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### Form **990-EZ**

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 organizations 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 expectation may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

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Section 501(c)  Signaturation of the organization is not a section 509(c)  Signaturation of the organization should be completed school of the organization should s	_								•				
Name clarge   Instance   Instan		Address c			1	_	a Center Fo	undation					
Termination   Section 501 (c) or yours, state or country, and ZP + 4   F Group Exemption   Number   Section 501 (c)(c) or yours, state or country, and ZP + 4   F Group Exemption   Number   Section 501 (c)(c) or yours, state or yours, and ZP + 4   F Group Exemption   Number   Section 501 (c)(c) or yours, state or yours, and ZP + 4   F Group Exemption   Class   Accounting method:   Cash   C	=		nge	print or					street address)	Room/suite	E Teleph	one nu	mber
Advanced order   Secretic   Se	=				10 Shelton	McMurphe	y Blvd.				( 541	)	485-2711
Section 501(c)(S) organizations and 4011(right) personage that interest must attach a completed Schedule A (Form 990 or 990-E2)    Website: ► www.osic.org/foundation   Head of the completed Schedule A (Form 990 or 990-E2)   Head of the organization is not a section 509(c)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return in the required to attach Schedule B (Form 990 or 990-E2)   Head of the organization is not a section 509(c)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return in the required. But if the organization chooses to file a return, be sure to file a complete return.    **Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	=		ratum	Specific					<u>_</u>		F Group	Exemo	otion
Website: ▶ www.osic.org/foundation	=												. •
Website: ▶ www.osic.org/foundation   H Cheek		• Section	on 501(c)(3) o	rganiz	ations and 49	347(a)(1) none	exempt charit	able trusts n	nust attach	G Acco	unting me	thod:	☐ Cash ☑ Accrua
Website:			(-)(-)							4			_
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Check ►	J	Organiz	ation type (ch	neck or	nly one) 🗹	501(c) ( 3 ) -	<b>(</b> (insert no )	4947(a)(1)	) or 🔲 527	990-1	EZ, or 990	-PF)	
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Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1										·	•		
1   27,58!   2   2   3   3   3   3   3   3   3   3	L	Add lines	5b, 6b, and 7	b, to lii	ne 9 to determi	ine gross rece	pts, if \$1,000,0	00 or more, fil	e Form 990 ins	tead of Forr	n 990-EZ	▶\$	50,28
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 6 Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (lattach schedule) 6 Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (lattach schedule) 6 Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (lattach schedule) 6 Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (lattach schedule) 6 Gan or (loss) from sale of assets other than inventory (Subtract line 6b from line 6a) 6 Gal 22,600 6 Gb 21,807 7 Cc start line for (loss) from sale of assets of inventory (Subtract line 6b from line 6a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Cc corress profit for (loss) from sales of inventory (Subtract line 7b from line 7b) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 9 28,47* 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 40,111 13 Professional fees and other payments to independent contractors 13 5,555 14 Occupancy, rent, utilities, and maintenance 14 3,74* 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Schedule 1) 17 Total expenses (describe ► See Schedule 1) 18 Excess or (deficit) for the year (Subtract line 17 from line 2) 19 Net assets or fund balances at beginning of year (from line 27	_											ons fo	or Part I.)
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Forest and the first complete proficially parts of Schedule (), if any amount is from gaining, check here ▶  C Gens or loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Forest and the first complete proficially parts of Schedule (), if any amount is from gaining, check here ▶  C Gross-reventive (not including)		1	Contribution	s ofts	grants, and	l sımılar amo	unts received					1	27,58
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Grants and similar amounts paid (attach schedule)  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 3,74  15 Printing, publications, postage, and shipping  16 Other expenses (describe ▶ See Schedule 1  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 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 Cash, savings, and investments  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶ Perpaids  25 Total assets  26 Total liabilities (describe ▶ Payroll & Accounts Payable  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 Saturation (A) Expenses (A) (B) End of year  (A) Beginning of year  (B) End of year		1 16	Ress: direct	nexoe	nees not he en	han fundrais	ina expense:	s	6b			i İ	
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Care	Ą	1 K	Gross sales	of in	ventery: ess	returns and	allowances		1 - 1				
Company   Com	3	1 .1	Less Cost	Fala	ds sold	s sold (						.	
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10   Grants and similar amounts paid (attach schedule)   11   Benefits paid to or for members   11   Salaries, other compensation, and employee benefits   12   40,110     13   Professional fees and other payments to independent contractors   13   5,555     14   Occupancy, rent, utilities, and maintenance   14   3,74     15   Printing, publications, postage, and shipping   15   39     16   Other expenses (describe ► See Schedule 1   )   16   7,71     17   Total expenses. Add lines 10 through 16   ↑ 7,11     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   −29,05     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   21   28     Part II   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)   (A) Beginning of year (B) End of year 22   Cash, savings, and investments   33,048   22   35     22   Cash, savings, and investments   33,048   22   35     23   Land and buildings   0   23     24   Other assets (describe ► Prepaids   707   24   22     25   Total lassets   Payroll & Accounts Payable   4,423   26   29     26   Total liabilities (describe ► Payroll & Accounts Payable   4,423   26   29     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   29,332   27   28     28   Cash, savings, and investments   29,332   27   28     29   Total liabilities (describe ► Payroll & Accounts Payable   4,423   26   29     29   Net assets or fund balances (line 27 of column (B) must agree with line 21)   29,332   27   28     20   Cash, savings, and contact and conta	<b>£</b>		Other rever	nue (de	escribe 🕨 _				·		)	8	
11   Benefits paid to or for members   11	ζ	9	Total rever	nue. A	dd lines 1, 2	<sup>2</sup> , 3, 4, 5c, 6	c, 7c, and 8		<u></u>		, ,▶	9	28,47
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 3,74  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► See Schedule 1  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 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  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ► Prepaids  25 Total assets  26 Total liabilities (describe ► Payroll & Accounts Payable  70 Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  29 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  20 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  20 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  20 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  21 Total expenses (describe Total agree with line 21)  22 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  23 Total sasets or fund balances (line 27 of column (B) must agree with line 21)  24 Other assets or fund balances (line 27 of column (B) must agree with line 21)	7	10	Grants and	simila	ar amounts p	aid (attach	schedule)						
15	ij	11											<del> </del>
15	es 🥞	12	Salaries, ot	her co	mpensation	, and emplo	yee benefits						
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15 Printing, publications, postage, and shipping. 16 Other expenses (describe ► See Schedule 1 ) 16 7,71  17 Total expenses. Add lines 10 through 16 . ▶ 17 57,52  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -29,05  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 28  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.) (A) Beginning of year (B) End of year 22  Cash, savings, and investments 33,048 22 35  24 Other assets (describe ▶ Prepaids ) 707 24 22  25 Total assets (describe ▶ Payroll & Accounts Payable ) 4,423 26 29  7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29,332 27 28	چ کے	14	Occupancy	, rent,	utilities, and	d maintenan	ce						
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20     20     20     20     21   28   28   29   21   28   28   20   21   28   21   28   28   20   21   28   28   20   21   28   28   20   21   28   28   20   21   28   28   20   20   20   20   20   20	ţ	18	Excess or (	deficit	) for the yea	r (Subtract I	ine 17 from l	ine 9)				18	-29,05
20   21   28   28   29   29   21   28   29   21   28   29   21   28   29   20   21   28   28   20   21   28   28   20   21   28   28   20   21   28   28   20   21   28   28   20   20   20   20   20   20	se	19	Net assets	or fu	nd balances	at beginnin	g of year (fr	om line 27,	column (A))	(must agi	ree with		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (Cash, savings, and investments	ě	1										-	
(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       33,048       22       35         23 Land and buildings       0       23         24 Other assets (describe ► Prepaids       )       707       24       22         25 Total assets       33,755       25       57         26 Total liabilities (describe ► Payroll & Accounts Payable       )       4,423       26       29         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       29,332       27       28	_	_											
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24       Other assets (describe ► Prepaids       )       707       24       22         25       Total assets       33,755       25       57         26       Total liabilities (describe ► Payroll & Accounts Payable       )       4,423       26       29         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       .       29,332       27       28	22	2 Casi	n, savings, a								33,0		<del></del>
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		6 Tota	I liabilities (	descri	be ► Payro	27 of colum	no (P) much	agree with II	ine 21)	<u> </u>			
												32 21	

Pá		Expenses							
What is the organization's primary exempt purpose? To support the research of OSLC, Inc. (Require and (4))									
Des	scribe what was achieved in carrying out the organiza scribe the services provided, the number of persons ber	ation's exempt purposes. In	a clear and cond	ise manner, rogram title.	and	(4) organizations 4947(a)(1) trusts, onal for others)			
	Capacity building to assist and support the resea	<u> </u>							
20	increase the application of that knowledge to imp	prove the health of familie	S.						
	(Grants \$ ) If this amount inclu	udes foreign grants, check	here	. ▶ □	28a	57,524			
29									
	••••••			<u></u>	29a				
30	(Grants \$ ) If this amount inclu				294				
24	(Grants \$ ) If this amount included the program services (attach schedule)	udes foreign grants, check	here <u>.</u> .	<u> </u>	30a				
31					24.5				
32	(Grants \$ ) If this amount inclu Total program service expenses (add lines 28a th	udes foreign grants, check	nere	<u>. P U</u>	31a 32	57,524			
	art IV List of Officers, Directors, Trustees, and Key								
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred comper	ns to plans &	(e) Expense			
Se	ee Schedule 2								
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Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			<del></del>
			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		1
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		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	1	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		✓_
38a	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?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		. √
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 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	40b		√
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶0			
	Enter amount of tax on line 40c reimbursed by the organization ▶0			
е	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	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Janet Chappell  Located at ▶ 10 Shelton McMurphey Blvd., Eugene, OR  ZIP + 4 ▶	) 40 97401-	35-27 4928	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>V</b>	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	NO
	account)?	420	ļ	-
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	<u> </u>	L	▶ □
43	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		orm <b>99</b>	0-EZ	(2008)

Form **990-EZ** (2008)

Part	Section 501(c)(3) organizations only and complete the tables for lines 50 a		organiz	ations mu	st answer questi	ons 46-49
	Did the organization engage in direct or indirect p candidates for public office? If "Yes," complete S					Yes No 46 ✓
<b>47</b> i	Did the organization engage in lobbying activities	? If "Yes," complete Sche	dule C,	Part II .		47 🗸
<b>48</b>	Is the organization operating a school as describe	ed in section 170(b)(1)(A)(i	i)? If "Y	es," comple	ete Schedule E .	48 ✓
49a	Did the organization make any transfers to an exe	empt non-charitable relate	d orgai	nization?		49a ✓
b	If "Yes," was the related organization(s) a section	527 organization?				49b
	Complete this table for the five highest compensate each received more than \$100,000 of compensate					employees) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) C	ompensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None	9					
				,		
Total	number of other employees paid over \$100,000		1			
•	compensation from the organization. If there is no  (a) Name and address of each independent contractor if	·		<b>(b)</b> ⊤y <sub>j</sub>	pe of service	(c) Compensation
None						<del></del>
Total	number of other independent contractors each re	eceiving over \$100,000	<b>&gt;</b>			
Sign		ned this return, including accomion of preparer (other than office	panying s er) is base	d on all inform	nation of which prepare	pest of my knowledge or has any knowledge
Here	l .	1.5			Date	
	Deborah M. Capaldi, Secretary, Boar	rd of Directors				
	Type or print name and title	lis .		Chack of	la	
Paid Prepa	Preparer's signature	Date		Check if self-employed		Number (See instructions)
Use O	Inly if self-employed),			<del></del>	IN ►	
May t	he IRS discuss this return with the preparer show	vn above? See instruction	ıs		Phone no ( )	☐ Yes ☐ No

#### **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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number **Oregon Social Learning Center Foundation** 26 0423551 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) ۵ An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e Dy checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? |11g(iı) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No

Total

Par	(Complete only if you chec					and	170(b)(1	)(A)(vi)
<u>Sec</u>	tion A. Public Support							
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				81,065		27,585	108,650
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		ļ		81,065		27,585	108,650
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	Public support. Subtract line 5 from line 4.							108,650
	tion B. Total Support		·					
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	Amounts from line 4				81,065		27,585	108,650
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				110		95	205
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						793	793
11	Total support. Add lines 7 through 10 .		1					109,648
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth				n 501(c)(3)
	tion C. Computation of Public Su	<del></del>						
14	Public support percentage for 2008 (line		•	1, column (f))		14		<u>%</u>
15	Public support percentage from 2007 Sci		-			15		%_
16a	,,				line 14 is 331/3 9	6 or n	nore, chec	k this box
	and stop here. The organization qualifies							▶ 📖
b	33% % support test - 2007. If the organi							
	box and stop here. The organization qua			-				
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and <b>stop here.</b>	Expla	ın ın Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, o organization qu	check this box a alifies as a public	and <b>stop here.</b> cly supported org	Explai ganiza	n in Part I tion .	IV how the

	dule A (Form 990 or 990-EZ) 2008						Page 3
	Support Schedule for Orga (Complete only if you checked)				1)(2)		
	tion A. Public Support					·	
Ca	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.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's fax-exempt purpose  Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1-5						
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, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6) .						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		_				
13	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for organization, check this box and stop	here .				/ear as a se	ction 501(c)(3)
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	Schedule A, P	art IV-A, line 2	•	(f)) .	15 16	<u>%</u>
Sec	tion D. Computation of Investmen	nt Income P	ercentage				
17 18	Investment income percentage for 200 Investment income percentage from 20				olumn (f)) .	17 18	%_ %
19a		anization did r	not check the b	ox on line 14, a			
b	33% % support tests – 2007. If the organine 18 is not more than 33% %, check this	ization did not	check a box or	n line 14 or line	19a, and line 1	l6 is more th	an 331/3 %, and

	orm 990 or 990-EZ) 200	18						Page 4
Part IV	Supplemental Part II, line 17a	Information. C	omplete this	s part to p	rovide the ex v other additi	planation requir	ed by	Part II, line 10,
					<u>,</u>			
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# OREGON SOCIAL LEARNING CENTER FOUNDATION 26-0423551

SCHEDULE 1 FORM 990-EZ PART I LINE 16 OTHER EXPENSES

DESCRIPTION	TOTAL
Advertising/Marketing Bank Charges Supplies Travel & Meetings	5,508 719 678 440
Dues & Fees Telephone	350 16
TOTAL TO FORM 990-EZ PART I, LINE 16	7,711

## OREGON SOCIAL LEARNING CENTER FOUNDATION 26-0423551

SCHEDULE 2 FORM 990-EZ Part IV Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Name and address	Title and average hours per week devoted to position	Compensation (If not paid, enter 0)	Contributions to employee benefit plans & deferred compensation plans	Expense account and other allowances
Christie K McDonald	Executive Director			
10 Shelton McMurphey Blvd , Eugene, OR 97401	27 hours	27,412	9,612	0
Deborah M Capaldi	Member			
10 Shelton McMurphey Blvd , Eugene, OR 97401	1 hour	0	0	0
William H Sack, M D 10 Shelton McMurphey Blvd , Eugene, OR 97401	Member	0	0	0
10 Shellon McMarphey Blva , Eugene, OR 97401	1hour	U		
Susan Colasurda, M D	Member			
10 Shelton McMurphey Blvd , Eugene, OR 97401	1hour	0	0	0
Jorge Navarro	Member	_	_	_
10 Shelton McMurphey Blvd , Eugene, OR 97401	1hour	0	0	0