	<b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)</b>	30,644	73	54,787	
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	30,644	74	54,787	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
<b>86</b>	501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 0		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> OR		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
	<b>90b</b>		0
<b>91a</b>	The books are in care of <input type="checkbox"/> Arlene Jones 619 SW 11th Ave, Ste 106 Located at <input type="checkbox"/> Portland, OR		
	Telephone no. <input type="checkbox"/> 503-223-7279 ZIP + 4 <input type="checkbox"/> 97205		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	<b>91b</b>	Yes	No
			X

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?  
 If "Yes," enter the name of the foreign country ▶

91c

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶

92 |

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					164,257
94 Membership dues and assessments					1,335
95 Interest on savings and temporary cash investments			14	377	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		377	165,592
105 Total (add line 104, columns (B), (D), and (E))					165,969

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93g	Promote and support parent empowerment activities and
93g	opportunities for families to connect to one another,
93g	learn together, and help their children.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

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

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

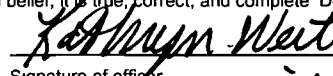
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

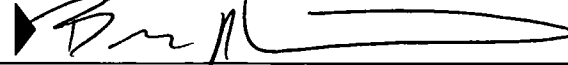
**Please Sign Here**

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.


Oct 10, 2007  
 Signature of officer

Kathryn Weit, Co-Chair
 Date  
Oct 10, 2007  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature 	Date 10/04/07	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) P00160774
Firm's name (or yours if self-employed), address, and ZIP + 4 Gunderson & Frederick P.C. 1 SW Columbia Street, Suite 400 Portland, OR 97258		EIN	93-1101239
		Phone no	503-227-1044

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Family Action Coalition Team

Employer identification number

36-4533809

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.		X
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____	0	
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations**(See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	285	160	30	767	1,242
<b>16</b> Membership fees received	810	730	260	450	2,250
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	58,052	51,139	41,000	189	150,380
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	92	23	5		120
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	59,239	52,052	41,295	1,406	153,992
<b>24</b> Line 23 minus line 17	1,187	913	295	1,217	3,612
<b>25</b> Enter 1% of line 23	592	521	413	14	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					<b>26a</b> 72
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b</b>
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					<b>26c</b> 3,612
d Add Amounts from column (e) for lines: 18 <u>120</u> 19 _____ 22 _____ 26b _____ ▶					<b>26d</b> 120
e Public support (line 26c minus line 26d total) ▶					<b>26e</b> 3,492
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					<b>26f</b> 96.6777%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year N/A (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A (2005) (2004) (2003) (2002)					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					<b>27c</b>
d Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) ▶					<b>27e</b>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire (See page 9 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement )			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
Not over \$500,000                                      20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000              \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000              \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000              \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000                                      \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions) See Statement 5

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





Phone: (503) 986-2200  
 Fax: (503) 378-4381

**Articles of Amendment—Business/Professional/Nonprofit**

Secretary of State  
 Corporation Division  
 255 Capitol St. NE, Suite 151  
 Salem, OR 97310-1327  
 FilingInOregon.com

**Check the appropriate box below:**

- BUSINESS/PROFESSIONAL CORPORATION  
 (Complete only 1, 2, 3, 4, 6, 7)  
 NONPROFIT CORPORATION  
 (Complete only 1, 2, 3, 5, 6, 7)

REGISTRY NUMBER: 126968-94

In accordance with Oregon Revised Statute 192 410-192 490, the information on this application is public record  
 We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink

- 1) NAME OF CORPORATION PRIOR TO AMENDMENT: Family Action Coalition Team (FACT)
- 2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary )  
See attached sheet (Attachment A)—original language has been struck out and amended language is indicated in RED.
- 3) THE AMENDMENT WAS ADOPTED ON: March 8, 2007  
 (If more than one amendment was adopted, identify the date of adoption of each amendment )

**BUSINESS/PROFESSIONAL CORPORATION ONLY**

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s) The vote was as follows

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s) The amendment(s) was adopted by the Incorporators or by the board of directors.

**NONPROFIT CORPORATION ONLY**

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required The amendment(s) was approved by a sufficient vote of the board of directors or incorporators

Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
	10	10	10	

6) EXECUTION

Signature

Printed Name

Title

Judy Wells

Co-Chair

7) CONTACT NAME (To resolve questions with this filing )

Arlene Jones

DAYTIME PHONE NUMBER (Include area code )

(503) 329-6809

**FEES**

Required Processing Fee \$50  
**No Fee for Nonprofit Type Change Only**  
 Confirmation Copy (Optional) \$5  
 Processing Fees are nonrefundable

Please make check payable to "Corporation Division "

NOTE:

Fees may be paid with VISA or MasterCard The card number and expiration date should be submitted on a separate sheet for your protection

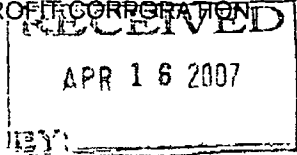


Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone (503)986-2200  
Fax (503)378-4381  
www.filinginoregon.com

Registry Number: 126968-94

Type: DOMESTIC NONPROFIT CORPORATION



Next Renewal Date: 01/28/2008

KATHRYN WEIT  
619 SW 11TH AVE STE 106  
PORTLAND OR 97205

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5 00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

#### Document

ARTICLES OF AMENDMENT

**Filed On**  
04/12/2007

**Jurisdiction**  
OREGON

**Nonprofit Type**  
PUBLIC BENEFIT WITH  
MEMBERS

**Name**  
FAMILY ACTION COALITION TEAM

**Principal Place of Business**  
619 SW 11TH AVE STE 106  
PORTLAND OR 97205

**Registered Agent**  
KATHRYN WEIT  
619 SW 11TH AVE STE 106  
PORTLAND OR 97205

**President**  
KATHRYN WEIT  
619 SW 11TH AVE STE 106  
PORTLAND OR 97205

**Secretary**  
KATHY KOONTZ  
619 SW 11TH AVE STE 106  
PORTLAND OR 97205

KARHUT  
ACK  
04/12/2007



Phone (503) 986-2200  
Fax (503) 378-4381

# CONFIRMATION COPY

Articles of Amendment—Business/Professional/Nonprofit

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

Check the appropriate box below:

- BUSINESS/PROFESSIONAL CORPORATION  
(Complete only 1, 2, 3, 4, 6, 7)
- NONPROFIT CORPORATION  
(Complete only 1, 2, 3, 5, 6, 7)

## FILED

APR 12 2007

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER: 126968-94

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink

- 1) NAME OF CORPORATION PRIOR TO AMENDMENT: Family Action Coalition Team
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- 3) THE AMENDMENT WAS ADOPTED ON: March 8, 2007  
(If more than one amendment was adopted, identify the date of adoption of each amendment.)

### BUSINESS/PROFESSIONAL CORPORATION ONLY

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### NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

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- Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
	10	10	10	0

6) EXECUTION  
Signature

Printed Name

Judy Wells

Title

Co-Chair

7) CONTACT NAME (To resolve questions with this filing.)

Arlene Jones

DAYTIME PHONE NUMBER (Include area code)

(503) 329-6809

### FEES

Required Processing Fee \$50

No Fee for Nonprofit Type Change Only

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

KH  
4-12

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## Attachment A

### *Attached Provisions for the Incorporation of the Family Action Coalition Team:*

#### **1. Purpose**

*Section 1: The basic purpose of the Family Action Coalition Team, known as FACT, is to promote through its activities the mission and values reflected in the Organization bylaws.*

*Section 2: This corporation is organized exclusively for charitable, scientific, literary, or educational purposes, within the meaning of Section 501(c)(3) including for such purposes, the making of distributions to such organizations under 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.*

*Section 3: FACT shall not directly or indirectly participate in any way (including the publishing or distributing of statements) in any political campaign behalf of, or opposition to, any candidate for public office; or devote more than an insubstantial part of its activities to attempting to influence legislation by propaganda or otherwise.*

#### **2. Membership**

*Section 1: The membership of FACT shall be composed of the member organizations and individual members-at-large who adhere to the Mission and Values Statements.*

*Section 2: Membership is open to organizations and individual members-at-large who are recommended by the Board of Directors. **Organizations will be** ~~and~~ ratified by two-thirds (2/3) of the membership. All organizational members shall designate a representative who will vote on their behalf and/or represent the perspectives of their membership organization.*

*Section 3: Any member may be suspended or expelled from this Coalition on the affirmative vote of two-thirds (2/3) of the Coalition's Board of Directors. The recommendation for expulsion must be supported by written evidence that suspension or expulsion is warranted and in the Coalition's best interest.*

### **3. Board of Directors**

*Section 1: The Board of Directors shall be the governing body of the FACT and shall by the enactment of policy and adoption of plans and priorities regulate and direct all activities and responsibilities of the Organization subject to direction by the membership of the Organization.*

*Section 2: The Board of Directors shall be composed of ~~four (4)~~ officers and ~~three (3)~~ Board representatives ~~of the Organization~~ as determined in accordance with the bylaws of the corporation.*

*Section 3: The Board of Directors and officers shall be elected by the membership prior to the term of office, at the first annual meeting of the fiscal year.*

*Section 4: A majority of the Board of Directors shall be family members of an individual with disabilities or persons with disabilities.*

*Section 5: Members of the Board may adopt additional rules and regulations for the management of the affairs of the Organization as the conduct of its business shall require, but such rules and regulations shall be consistent with the bylaws of the Organization*

*Section 6: To the full extent permitted by law, no officer or Board member shall be personally liable to the Organization for monetary damages for conduct as an officer or Board member, provided he/she has met the applicable standards of conduct required by the Oregon Nonprofit Corporation Act.*

### **4. Meetings**

*Section 1: The Family Action Coalition Team shall meet at least annually. The Secretary shall arrange for the time and place of all meetings, with notification at least two (2) weeks in advance to members of the Organization.*

*Section 2: Each Board member, ~~organizational member~~, and individual member-at-large shall vote as determined in accordance with the bylaws of the corporation. ~~have one (1) vote~~*

126968-94

## **5. Amendments to Bylaws**

*Section 1: The Bylaws may be changed or amended by a majority vote of the members at an annual meeting.*

*Section 2: The proposed amendments shall have been presented, in writing, to each Board member and to each member organization at least ~~two~~ ~~(2)~~four (4) weeks prior to the meeting at which they are to be voted upon.*

## **6. Dissolution of the Organization**

*Section 1: The Coalition may be dissolved according to the existing rules, outlined in the federal government EDGAR publication and the Articles of Incorporation by a two-thirds (2/3) vote of the Board of Directors.*

*Section 2: All bills and indebtedness shall be paid prior to distribution of the remaining assets.*

*Section 3: All remaining assets of the Organization shall be distributed to one or more non-profit funds, foundations, or organizations which have established their tax exempt status under Section 501(c)(3) of the Internal Revenue Code, and whose aims and purposes are compatible with those of the Organization. Such recipients shall be chosen by a two-thirds (2/3) vote of the Board of Directors. The assets shall not be assigned to for-profit organizations; neither shall they be used for the personal benefits of the officers, Board of Directors, or members of the Organization.*

**Federal Statements****Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Individuals	\$ 60
Organizations	<u>1,275</u>
Total	<u>\$ 1,335</u>

## Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Directors insurance	1,350		1,350	
General liability insurance	1,396	1,396		
Filing fees	150	150		
Consulting	960		960	
Non-employee compensation	83,764	53,364	30,400	
MPAC deliverable	800	800		
Multnomah County deliverable	12,084	12,084		
CMS Family to Family delivera	333	333		
United Way Grant	38,756	38,756		
Coalition parent stipends	59	59		
Bank service charges	28	28		
Membership dues	340	340		
Total	\$ 140,020	\$ 107,310	\$ 32,710	\$ 0

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

Ensuring that people with disabilities and their families are central in all policy and systems development and implementation, resource allocation, leadership development and collaborative decision-making involving people with disabilities.

36-4533809

## Federal Statements

## Statement 4 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Sharon Lewis 619 SW 11th Ave, Ste 106 Portland OR 97206	Co-Chair	4	0	0	0
Kathryn Weit 619 SW 11th Ave, Ste 106 Portland OR 97206	Co-Chair	4	0	0	0
Judy Wells 619 SW 11th Ave, Ste 106 Portland OR 97206	Co-Chair	4	0	0	0
Kathy Koontz 619 SW 11th Ave, Ste 106 Portland OR 97206	Sec/Treas	2	0	0	0
Mary Anne Seaton 619 SW 11th Ave, Ste 106 Portland OR 97206	Treas	2	0	0	0
Alejandra Reyes 619 SW 11th Ave, Ste 106 Portland OR 97206	Director	2	0	0	0
Susan Blanchard 619 SW 11th Ave, Ste 106 Portland OR 97206	Director	2	0	0	0
Vicki Schneider 619 SW 11th Ave, Ste 106 Portland OR 97206	Director	2	0	0	0
Robert Shook 619 SW 11th Ave, Ste 106 Portland OR 97206	Director	2	0	0	0
Jeanne Schulz 619 SW 11th Ave, Ste 106	Director	2	0	0	0

## Federal Statements

Statement 4 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Portland OR 97206					
Kathy Koontz 619 SW 11th Ave, Ste 106 Portland OR 97206	Director	2	0	0	0
Sonya Fischer 619 SW 11th Ave, Ste 106 Portland OR 97206	Director	2	0	0	0

**Statement 5 - Schedule A, Part VI-A - Explanation for Not Completing All Columns**

Description

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2004 is first year 501(h) election year is effective.