Form **990-EZ**

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe >) 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensative (activities) benefits 13 Professional fees and other payments to be rependent contractors 14 Occupancy, rent, Unitities, and maintenance 15 Printing, publications, pdd 2d, and spraying of the payments to be rependent contractors 16 Other expenses (describe See Statement 2) 17 Total expenses (describe See Statement 2) 18 Excess or (deficit) for the year (Subtract line 7b from line 9) 18 Excess or (deficit) for the year (Subtract line 7b from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Total expenses (add tines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe See Statement 3) 25 Total assets 26 Total liabilities (describe See Statement 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Printing publications of fund balances (line 27 of column (B) must agree with line 21) 29 Total assets 20 Total assets 21 Total assets 22 Total assets 23 Column (B) must agree with line 21) 29 Total assets 20 Total liabilities (describe See Statement 3) 20 Total assets 21 Total assets 22 Tota	Α	For the 2008 ca	<u>alendar</u>	year, or tax	year beginning	7/01	, 200	8, and en	ding	6/30			, 2009
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Section 501(c/\$3) organizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2).		Initial return	type.								E /	1 _ 6	02_5675
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Website: Familyaccesnetwork.org Webs		Application pending		l							Nun		
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Website: Familyaccessnetwork.org required to attach Schedule B (Form 990, promains they cleake only only — IX Sign (3) xinsert no. 497(a)(1) or		<i>m</i>	ust áttá	ach a comple	ted Schedule Å (F	orm 990 or 9	90-EZ)		Otl	her (spe <u>c</u>	ıfy) ►		
Committed to the clerks only one)		_											
Check	ı						. , .		rec	quired to	attach S	3che	dule B (Form 990,
\$25,000 Å Teturn is not required, but if the organization chooses to file a return, be sure to the a complete return Add lines 56, 65, and 75, but ine 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 Add lines 56, 65, and 75, but ine 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 The state of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue uncluding government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Costs amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Costs amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Costs and of (test) from 18 Costs and	J												
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							/ with line 21)						
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	990-EZ (2008) FAMILY ACCESS N				<u>-3534</u>	1560 Page 2
Par			(See the instruction	ons.)		Expenses
Desc	is the organization's primary exempt purpose? <u>Se</u> tribe what was achieved in carrying out the ribe the services provided, the number of ram title	e Statement 4 ne organization's exempt purpf persons benefited, or other	ooses In a clear and co relevant information for	each	and (4	red for 501(c)(3) b) organizations and a)(1) trusts, optional ners)
28						
29		nis amount includes foreign gi			28 a	7,787.
30	(Grants \$) If th	nis amount includes foreign gr	rants, check here	▶	29 a	
21	(Grants \$) If the Other program services (attach schedule	nis amount includes foreign gr	ants, check here		30 a	
31	. •	e) nis amount includes foreign gr	rants check here	▶ □	31 a	
32	Total program service expenses (add li				32	7,787.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. (List each o	ne even if not com	pensa	ited See the instrs)
	(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 deferred compensation	s and la	(e) Expense account and other allowances
212	RRY KRUG 5 NE DAGGET LANE ID, OR 97701	Director 0	0.		0.	0.
212	DITULLIO 5 NE DAGGETT LANE D, OR 97701	Vice Chair 0	0.		0.	0.
212	IA JOHNSON 5 NE DAGGETT LANE ID, OR 97701	Director 0	0.		0.	0.
KR1 212	STI MILLER ALLARDYCE 5 NE DAGGETT LANE ID, OR 97701	Chairman 0	0.		0.	0.
SAN 212	IDY STEPHENSON 5 NE DAGGETT LANE ID, OR 97701	Secretary/treas 0	0.		0.	0.
BRC 212	OOKE GARCIA 15 NE DAGGETT LANE ID, OR 97701	Director 0	0.		0.	0.
SHA 212	ANNON HINDERBERGER 15 NE DAGGETT LANE 1D, OR 97701	Director 0	0.		0.	0.
MIR 212	E SMITH 5 NE DAGGETT LANE ID, OR 97701	Director 0	0.		0.	0.
DOF 212	RIE_ARMIJO 25 NE DAGGET LANE ID, OR 97701	Director 0	0.		0.	0.
 		-				
BAA		TEEA0812L 0	1/14/09			Form 990-EZ (2008)

Par	t V Other Information (Note the statement requirement in General Instruction V.)	-		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations Enter			,
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities. 39a N/A N/A			
	o Gross receipts, included on line 9, for public use of club facilities. 1 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40 6	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.		:	
t	501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I	40 b		Х
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Enter amount of tax on line 40c reimbursed by the organization			•
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42 a	Telephone no. ► 541-69 Located at ► 2125 NE DAGGETT LANE BEND OR ZIP+4 ► 97701	93-5	675_	
	Located at ► 2125 NE DAGGETT LANE BEND OR ZIP + 4 ► 97701	;		
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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:	42 b		<u> </u>
				•
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
C	: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country.	42 c		<u> </u>
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	4-		v
BAA	Form 990 must be completed instead of Form 990-EZ	45 000	 -F7 (X

Form 990-E	Z (2008) FAMILY ACCESS NETWO	RK FOUNDATION		20-3534	560	Page 4
Part VI	Section 501(c)(3) organization	s only. All section 5	01(c)(3) organiza	- · · · · · · · · · · · · · · · · · · ·		
•	and complete the tables for line	es 50 and 51.		See St	atement	
46 Did th	ne organization engage in direct or indire	ct political campaign ac	tivities on behalf of o	r in opposition to candidate	S Yes	
•	iblic office? If 'Yes,' complete Schedule (•			46	X
	ne organization engage in lobbying activit	· · · · · · · · · · · · · · · · · · ·			47	X
	organization operating a school as desc			•	48	X
	ne organization make any transfers to an	•	related organization?		49a	<u> </u>
b It 'Ye	s,' was the related organization(s) a sect	ion 527 organization?			49b	
50 Comp	lete this table for the five highest compered more than \$100,000 of compensation	nsated employees (other	r than officers, direct	tors, trustees and key empl	oyees) who e	ach
receiv	red more than \$100,000 or compensation	(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	account and other allowand	
None				-		
			· <u></u>	1	-	
			-	· -		
Total number	of other employees paid over \$100,000					
						i
	lete this table for the five highest compet the organization. If there is none, enter "		itractors who each re	ceived more than \$100,000	of compensa	ation
						
27	(a) Name and address of each independent contra	actor paid more than \$100,000		(b) Type of service	(c) Compensa	tion
None						
	· · · · · · · · · · · · · · · · · · ·					
Total numb	er of other independent contractors rece	ıvıng over \$100.000	>			
	Under penalties of perjury, I declare that I have exam	ined this return, including accor	panying schedules and stat	tements, and to the best of my know	ledge and belief, i	t is
	true, correct, and complete Declaration of preparer (other than officer) is based on a	II information of which prepa	arer has any knowledge	_	
Sign	Khiti MMilla	MADIOLISE		1/1/5/09	9	
Jigii Here	Signature of officer	25 Mary		Date	, , , , , , , , , , , , , , , , , , ,	
	Lines Miller H	Hlanduce.				
	Type or print name and title	· V· · · · · · · · · · · · · · · · · ·			_	
	December 1	$O(\cdot - 1)$	Date	Check if Prep	arer's Identifying [Number
Paid	Preparer's Signature CHRIS TELFER CP.	has letter	10-30-	self- employed >	maductions)	
Pre- narer's	Firm's name (or ANSER	0	<u> </u>	- C employed		
Pre- parer's Use	Firm's name (or yours if self-employed), address, and	D D			6-0768218	3

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►X Yes No Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

		e organización Sz. a CCCCC - ATCMI	CIODE POLINDAMEO	NAT .					1 ' -	- 14 C /			
$\overline{}$	_		WORK FOUNDATIO		must a		منطة مة	t \		534560			
Part				s (All organizations				part.	(See	iistruci	lions)		
1 ne o	rga	· ·		use it is (Please check o ociation of churches des	-	-		ZIVAVI					
2	-	i .		A)(ii). (Attach Schedule I		Section	1 170(0)	\'\ \~\\'					
3	-	Ī		e organization described		on 170/	LV1VAV	'iii) (Δ+	tach Scl	nedule H	1)		
4	\vdash	(•	ed in conjunction with a h								snital'	c
7	L.	name, city, and sta	-	a in conjunction with a r	iospitai t	acscribe	a III 30 0		O(DX I X	-X, _,	iter the no	spitai .	,
5			perated for the benefit	of a college or university	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in	sectio	n
6 7		An organization the in section 170(b)(1	at normally receives a (XA)(vi). (Complete P		upport fr	om a go			t or fron	n the ger	neral publi	c desc	ribed
8	Ļ	·		170(b)(1)(A)(vi). (Comple									
9	X	from activities relate investment income June 30, 1975 Sec	ed to its exempt function e and unrelated busine e section 509(a)(2). (C		eptions, a section	and (2) r 511 tax)	o more from b	than 33- usiness	1/3 % of es acqui	its suppo ired by t	ort from gro he organız	SS	after
10			•	exclusively to test for pu		-						_	
11	L	more publicly support describes the type	orted organizations of of supporting organi	exclusively for the bene described in section 509(zation and complete lines	a)(1) or s 11e th	section rough 1	509(a)(a Th	2) See	of, or ca section	509(a)(3	i). Check t	he bo	x that
	_	a ∐Type I	b Type II	□ ′	I – Fund	•	•			d ∐	Type III-		
е		By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control n one or more publicly s	led dired upported	tly or in d organi	directly zations	by one describ	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ons oth ection	ner 1
f		If the organization check this box	received a written det	termination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organizatio	'n,	
g		Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	۶۶		
												Yes	No
		(i) a person who	o directly or indirectly a	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)		
			nber of a person desc								11 g (ii)		
				described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the followi	ng information about t	the organizations the org	janizatio	n suppo	rts						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	Is the tion in cold in your erning ment?	the organ	ou notify nzation in (i) of upport?	l organizat	s the ion in col zed in the 5 ?	(vii) Amou	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
				·	1								~
		<u>.</u>											
					 			 	ļ				
	_												
Total													

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

FAMILY ACCESS NETWORK FOUNDATION 20-3534560 Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II Support Schedule for Organizations Described in Sections 170(bX1)(A)(iv) and 170(bX1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (e) 2008 (b) 2005 (c) 2006 (d) 2007 (f) Total (a) 2004 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total. Add lines 1-3 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 Section B. Total Support Calendar year (or fiscal year (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test - 2008. 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** – **2007.** 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 — 2008. 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 - 2007. 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

Schedule A (Form 990 or 990-EZ) 2008

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

Page 3

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.)

Sec	tion A. Public Support	sked the box on the	e 9 of Part 1)			·	
	idar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and	(4) _ 3 = 1		(3)		\	- Cy - Co.
	membership fees received (Do not include 'unusual grants')			144,318.	226,511.	168,048.	538,877.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt			4 (50)	12 670	20, 225	67.555
2	purpose Gross receipts from activities that are			4,650.	13,670.	39,235.	57,555.
3	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.
	Total. Add lines 1-5	0.	0.	148,968.	240,181.	207,283.	596,432.
	Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11,				0		0
_	and 12 for the year or \$5,000 Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support (Subtract line	0.		0.	0.		<u></u>
0	7c from line 6)						596,432.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	0.	0.	148,968.	240,181.	207,283.	596,432.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				379.	1,094.	1,473.
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				319.	1,094.	0.
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,	0.	0.	0.	379.	1,094.	1,473.
10	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 ins 9, 10c, 11, and 12)	- 1					597,905.
	First five years. If the Form 990 organization, check this box and	is for the organizat	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	
	tion C. Computation of Pu						
	Public support percentage for 20	•	•			15	
	Public support percentage from			g	_	16	<u> </u>
	tion D. Computation of Inv					1 -= 1	
17	Investment income percentage f			=	nn (t))	17	%
	Investment income percentage f				e mara than 22 1/20	18 18 V and line 17 is not	
	33-1/3 support tests — 2008. If the comore than 33-1/3%, check this be 33-1/3 support tests — 2007. If the comore tests is 33-1/3 support tests — 2007. If the comore tests is 33-1/3 support tests — 2007. If the comore tests is 33-1/3 support tests — 2007. If the comore tests is 33-1/3 support tests — 2007. If the comore tests is 33-1/3 support tests — 2008.	ox and stop here.	The organization	qualifies as a pul	blicly supported o	rganization	▶ ☐ and line 18 —
	is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppo	rted organization	
20	Private foundation. If the organi	zation did not chec	k a box on line 1.	4. 19a. or 19b. ch	neck this box and	see instructions	▶

Schedule A	(Form 990 or	990-EZ) 2	2008	FAMILY	ACCESS	NETWORK	K FOUNDA	ATION	20-3534560	Page 4
Part IV	Suppleme	ntal Info	rmatic	on. Comp	lete this	part to pr	ovide the	explanat	ion required by Part II, line il information. (see instructi	10;
	Part II, line	e 1/a or	1/b; c	or Part III	, line 12.	Provide a	any other	additiona	if information, (see instruction)	ions)
	- -						·			
							. – – – –			
							. _		- 	
							. – – – –			
	-					_				
										
	 -									
										
	-									
								 -		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Di N

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18,

Open to Public

	I Revenue Service	or 19, and	d by organization	ons that e	nter more	than \$15,000 on Form	990-EZ, line 6a.	Inspection		
lame	of the organization						Employer identifica			
F <u>am</u>	ILY ACCESS	NETWORK FOU	JNDATION				20-353456	0		
Par	t I Fundraisii	ng Activities.	Complete If	the orga	nızatıon	answered 'Yes' to	Form 990, Part IV	, line 17		
1		-	raised funds thi	rough any	of the foll	owing activities Check	all that apply			
	Mail solicitati	ons				Solicitation of non-	-			
	Email solicita	ations				Solicitation of gove	-			
	Phone solicit	ations				Special fundraising	events			
	In-person sol	licitations								
	employees listed	ın Form 990, Par	t VII) or entity	in connect	tion with p	al (including officers, di rofessional fundraising	services?	Yes No		
b	b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table									
	(i) Name of ir or entity (fun		(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
				Yes	No		· · · · · · · · · · · · · · · ·			
								_		
					<u></u>					
	Total			· · · · · · · · · · · · · · · · · · ·	•					
3	List all states in vor licensing.	which the organiz	ation is registei	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration		
	~									
						·				

Page 2

Гаі	•	reported more than \$15,000 on F	form 990-EZ, line 6	iswered res to rusa. List events with	gross receipts grea	ater than	\$5,00	0.
			(a) Event #1 BROKEN TOP AUC	(b) Event #2 GOLF TOURNAMEN	(c) Other Events	(d) Tota (Add col col	al Even (a) thro (c))	ts ough
R			(event type)	(event type)	(total number)			
ボースボール	1	Gross receipts	16,317.	9,785.			26,1	02.
Ě	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	16,317.	9,785.			26,1	02.
	4	Cash prizes						
DIRECT	5	Non-cash prizes						
	6	Rent/facility costs						
EXPESSES	7	Other direct expenses	2,668.	1,204.			3,8	72.
E S	8	Direct expense summary Add lines 4- tl	hrough 7 in column (d)		•		3,8	72.
		Net income summary Combine lines 3 a			•		22,2	
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or rep	oorted mo	ore th	an
第62年~年2			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	I gamır (a) thro (c))	ng bugh
E C	1	Gross revenue						
_	2	Cash prizes						
DIRECT	3	Non-cash prizes						
Č S T E S	4	Rent/facility costs						
	5	Other direct expenses						
		· · · · · · · · · · · · · · · · · · ·	Yes%	Yes%	Yes%			,
	6	Volunteer labor	No	No	No			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1 and 7 in column	(d)	<u> </u>		lv=al	
9	Ent	er the state(s) in which the organization or	perates gaming activitie	es.			YES	NO
		he organization licensed to operate gaming		-		9a		
b	lf 'N	No,' Explain						
		re any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	<u>10a</u>		
b) If '\ 	′es,' Explaın 						
11	Doe	es the organization operate gaming activities	es with nonmembers?					
12	ls ti adn	he organization a grantor, beneficiary or tru	ustee of a trust or a me	ember of a partnership of	or other entity formed to	o 12		
RΔΔ			TEE \$ 37001 0	00/15/00	Schodulo G (For		90 EZ	2008

Schedule G (Form 990 or 990-EZ) 2008 FAMILY ACCESS NETWORK FOUNDATION	20-353456		Page
	1 1	YES	SN
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %]	
b An outside facility	13b %	1 1	
14 Provide the name and address of the person who prepares the organization's gaming/s	special events books and records		
Name •			
Address			
15a Does the organization have a contact with a third party from whom the organization re-		15 a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			ŀ
Name •			
Address •			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent cont	tractor		
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the g state gaming license?	gaming proceeds to retain the	17a	
b Enter the amount of distributions required under state law distributed to other exempt	organizations or spent in the		

2008	Federal Statements		Page 1
Client FAN	FAMILY ACCESS NETWORK FOUNDATION		20-3534560
10/30/09 Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts 1	Paid		01 59PM
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	TEACHERS & STUDENT ACTIVI BEND LAPINE SCHOOL DISTRICT 520 NW WALL ST BEND, OR 97701	\$	111,408.
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	TEACHERS & STUDENT ACTIVI REDMOND SCHOOL DISTRICT 145 SE SALMON REDMOND, OR 97756	\$	44,984.
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	TEACHERS & STUDENT ACTIVI SISTERS SCHOOL DISTRICT 220 S PINE SISTERS, OR 97759	\$	21,407.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses BANK/ CHARGE CARD FEES CLIENT FUNDS	·	\$	558. 1,700.
CONTRACT LABOR FR EXPENSES INSURANCE Office Expenses PAYROLL EXPENSE SCHOLARSHIPS TAXES TRAINING TRAVEL		Total A	1,500. 4,449. 863. 494. 49. 6,087. 589. 421.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities Accounts Payable and Ac			16,769. Ending
nocenies rajuste una ne	Total §	\$ 1,122. \$ \$ 1,122. \$	0.

2008

Federal Statements

Page 2

Client FAN

FAMILY ACCESS NETWORK FOUNDATION

20-3534560 01 59PM

10/30/09

ent 4

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PROVIDE FINANCIAL SUPPORT TO THE FAMILY ACCESS NETWORK WHOSE MISSION IS BUILDING HEALTHY COMMUNITY BY ALLEVIATING THE SUFFERING OF CHILDREN IN NEED BY ENSURING ALL CHILDREN IN DESCHUTES COUNTY HAVE ACCESS TO BASIC NEED SERVICES.

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

FAN ADVOCATES HELPED OVER 7860 CHILDREN AND PARENTS IN THE COMMUNITY CONNECTING THEM TO BASIC NEEDS SUCH AS CLOTHING, HOUSING, SCHOOL SUPPLIES, HEATING ASSISTANCE, HEALTH INSURANCE, DENTAL EXAMS AND IMMUNIZATIONS.

Statement 6 Form 990-EZ, Part VI 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?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No