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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

| Рa | rυ | Reason | tor Public Ci | narity Status (All or | ganızatı | ons mus | st compl | ete this | part.) (s | <u>ee_instru</u> | ictions) | | |
|-----|---|--|---|--|-------------------------------------|-----------|--------------------------|-----------|--------------------------|------------------|----------------------|--|--|
| he | oraa | anization is n | ot a private four | ndation because it is | (Please o | heck on | v one or | ganizatio | n.) | | | | |
| 1 | | | • | irches, or association | • | | - | - | - | A)(i). | | | |
| 2 | $\overline{\Box}$ | | | on 170(b)(1)(A)(ii). (At | | | | | | 7.7. | | | |
| 3 | $\overline{\Box}$ | | | hospital service organ | | | | n 170/h | /1\/ A \/iii\ | (Attach | Schedule H) | | |
| 4 | \Box | | | | | | | | | | | | |
| 7 | لسا | A medical research organization operated in conjunction with a hospital described in sect hospital's name, city, and state | | | | | | | | | | | |
| 5 | | | tion operated for (b)(1)(A)(iv). (Co | r the benefit of a colle mplete Part II) | ge or uni | versity o | wned or | operated | by a gov | ernmenta | al unit described in | | |
| 6 | | A federal, st | ate, or local gov | ernment or governme | ental unit | describe | ed in sect | tion 170(| b)(1)(A)(v | '). | | | |
| 7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | |
| 8 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | | |
| 9 | | An organizat | tion that normally | y receives (1) more th | an 33⅓ % | of its su | pport fro | m contrib | outions, n | nembersh | up fees, and gross | | |
| | | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than | | | | | | | | | | | |
| | | | | ent income and unre | | | | | | n 511 tax |) from businesses | | |
| | | acquired by | the organization | n after June 30, 1975 | See sec | tion 509 | (a)(2). (C | omplete I | Part III) | | | | |
| 0 | | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) | | | | | | | | | | | |
| 1 | | An organiza | tion organized a | and operated exclusiv | ely for tl | ne benefi | it of, to j | perform t | he funct | ions of, c | or to carry out the | | |
| | | ction 509 | (a)(2) See section | | | | | | | | | | |
| | | 509(a)(3). CI | heck the box tha | at describes the type | of suppo | rting org | anızatıon | and con | nplete line | es 11e th | rough 11h | | |
| | | a 🗌 Type | 1 b [|] Type II 💢 🐧 | : 🗌 Тур | e III–Fun | ctionally | integrate | d | d 🗌 | Type III-Other | | |
| е | | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified | | | | | | | | | | | |
| | | | | on managers and othe | | | | | | | | | |
| | | 509(a)(1) or section 509(a)(2) | | | | | | | | | | | |
| f | | If the organi | zation received | a written determinat | on from | the IRS | that it is | a Type | I. Type II | or Type | e III supporting | | |
| | | - | , check this box | | | | | | | | | | |
| g | | Since August 17, 2006, has the organization accepted any gift or contribution from any of the | | | | | | | | | | | |
| ٠ | | following pe | | • | , , | J | | | . , | | | | |
| | | (i) A persor | n who directly o | r indirectly controls, e | either aloi | ne or too | ether wit | th persor | ns descri | bed in (ii) | Yes No | | |
| | | | • | ning body of the sup | | _ | • | | 11g(i) | | | | |
| | | , - | | | | | | | | | 11g(iı) | | |
| | | (ii) A family member of a person described in (i) above? | | | | | | | | | | | |
| h | | | | ation about the organ | | | | upports | | | <u> </u> | | |
| (1) | Name | ame of supported (ii) EIN (iii) Type of organization | | | (iv) Is the organization (v) Did yo | | | | | is the | (vii) Amount of | | |
| | org | anization | | (described on lines 1–9 | in col (i) listed in your | | the organization in | | organization in col | | support | | |
| | | | | above or IRC section (see instructions)) | governing document? | | col (i) of your support? | | (i) organized in the US? | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
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Total

| | Support Schedule for Org (Complete only if you ched | | | | | and 170(b)(1 |)(A)(VI) | |
|--------|--|------------------------------------|---------------------------------------|---|--|---------------------------------|--------------------|--|
| | ction A. Public Support | (a) 2004 | (h) 2005 | (-) 0000 | (-1) 0007 | (.) 0000 | (A) T-1-1 | |
| U. | alendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | 75,972 | 614. 980 | :,90,9 | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1-3 | | | <u> </u> | | | | |
| 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_ | | | <u> </u> | l | | | 67093. | |
| | tion B. Total Support lendar year (or fiscal year beginning in) | (=) 0004 | (h) 0005 | (=) 0006 | (-1) 0007 | 4-2-0000 | /O T-1-1 | |
| _ | | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 | | | | | 4,847 | 4,84 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 0 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 1 | Total support. Add lines 7 through 10 . | | | | | | 693,1 | |
| 2 | Gross receipts from related activities, etc | (see instruction | ons) | | | 12 | · | |
| 3 | First five years. If the Form 990 is for organization, check this box and stop he | re | <u> </u> | nd, third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) | |
| ec | tion C. Computation of Public Su | pport Perce | ntage | | · · · · · · · · · · · · · · · · · · · | | | |
| 4 | Public support percentage for 2008 (line | | • | 1, column (f)) | | _14 | % | |
| 5 | Public support percentage from 2007 Sci | | | | | 15 | % | |
| 6a | 33%% support test—2008. If the organization qualifies | | | | line 14 is 33½ % | 6 or more, ched | k this box .► □ | |
| b | 33%% support test—2007. If the organization quality box and stop here. The organization quality | | | | | | check this ► □ | |
| 7a | 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 8 | 10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati | acts-and-circum inces" test The | istances" test, o organization qua | check this box a alifies as a public | and stop here I ly supported org | Explain in Part I janization | V how the▶ □ | |

0425876265 May 17, 2010 LTR 2694C 0 R 20-8928388 200906 67 00024406

PROJECT ACCESS NOW PO BOX 10953 PORTLAND OR 97296



)70234

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the hest of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Date

Title