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# 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)

Sponsoning 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

OMB No 1545-1150

2008

Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the 2008 calendar y	rear, or tax year beginning	_10/01	, 2008, and en	ding 9/30		, 2009
В	Check if applicable	C				D Employer	dentification number
	Address change use IRS	HANDICAP AWARENESS	& SUPPORT	LEAGUE	ľ	94-30	36846
		305 NE E ST	~ DOI: 01.12		ŀ	E Telephone	
	Initial return type.	GRANTS PASS, OR 97	526-2163			•	479-4275
<u> </u>	Termination See Specific				}	(341)	413-4213
-	Amended return Instruc- tions.					F Group E Number	xemption -
	• Section 501(c)(3	) organizations and 4947(a)(1	) nonexempt chan		G Accounting r	L.	Cash X Accrual
	must atta	ach a completed Schedule À (	Form 990 or 990-E	Z).	Other (speci	_	
,	14/-b-14 N / 3				H Check ► X		ganization is <b>not</b>
1.	Website: ► N/A	IVI south 1 2 h			required to a 990-EZ, or 9	attach Sche 190-PF)	dule B (Form 990,
ᆜ	Organization type (check onl			1947(a)(1) or 527			
n	Check ►if the orga \$25,000. A return is not	anization is not a section 509(a t required, but if the organizat	a)(3) supporting or tion chooses to file	rganization <b>and</b> its gr e a return, be sure to	oss receipts are file a complete r	normaliy <b>n</b> e return.	ot more than
$\overline{\Gamma}$		b, to line 9 to determine gross			·		<del> </del>
_	instead of Form 990-EZ	b, to file 9 to determine gross	s receipts, ii \$1,00	o,000 of filore, life Fo	onn <del>99</del> 0	<b>►</b> \$	460,373.
P	art   Revenue, l	Expenses, and Change	s in Net Asset	s or Fund Balan	ces (See the	instruction	ons for Part I.)
		ts, grants, and similar amount	•		•	1	383,682.
	2 Program service	revenue including governmen	it fees and contrac	ts		2	76,535.
	3 Membership dues	s and assessments				3	
	4 Investment incom	ne				4	156.
	5a Gross amount fro	om sale of assets other than in	nventory	5a			
	<b>b</b> Less: cost or other	er basis and sales expenses		5b			
R	c Gain or (loss) from sa	ile of assets other than inventory (Sub	tract in 5b from in 5a)	(att sch)		5c	
ž	6 Special events and act	tivities (complete applicable parts of	Schedule G). If any amo	ount is from <b>gaming,</b> check	k here -		
REVENU	a Gross revenue (n	iot including \$	of contril	butions		_	
<b>⊋</b> ĕ	reported on line 1	i)		6a			
	<b>b</b> Less: direct exper	nses other than fundraising e	xpenses	6b			
a a	c Net income or (loss) f	from special events and activities (Sul	btract line 6b from line	6a)		6с	
SS.	7a Gross sales of inv	ventory, less returns and allov	wances	7a			
	<b>b</b> Less: cost of goo	ds sold		7b			
5	c Gross profit or (lo	oss) from sales of inventory (S	Subtract line 7b fro	m line 7a)		7с	
	8 Other revenue (describ	be ►				_) 8	
SCANNED NATIONAL STATEMENT OF THE PROPERTY OF	9 Total revenue (ac	dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8)			<b>▶</b> 9	460,373.
)/ //	10 Grants and similar	ar amounts paid (attach sched	tule)			10	- <del>-</del>
Z,	11 Benefits paid to d	or for members				11	
≪¥.	12 Salaries, other co	ompensation, and employee b	enefits.	RECEIVE	.D	12	321,727.
Ø.	13 Professional fees	and other payments to indep	endent contractors	S.	3 (3)	13	5,250.
SE	14 Occupancy, rent,	utilities, and maintenance	la	0 00 20	30S( 10	14	44,929.
S		ions, postage, and shipping	930	8 MAY 28 20	NO S	15	2,403.
	1	nbe ► <u>See Statement</u>	1			16	153,170.
		add lines 10 through 16)		OCOEN	117	▶ 17	527,479.
	18 Excess or (deficit	t) for the year (Subtract line 1	7 from line 9) 👢	00,67137.01	<u> </u>	18	-67,106.
N S	19 Net assets or fun-	d balances at beginning of ye	ar (from line 27, c	olumn (A)) (must agr	ee with end-of-y	ear	
N E	figure reported or	n prior year's return)			·	19	92,418.
` ]		net assets or fund balances	•	•		20	
-		d balances at end of year. Co			<del></del>	▶ 21	25,312.
P	art II Balance S	heets. If Total assets on line		re \$2,500,000 or more			
_		(See the instructions for	Part II.)		(A) Beginning		(B) End of year
_	Cash, savings, and in	vestments			63,	946. 22	2,556.
2		a Coo Chat	2 .		40	100 24	
2	<del></del>	e ► <u>See Statement</u>	)			198. 24	62,000.
	Total assets	who b Coo Ctatament				144. 25	64,556.
		ribe See Statement  alances (line 27 of column (B)		) ino 21)		726. <b>26</b>	39,244. 25,312
	, , and reserve or illing ox	aren nues concert of Columbia (ES)	THUS LAUFEE WITH I	DUC / 11	· 7/.	910.14/I	/7 51/

Form 990-EZ (2008)

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

Form 990-EZ (2008) HANDICAP AW					4-30	36846	Page 2
Part III Statement of Progra	_	Expenses					
What is the organization's primary exempt purpose	(Re	quired for 501(c	)(3)				
Describe what was achieved in carrying describe the services provided, the numprogram title.	494	l (4) organization 7(a)(1) trusts, o others.)	ns and otional				
28 INDEPENDENT ABILITY O	ENTE	RS - COORDINATE AN	D PROVIDE SERV	ICES AND	1		
INFORMATION FOR DISAF	BLED	AND SENIORS.			1		
					ᆔ		
		is amount includes foreign gr		<u> </u>	28	a 246	<u>,919.</u>
	29 TRANSPORTATION SERVICES FOR DISABLES AND SENIORS IN SPECIALLY EQUIPPED VANS.						
(Grants \$ ) If this amount includes foreign grants, check here ▶						1 1 1 1	5,779.
(Grants \$	) ir tn	is amount includes foreign gr	ants, check here		29	140	0,115.
					1		
(Grants \$	777				] ∏ 30		
31 Other program services (attach so		is amount includes foreign gr	ants, cneck nere		1 30	al	
		is amount includes foreign gr	ants, check here	▶ [	31		
32 Total program service expenses (					32	393	3,698.
Part IV List of Officers, Dire	ctors	, Trustees, and Key En	<b>iployees.</b> (List each d	one even if not c	ompe		
(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit plus deferred compens	ans an	(e) Expense and other allo	account owances
BOB ROSE		Director	0.		0	•	0.
PO BOX 558 MURPHY, OR 97533		1.00					
RANDY YOSHIDA		FINANCE	0.		0		0.
430 SW WILDWOOD AVE.		1.00				İ	
GRANTS PASS, OR 97526							
MIKE MERWIN		VICE CHAIR			0	•	0.
238 D ST GRANTS PASS, OR 97526		1.00		<b>i</b>			
GEANNIE POWELL		Director	0.		0		0.
929 SE 8TH		1.00	1		Ŭ	1	•
GRANTS PASS, OR 97526							
ELAINE HORN		BOARD CHAIR	0.		0	•	0.
PO BOX 1576		1.00					
CAVE JUNCTION, OR 97523							
JOHN BROWN 1606 SW HEATHER		Secretary	0.		0	1	0.
GRANTS PASS, OR 97526		ď					
PAT ALVAREZ		Director	0.		0		0.
6901 OLD STAGE RD #8		] 0					
CENTRAL POINT, OR 97502							<del></del>
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		1					
BAA		TEEA0812L	01/14/09			Form <b>990-l</b>	<b>Z</b> (2008)

			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		34		Х
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?	35a 35b		<u> </u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	350		<del> </del>
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  - 37a 0.	37 b		х
	b Did the organization file Form 1120-POL for this year?	3/10		Ê
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
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			ĺ
39		1		
	a Initiation fees and capital contributions included on line 9			ĺ
	b Gross receipts, included on line 9, for public use of club facilities.  N/A			ĺ
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	ļ		<u> </u>
	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			
	d Enter amount of tax on line 40c reimbursed by the organization	1		
	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		х
	List the states with which a copy of this return is filed <b>OR</b>			
	a The books are in care of ► RANDY_SAMUELSON	479 42b	- <u>42</u> 7	75  No X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44	Yes	N/A N/A No
BA	Form 990 must be completed instead of Form 990-EZ.  TEEA0812L 01/14/09 Form 990-EZ	45 rm 990	)-EZ (	(2008)

	Z (2008) HANDICAP AWARENESS			94-303	
Part VI	Section 501(c)(3) organization and complete the tables for lin	<b>s only.</b> All section es 50 and 51.	501(c)(3) organiz		questions 46-49 tatement 4
for pu	ne organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C ne organization engage in lobbying activiti	t political campaign act , Part I	•	-	Voc. No.
<b>48</b> Is the <b>49 a</b> Did th	e organization engage in lobbying activities organization operating a school as descine organization make any transfers to an iss,' was the related organization(s) a section	ribed in section 170(b)( exempt non-charitable i	1)(A)(ıı)? If 'Yes,' com	plete Schedule E	48 X 49a X 49b
50 Comp	olete this table for the five highest comperved more than \$100,000 of compensation	nsated employees (other from the organization.	er than officers, director If there is none, enter	ors, trustees and key emplo	oyees) who each
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None					
		·			
Total number	of other employees paid over \$100,000				
51 Comp	olete this table for the five highest compet the organization. If there is none, enter 'N	nsated independent cor	ntractors who each rec	eived more than \$100,000	of compensation
	(a) Name and address of each independent control		0	(b) Type of service	(c) Compensation
None					
<u> [otal numb</u>	per of other independent contractors received by the contractors of perjury, I declare that I have exant true, correct and complete Declaration of preparer		ompanying schedules and sta all information of which prep	atements, and to the best of my kn parer has any knowledge	owledge and belief, it is
Sign Here	Signature of officer RANDY SAMUELSON	wh.		Date  Executive Direct	tor
	Type or print name and title				
Paid Pre-	Preparer's signature RICHARD W. BREW		- Date 5/1-), o	Check if Self (Se employed ► N/	parer's Identifying Number e instructions) 'A
parer's Use	Firm's name (or yours if self employed), Firm's name (or Superior Ct			EIN ► Ì	N/A
Only	address, and Medford OR 975				773-1885

►X Yes No Form **990-EZ** (2008)

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

### 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

Employer identification number Name of the organization 94-3036846 HANDICAP AWARENESS & SUPPORT LEAGUE Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or 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 4 name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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 described 7 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) An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after X 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. d | Type II Type III- Other Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q No Yes a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) 11 g (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 (iii) Type of organization (described on lines 1.9 above or IRC section (i) Name of Supported Organization (iv) Is the (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of Support rganization in col (i) listed in your ganization in col organized in the ne organization ii col (i) of (i) governing document? your support? (see instructions)) US? Yes No Yes No Yes No

	dule A (Form 990 or 990-EZ) 2008					94-30368	
Par	t II Support Schedule for	•			0(b)(1)(A)(iv) a	and 170(b)(1)	(A)(vi)
500	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)			
				T	T	Τ.	<del></del>
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')		-				
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished 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						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				T	<del>-</del>	<del></del>
	ndar year (or fiscal year nning in) ►	(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 form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ities, etc. (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	s for the organizati	tion's first, second	d, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support I	Percentage				
14 15	Public support percentage for 200 Public support percentage for 200	• •	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)		14 15	
16 a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did r qualifies as a publ	not check the box	on line 13, and	the line 14 is 33-1		
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did i	not check a box o	n line 13, or 16a,	, and line 15 is 33	-1/3% or more, c	heck this box
1 <b>7</b> a	10%-facts-and-circumstances tes or more, and if the organization rete organization meets the 'facts-	neets the 'facts-ai	nd-circumstances	test, check this	box and stop here	e. Explain in Part	IV how
	10%-facts-and-circumstances testor more, and if the organization rorganization meets the 'facts-and	meets the 'facts-ar I-circumstances' t	nd-circumstances test. The organiz	' test, check this ation qualifies as	box and stop here a publicly suppor	e. Explain in Part ted organization.	IV how the ►
18 BAA	Private foundation. If the organiz	ation did not chec	k a box on line, 1	<u>3, 16a, 16b, 17a</u>		<del></del>	structions. •

Schedule A (Form 990 or 990-EZ) 2008 HANDICAP AWARENESS & SUPPORT LEAGUE 94-3036846 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal vr beginning in) (a) 2004 **(b)** 2005 (c) 2006 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 316,425. 241,722. 383,504. 358,248 1,531,510. 231,611 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 76,076 purpose 38,765 30,513 28,509 40,786 214,649. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0. The value of services or facilities furnished by a governmental unit to the organization without charge 346,938 270,231 424,290 434,324 1,746,159. 270,376 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 0 0 0. persons 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 0 0 0 0 0 0 0 0 0 0 0. c Add lines 7a and 7b 8 Public support (Subtract line 1,746,159. 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 270,376 346,938 270,231 424,290 434,324 746,159. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 730 2,379 156 203 763 4,231. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 203. 730 2,379. 763 <u>156</u> 231. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. 1,750,390. 13 Total support. (add Ins 9, 10c, 11, and 12) 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 99.8% 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 99.7% 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0.2% 18 0.3% 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 HANDICAP AWARENESS & SUPPORT LEAG	GUE 94-3036846 Page 4
Part IV Supplemental Information. Complete this part to provide the explement II, line 17a or 17b; or Part III, line 12. Provide any other additional content of the conten	anation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any other addit	ional information. (see instructions)
	<del></del>

- TEEA0404L 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

Federal State	ements	Page 1
HANDICAP AWARENESS &	SUPPORT LEAGUE	94-3036846
ne 16		04.27PM
comotion EES entions, and Meetings CONS HAINT logy	Total 3	2,044. -80. 7,337. 950. 5,579. 4,608. 16,981. 4,365. 16,087. 5,447. 5,231. 1,287. 36,940. 472. 34,002. 11,920. 5,153,170.
ine 24  e pment Receivable and Deferred Charges	Beginning \$ 3,306. 12,850. 9,006. 9,496. 7,540. Total \$ 42,198.	\$ 0. 9,423. 6,335. 38,695. 7,547.
ine 26	<u>Beginning</u> \$ 4,184.	\$ 14,658.
	me 16  omotion ES ntions, and Meetings ONS AINT logy  ine 24  e  pment Receivable nd Deferred Charges	omotion ES ntions, and Meetings ONS AINT logy  ine 24  e

2008	Federal Statements	Page 2
Client HASL3288	HANDICAP AWARENESS & SUPPORT LEAGUE	94-3036846
Statement 4 Form 990-EZ, Part VI Regarding Transfers	Associated with Personal Benefit Contracts	04.27PM
<ul><li>(a) Did the organization</li><li>(b) Did the organization</li><li>(a) Did the organization</li><li>(b) Did the organization</li><li>(b) Did the organization</li><li>(c) Did the organization</li><li>(d) Did the organization</li><li>(e) Did the organization&lt;</li></ul>	nization, during the year, receive any funds, directly or y premiums on a personal benefit contract? nization, during the year, pay premiums, directly or personal benefit contract?	No No

# Form **3115**(Rev December 2003)

## **Application for Change in Accounting Method**

OMB No 1545 0152

Department of the Treasury Internal Revenue Service					
Name of filer (name of parent corporation if a conso	lidated group) (see instructions)	Identification number (see instructions)			
		94-3036846			
		Principal business activity code number (se	ee instructions)		
HANDICAP AWARENESS & SUPP	PORT LEAGUE				
Number, street, and room or suite no If a P O box,	see the instructions	Tax year of change begins (MM/DD/YYYY)	10/01/2008		
305 NE E ST		Tax year of change ends (MM/DD/YYYY)	9/30/2009		
City or town, state, and ZIP Code		Name of contact person (see instructions)			
GRANTS PASS, OR 97526-21		RANDY SAMUELSON			
Name of applicant(s) (if different than filer) and iden	tification number(s) (see instructions)		Contact person's telephone numb	er	
	***		(541) 479-4275	<del></del>	
If the applicant is a member of a consol				<u> </u>	
If Form 2848, Power of Attorney and De	claration of Representative, is att			<b>&gt;</b>	
Check the box to indicate	_	Check the appropriate box to inc		ng	
the applicant.	Cooperative (Section 1381)	method change being requested	. (see instructions)		
Individual	Partnership				
Corporation	S corporation	Depreciation or Amortizatio			
Controlled foreign corporation (Section 957)	Insurance company (Section 816(a))	Financial Products and/or F	inancial Activities of		
10/50 corporation (Section 904(d)(2)(E))	Insurance company (Section 831)	Financial Institutions			
Qualified personal service corporation (Section 448(d)(2))	Other (specify)	X Other (specify)			
		THE BASIS FROM CA	ASH TO ACCRUAL		
X Exempt organization. Enter Code se	• •	<u> </u>			
Caution: The applicant must provide the applicant may be required to provide inf	requested information to be eligi	ible for approval of the requested a	accounting method change	. The	uct
provide all information relevant to the re	quested accounting method char	nge, even if not specifically reques	ted by the Form 3115.	cant m	iust
Part I Information For Autor	matic Change Request			Yes	No
Enter the requested designated ac-	counting method change number	from the List of Automatic Accou	Inting Method Changes		
(see instructions). Enter only one i	method change number, except a	as provided for in the instructions.	If the requested change		
is not included in that list, check 'C					
► (a) Change No. 30	(b) Other Descri			-	
2 Is the accounting method change I its successor) do not apply?	being requested one for which the	e scope limitations of section 4.02	of Rev Proc 2002-9 (or		Х
If 'Yes,' go to Part II.					<u> </u>
3 Is the tax year of change the final	tax year of a trade or business fo	or which the taxpaver would be req	uired to take the entire		
amount of the section 481(a) adjust	stment into account in computing	taxable income?	and to take the orking		<u> </u>
If 'Yes,' the applicant is not eligible	<u> </u>	• •			
Note: Complete Part II below and then F	·	ough E of this form (if applicable).			<u></u>
Part II Information for All Re	quests			Yes	No
4a Does the applicant (or any present	or former consolidated group in	which the applicant was a membe	r during the applicable		<b></b>
tax year(s)) have any Federal inco	me tax return(s) under examinati	on (see instructions)?		X	<u> </u>
If you answered 'No', go to line 5.					
b Is the method of accounting the ap or former consolidated group in wh					
consideration or (ii) placed in susp					<u> </u>
	Signature (s	· ·			
Under penalties of perjury, I declare that I have example contains all the relevant facts relating to the applications.	nined this application, including accompany tion, and it is true, correct, and complete. D	ying schedules and statements, and, to the b eclaration of preparer (other than applicant)	est of my knowledge and belief, th is based on all information of whic	e applica h prepar	ation rer
has any knowledge Filer		Propagar (other	r than filer/applicant)	•	
riiei		Freparer (ottlei	than merrappiicanty		
Signature and	gate	·	reparing the application and date		
		RICHARD W. BREWSTER,		· <b>–</b> – –	
Name and title (prin	cortype)		ring the application (print or type)		
		Richard W. Brewster,	-		
		670 Superior Ct. #10	6		
		Medford, OR 97504		· <b></b>	
		Name of firm pr	eparing the application		

orim		(Rev12-2003)					LEAGUE			94-3036846	Р	age <b>2</b>
ar	11	Information	For All Re	quests (cor	tinued	)					Yes	No
4c	preser	method of accont or former con examination (se	solidated groi	up in which th	esting e appli	to change ar cant was a n	n issue pend nember duri	ding (v ing the	with respect to either e applicable tax year	the applicant or any (s)) for any tax year		X
d	Is the	request to chan	ge the metho	d of accounting	ng beir nstruc	ng filed under tions)?	the proced	ures r	equiring that the ope	rating division		Х
		,' attach the cor	•	•		· ·						
е	Is the	request to chan	ge the metho	d of accountir	ng bein	ng filed under	the 90-day	or 120	0-day window period	?		Х
	If 'Yes	,' check the box	for the appli	cable window	period	and attach t	he required	stater	ment (see instruction	s).		-14477
		90 day	<u> </u>	20 day								
f	If you a	nswered 'Yes' to line	4a, enter the nai	me and telephone	number	of the examining	g agent and the	e tax yea	ar(s) under examination			
	Name					lephone number			Tax year(s	) ►		
_		copy of this For		•							$\vdash$	<u>X</u> _
5a	tax ye	ar(s)) have any	Federal incor	ne tax return(	s) befo	ore Appeals a	nd/or a Fed	deral c				<u>X</u>
		s,' enter the nam		· ·	□ ′	Appeals office	er and/or	Ш	counsel for the gove	ernment, and the tax		
	Name	) before Appeal	s and/or a Fe	derai court.	Tal	lephone number	_		Tax year(s	\ <u>~</u>		
h			m 3115 heen	provided to the		•		sel for	the government idea		<b>†</b>	
	Is the	method of acco	unting the ap	olicant is requ	estina	to change ar	n issue unde	er con:	sideration by Appeal	s and/or a Federal		
	court year(s	(for either the ap ) the applicant v	oplicant or an vas a membe	y present or fo	ormer	consolidated	group in wh	nich th	e applicant was a m	ember for the tax		
_		', attach an exp						_				
6	parent	applicant answe t corporation's (a er that is under	a) name, (b) i	dentification n	umber	r, (c) address	, and (d) tax	x year	mer consolidated gro (s) during which the court.	up, provide each applicant was a		
7	tax pu	rposes, is it req Appeals, or be	uesting a cha	inge from a m	ethod	of accounting	that is an i	issue i	ship or S corporation under consideration n of a partner, memb	for Federal income in an examination, er, or shareholder of		<u> </u>
		s,' the applicant	-		_							
8	Is the	applicant makin	g a change to	which audit	protect	tion does not	apply (see	ınstru	ctions)?		$\vdash \vdash \downarrow$	<u> X</u>
9a	proced								r an automatic chang 5 years (including th			X
b		s,' attach a desc btained.	ription of eacl	h change and	the ye	ear of change	for each se	eparate	e trade or business a	and whether consent		
c	not sig	application was gned and returne planation.	withdrawn, ned to the IRS,	ot perfected, or if the char	or den nge wa	ied, or if a Co as not made o	onsent Agre or not made	ement in the	t was sent to the tax e requested year of c	payer but was hange, include		
I0a	Does reques	the applicant, its st) for a private	predecessor letter ruling, o	r, or a related change in acco	party o	currently have g method, or	e pending a technical ac	ny req dvice?	quest (including any	concurrently filed		Х
b	If 'Yes reque	s,' for each requi st (private letter	est attach a s ruling, chang	tatement prove e in accountir	riding t ng met	the name(s) o hod, or techn	of the taxpay	yer, ıd , and	lentification number( the specific issue(s)	s), the type of in the request(s).		
11	Is the	applicant reque	sting to chang	ge its <b>overall i</b>	method	d of accounting	ng?				Х	
	If 'Yes	s,' check the app ete Schedule A	oropriate boxe on page 4 of	es below to inc the form.	dicate	the applicant	s present a	nd pro	pposed methods of a	ccounting. Also,		
	Prese	nt method:	X Cash			Accrual		] Hyb	orid (attach description	on)		
	Propo	sed method:	Cash		X	Accrual		Hyb	orid (attach description	on)		
2		applicant is <b>not</b> lowing.	changing its o	overall method	d of ac	counting, atta	ach a detaile	ed and	d complete description	n for each of		
а	The ite	em(s) being cha	nged.									
b	The ap	oplicant's preser	nt method for	the item(s) be	eing ch	nanged.						
c	The a	pplicant's propos	sed method fo	or the item(s)	being	changed.						
d	The a	oplicant's preser	nt overall met	hod of accour	nting (d	cash, accrual	or hybrid).					

	3115 (Rev 12-2003) HANDICAP AWA		94-3036846	P	age 3	
	rt II Information For All Reques			Yes	No	
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe, whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application.  See Attachment 1					
14	Will the proposed method of accounting b For insurance companies, see the instruct	e used for the applicant's books and records tions		х		
	If 'No,' attach an explanation.					
15 a	15a Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?					
t	If 'Yes,' for the items of income and expermethods of accounting used by the partie transfer and the method(s) that would be this application.	nse that are the subject of this application, a s to the section 381(a) transaction immediate required by section 381(c)(4) or (c)(5) absen	Ittach a statement identifying the ely before the date of distribution or it consent to the change(s) requested in			
16	Does the applicant request a conference	of right with the IRS National Office if the IR	S proposes an adverse response?		X	
17	If the applicant is changing to or from the or 471, enter the gross receipts of the 3 to	cash method or changing its method of account ax years preceding the year of change.	ounting under sections 263A, 448, 460,			
	1st preceding year ended mo 09 yr 2008	2nd preceding year ended, mo 09 yr 2007	3rd preceding year ended mo 09 yr 2006			
	\$ 425,053.	\$ 272,610.	\$ 347,668.			
Pa	rt III Information For Advance C	onsent Request		Yes	No	
18	18 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?					
	If 'Yes,' attach an explanation describing procedures.	why the applicant is submitting its request ur	nder advance consent request			
19	and complete description of the facts that demonstrates that the applicant is authori	s supporting the proposed method for the iter explains how the law specifically applies to zed to use the proposed method. Include all orting the proposed method. The applicant set of the proposed method.	the applicant's situation and that authority (statutes, regulations,			
20	Attach a copy of all documents related to	the proposed change (see instructions).				
21	Attach a statement of the applicant's reas	ons for the proposed change.				
22	If the applicant is a member of a consolid use the proposed method of accounting for	ated group for the year of change, do all oth or the item being changed?	er members of the consolidated group			
	If 'No', attach an explanation.					
23	Enter the amount of user fee attached to	this application (see instructions). FS				
	(or its successor) (see instructions).	er fee, attach the necessary information or c	ertification required by Rev Proc 2003-1			
	rt IV   Section 481(a) Adjustment			Yes	No	
24	Do the procedures for the accounting met If 'Yes,' do not complete lines 25, 26, and	thod change being requested require the use	e or the cut-off method?		X	
25	•	i 27 below. cate whether the adjustment is an increase (	+) or a decrease (-) in			
23		ch a summary of the computation and an ex	•			
	to determine the section 481(a) adjustment component. If more than one applicant is	nt. If it is based on more than one componer applying for the method change on the sam siness activity code (see instructions), and the	nt, show the computation for each e application, attach a list of the			
26	If the section 481(a) adjustment is an incr amount of the adjustment into account in	ease to income of less than \$25,000, does the year of change?	he applicant elect to take the entire		X	
27	consolidated group, a controlled group, or	ent attributable to transactions between mem rother related parties?	bers of an affiliated group, a		X	
	If 'Yes', attach an explanation.				<u> </u>	

BAA

## Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I   Change in Overall Method (se	e instructions)
---------------------------------------	-----------------

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state 'None.' Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.

See Attachment 2 12. ,801 a Income accrued but not received b Income received or reported before it was earned. Attach a description of the income and the legal basis for the None proposed method -8,399 c Expenses accrued but not paid 7.540 d Prepaid expenses previously deducted None e Supplies on hand previously deducted and/or not previously reported f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II None None g Other amounts (specify) h Net section 481(a) adjustment (Combine lines 1a - 1g.) 942.

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)?

Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. On a separate sheet, state the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, explain the differences on a separate sheet.

## Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information.

- A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business
- An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

#### Schedule B - Change in Reporting Advance Payments (see instructions)

- If the applicant is requesting to defer advance payment for services under Rev Proc 71-21, 1971-2 CB 549, attach the following information.
- a Sample copies of all service agreements used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the service agreement that require the taxpayer to perform services.
- b If any parts or materials are provided, explain whether the obligation to provide parts or materials is incidental (of minor or secondary importance) to an agreement providing for the performance of personal services.
- c If the change relates to contingent service contracts, explain how the contracts relate to merchandise that is sold, leased, installed, or constructed by the applicant and whether the applicant offers to sell, lease, install, or construct without the service agreement.
- d A description of the method the applicant will use to determine the amount of income earned each year on service contracts and why that method clearly reflects income earned and related expenses in each year.
- e An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See section 3.11 of Rev Proc 71-21.
- If the applicant is requesting a deferral of advance payments for goods under Regulations section 1,451-5, attach the following information.
- a Sample copies of all agreements for goods or items requiring advance payments used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the agreement that require the applicant to provide goods or items.
- b A statement providing that the entire advance payment is for goods or items. If not entirely for goods or items, a statement that an amount equal to 95% of the total contract price is properly allocable to the obligation to provide activities described in Regulations section 1.451-5(a)(1)(i) or (ii) (including services as an integral part of those activities).
- c An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See Regulations section 1.451-5(b)(1)

## Schedule C - Changes Within the LIFO Inventory Method (see instructions)

#### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, etc).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc).
- d Determining the current year cost of goods in the ending inventory (e.g., most recent purchases, earliest acquisitions during the year, average cost of purchases during the year, etc).
- If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, specify the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, specify the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970 and a statement indicating the indexes, tables, and categories the applicant proposes to use

### Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2).
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, the applicant should explain the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- 9 A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

· · · · · · · · · · · · · · · · · · ·		04-202604	c
Form 3115 (Rev 12-2003) HANDICAP AWARENESS & SUPPORT LEAGUE  Schedule D — Change in the Treatment of Long-Term Contracts Under Section 46	O, Inventories, o	94-303684 or Other Section	
263A Assets (see instructions)			
Part I Change in Reporting Income From Long-Term Contracts (Also co	mplete Part III on	pages 7 and 8.)	
1 To the extent not already provided, attach a description of the applicant's present and province and expenses from long-term contracts. If the applicant is a construction contract description of its construction activities.	pposed methods f or, include a deta	or reporting illed	
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instr	uctions)?		Yes No
<b>b</b> If 'Yes,' do all the contracts qualify for the exception under section 460(e) (see instruction	s)?		Yes No
If line 2b is 'No,' attach an explanation.	•	_	
c If line 2b is 'Yes,' is the applicant requesting to use the percentage-of-completion method Regulations section 1.460-4(b)?	using cost-to-cos	st under	Yes No
d If line 2c is 'No,' is the applicant requesting to use the exempt-contract percentage-of-cor Regulations section 1.460-4(c)(2)?	npletion method ι	ınder	Yes No
If line 2d is 'Yes,' explain what cost comparison the applicant will use to determine a conf	ract's completion	factor.	
If line 2d is 'No,' explain what method the applicant is using and the authority for its use.		_	_
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)	)?	. [	Yes No
<b>b</b> If 'Yes,' explain the applicant's present and proposed method(s) of accounting for long-te	rm manufacturing	contracts.	
c Describe the applicant's manufacturing activities, including any required installation of ma	nufactured goods	i <b>.</b>	
4 To determine a contract's completion factor using the percentage-of-completion method.		_	_
a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)?			Yes No
<b>b</b> If line 4a is 'No,' is the applicant electing the simplified cost-to-cost method (see section section 1.460-5(c))?	160(b)(3) and Reg	ulations	Yes No
5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts.	long-term contra	icts or Federal	
Part II   Change in Valuing Inventories Including Cost Allocation Chang	es (Also complet	e Part III on pag	es 7 and 8.)
1 Attach a description of the inventory goods being changed.			
2 Attach a description of the inventory goods (if any) NOT being changed.			
3 If the applicant is subject to section 263A, is its present inventory valuation method in cor (see instructions)?	npliance with sect	tion 263A	] Yes □ No
	Inver	ntorv	Inventory Not
4a Check the appropriate boxes below.	Being C		Being Changed
44 Officer the appropriate boxes below.	Present	Proposed	Present
Identification methods.	method	method	method
Specific identification			
FIFO		<u> </u>	
LIFO		<u> </u>	
Other (attach explanation)		<del></del>	
Valuation methods			<del>                                     </del>
Cost			
Cost or market, whichever is lower			
Retail cost			
Retail, lower of cost or market	<del> </del>	<del></del>	<del></del>
·		<del> </del>	<del>                                     </del>
Other (attach explanation)		-	h
b Enter the value at the end of the tax year preceding the year of change			<u> </u>

- 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information. (see instructions).
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- **b Only for applicants requesting advance consent.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- c Only for applicants requesting an automatic change. Attach the statement required by section 10.01(4) of the Appendix of Rev Proc 2002-9 (or its successor).

Form <b>3115</b> (Rev 12-2003) HAND	ICAP AWARENESS	&	SUPPORT	LEAGUE
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94-3036846

Page 7

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 ( see the instructions).)

## Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B — Direct and Indirect Costs Required To Be Allocated (Check the appropriate boxes in Section B showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark 'N/A' in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.)

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs.		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs	- <u> </u>	
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		~~.
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)	_	
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

f The applicable convention of the property.

	m 3115 (Rev 12-2003) HANDICAP AWARENESS & SUPPORT LEAGUE	94-303	10840	Page 8
Pa	art III Method of Cost Allocation (see instructions) (continued)			
Sec	ction C — Other Costs Not Required To Be Allocated (Complete Section C only and for these costs.)	f the applicant is requestin	ig to change	e its
		Present method	Proposed i	method
1	Marketing, selling, advertising, and distribution expenses			
2	Research and experimental expenses not included on line 26 above			
3	Bidding expenses not included on line 22 above		<del></del>	·
4	General and administrative costs not included in Section B above			
5	Income taxes			
6	Cost of strikes			
7	Warranty and product liability costs			
8	Section 179 costs			
9	On-site storage			
10	Depreciation, amortization, and cost recovery allowance not included on line 11 above			
11	Other costs (Attach a list of these costs )			
Scl	nedule E - Change in Depreciation or Amortization (see instructions)			
App App	licants requesting approval to change their method of accounting for depreciation or amortization licants must provide this information for each item or class of property for which a change is re	on complete this section. quested.		
sect	e: See the <b>List of Automatic Accounting Method Changes</b> in the instructions for information regions 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with respect scations (see instructions).	garding automatic changes to certain late elections ai	under nd election	
	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?		Yes	No
	If 'Yes,' the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).		Ш	
2	Is any of the depreciation or amortization required to be capitalized under any Code section (	e.a., section 263A)?	Yes	□No
	If 'Yes,' enter the applicable section			ш
3	Has a depreciation or amortization election been made for the property (e.g., the election und	der section 168(f)(1))?	Yes	□No
	If 'Yes,' state the election made ►		<u>-</u>	
4:	a To the extent not already provided, attach a statement describing the property being changed of property, the year the property was placed in service, and the property's use in the applical producing activity.	l. Include in the descriptior nt's trade or business or in	า the type าcome-	
ı	b If the property is residential rental property, did the applicant live in the property before renting	ig it?	Yes	No
(	s the property public utility property?		Yes	No
5	To the extent not already provided in the applicant's description of its present method, explain applicant's present method (e.g., depreciable property, inventory property, supplies under Resection 263(a) property, property deductible as a current expense, etc).	n how the property is treate gulations section 1.162-3,	ed under th nondepreci	ie iable
6	If the property is not currently treated as depreciable or amortizable property, provide the fac depreciate or amortize the property.	ts supporting the proposed	change to	
7	If the property is currently treated and/or will be treated as depreciable or amortizable proper both the present (if applicable) and proposed methods.	ty, provide the following in	formation u	ınder
ā	a The Code section under which the property is or will be depreciated or amortized (e.g., section	n 168(g)).		
ı	b The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated in 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 CB 745, for each asset deprecian explanation why no asset class is identified for each asset for which an asset class has not be	lated under former section	168 (ACR	section S), an
•	The facts to support the asset class for the proposed method.			
	d The depreciation or amortization method of the property, including the applicable Code section under section 168(b)(1))	n (e.g., 200% declining ba	lance meth	od
•	e The useful life, recovery period, or amortization period of the property.			

2008

## Form 3115 Attachments

Page 1

Client HASL3288

## HANDICAP AWARENESS & SUPPORT LEAGUE

94-3036846

5/10/10

04.27PM

Attachment 1 Form 3115, Part II, Line 13 Description of Trade or Business

COORIDINATE AND/OR PROVIDE SERVICES AND INFORMATION TO PEOPLE WITH DISABILITIES AND SENIOR CITIZENS.

Attachment 2	
Form 3115, Schedule A,	Part I
Breakdown of Lines 1a	- 1g

Line la ACCOUNTS RECEIVABLE GRANTS RECEIVABLE	\$ 3,305. 9,496. Total \$ 12,801.
Line 1c ACCOUNTS PAYABLE VACATION	\$ -4,183. -4,216. Total \$ -8,399.
Line 1d PREPAID INSURANCE BUILDING SECURITY DEPOSIT	\$ 3,540. $\frac{4,000}{7,540}$ .

## 2008

## **Diagnostics**

Page 1

Client HASL3288

## HANDICAP AWARENESS & SUPPORT LEAGUE

94-3036846

5/10/10

04.27PM

## **Federal Informational Diagnostics**

### Form 3115

- ☐ Form 3115 #1: A separate copy must be filed with the Internal Revenue Service in Washington, DC. Refer to the Form 3115 instructions for more information.
- ☐ Form 3115 #1: Attach the items listed for Schedule A, line 3 for a change in the overall method of accounting.

#### General

 $\square$  The computer date of 5/10/2010 will be transmitted as organization's e-file PIN authorization signature date when the tax return is electronically filed.

## HANDICAP AWARENESS SUPPORT LEAGUE Change in Accounting Method - Restate 9/30/08 FYE 9/30/08

## BALANCE SHEET

DALANCE ONLE	9/30/08 Tax (	9/30/08 Tax Cash Basis		Accrual Adj	ustments	9/30/08 Tax Accrual Basis		
	Debit	Credit	_	Debit	Credit	Debit	Credit	
Checking	40,049 69					40.049 69		
Money Market Account	23,554 87					23,554 87		
Petty Cash	200 00					200 00		
Tax Account from 10/01	141 75					141 75		
Accounts Receivable			1	3.306 00		3,306 00		
Building Security Deposit			2	4,000 00		4,000 00		
Grants Receivables			3	9,496 04		9,496 04		
Prepaid Insurance			4	3,539 83		3,539 83		
Prepaid rent				.,				
Accumulated Depreciation		114,013.00					114,013 00	
Equipment	45,591 64					45,591.64		
Transportation Assets	90,277 00					90,277 00		
TOTAL ASSETS	85,801 95					106,143 82		
Accounts Payable					4,183 23	5	4,183 23	
Bank Overdraft		5,326.31					5,326 31	
Umpqua Credit Card								
Payroll Liabilities								
Accrued Vacation					4,215 75	6	4,215 75	
Deferred Grant Revenue								
Retained Earnings		115,228 48					115,228 48	
Net income (loss) TOTAL LIABILITIES & EQUITY		(34,752 84) 85,801 95					(22,809 95) 106,143 82	
TOTAL LIABILITIES & EQUITY		05,00195					100, 143 62	

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PROFIL & LOSS	9/30/08 Tax (	Cash Basis Credit	_				9/30/08 Tax A	ccrual Basis Credit
Moore			_			•		
INCOME Fund-raising:2007		8,089 50						8,089.50
Fund-raising:Christmas Dinner Fund-raising:Gala 2006		0,003 30						-
Contracts:Benefit Planning OTM		72,477.09			7,481.04	3		79,958.13
Grant-other:STEPS		22,390.50			2,015 00	3		24,405.50
Grant-other:UCAN Grant-other:WPD								-
HASL:Commission for the Blind		4,768 45			220 00	1		- 4,988 45
HASL:NIPI HASL:OHSU		3,200 00						3,200 00
Outreach		100 00						100 00
OVRS		30,022 50			1,235 00	1		31,257 50
OVRS - WRAW Reimbursement		1,125.00 369.07						1,125 00 369 07
RSA		107,653.00						107,653 00
SILC		92,221 00			126.00	1		92,347.00
SILC:Dept of OR Human Resources								-
Donation Donation:Equipment		835 00 915 00						835 00 915.00
Grant-other:Four Way Foundation		910 00						ə 10.00 -
HASL		4,019 25						4,019 25
HASL:Fairview Grant								-
HASL:Holiday dinner HASL:Independence Fair								-
HASL:United Way		60 00						60 00
HASL:Youth in Transition								-
rebate		400.50						-
Transportation Income Transportation Income:Care Source		480 50						480.50
Transportation Income:Non-Med Transport Reimb		215 53						215 53
Transportation Income:Reimbursement		175 00						175 00
Transportation Income:Fee								-
Uncategorized Income Transportation Income:Donation		20,749 38						20,749 38
Transportation Income:Josephine County		34,388.00			1,550 00	1		35,938 00
Transportation Income:RVTD		20,036 75						20,036 75
Interest Income		762 72						762 72
EXPENSES Payroll Expenses	264,057 93		6	4,215 75			268,273 68	
Payroll Expenses:Federal payroll tax	20,143 25		U	4,21373			200,273 06	
Payroll Expenses:State payroll tax	4,769 71						4,769 71	
taxes	109.00						109.00	
Professional Fees: Attorney Professional Fees	7,750 00						7,750.00	
Advertising	1,969.79		5	175 00			2,144 79	
Cil Suite	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						-	
Office Expense:Other	28.48						28 48	
Office Expense:Computer:ink cartridges Office Expense:Computer:program software	2,630 95						2,630 95	
Office Expense:holiday/seasonal expenses Office Expense:membership	88 74						88 74 -	
Office Expense:office equipment	472 99		_				472 99	
Office Expense:Office Supply	7,738 88 1,055 27		5	1,347.76			9,086 64	
Office Expense:Office Supply/water Office Expense:reimburse	1,055 27 240 02						1,055 27 240 02	
Office Expense:Staff appreciation	850 00						850 00	
Office Expense:Staff training/inservice	200 00		_				200 00	
Utilities:Cell phone	1,240 95		5 5	165 33 120 00			165 33 1,360.95	
Utilities:Cell phone - WIN Utilities:Telephone	1,240 95 3,993 52		J	120 00			1,360.95 3,993 52	
Rent	38,596 07						38,596 07	
Rent:HASL							•	

Rent:Security deposit				4,000 00	2	(4,000 00)
Utilities:Electricity	4.034 09	5	468 99	1,000 00	_	4,503.08
Utilities:Garbage	561.09	5	35.95			597 04
Utilities:Gas /heat	2,755 34	5	44.59			2,799 93
Utilities:Water, sewer	1,604 64					1,604.64
Mileage/Meals	588 21					588.21
Mileage/Meals:Car rental	050.54					- 650.51
Mileage/Meals:Lodging	659 51					659.51
Mileage/Meals:Meals	7,076 15					7,076 15
Mileage/Meals:Mileage reimbursement Mileage/Meals:Volunteer mileage	7,070 13					7,070 10
FEE:Training						_
Trainings	330 87					330 87
Depreciation	6,455.00					6,455.00
Insurance:Crime policy	193.44					193 44
Insurance:D&O Ins	1,311 53					1,311 53
Insurance:Liab. Ins	11,778 66			3,539 83	4	8,238 83
Insurance:Surety Bo	0.007.00					2 607 26
Insurance:WrkComp	2,697 36					2,697.36
Postage Postage:Bulk Mail	465 00					465 00
Postage:meter	2,141 98					2,141 98
Balance Adjustment	175.34					175.34
Bank Adjustment				175 00	1	(175.00)
FEE:Service charge						-
Reconciliation Discrepancies						-
Bldg Maint	3,148 36					3,148.36
Bldg Maint:outside maintenance	356.48					356 48
Office Expense:building maintenance	E 0E1 0E					- 5,851.85
Dues & Publications Contract Expenses:Copier lease	5,851 85 1,233 14	5	99 00			1,332 14
Contract Expenses:Computer Lease	1,200 14	3	33 00			1,002 14
Office Expense:Computer:maintenance/repair						-
Office Expense:Copier Maint/Repair	2,214 51	5	104 97			2,319.48
Gala	4,282.89					4,282 89
Education:Community						-
Education:Library	85 00					85.00
Dept of Consumer & Bus. Svcs	61 77					61.77
FEE	199 00					199 00 231.00
FEE:ISF Holiday dinner	231 00					231.00
Independence Day Fair - 2006						-
MiCil	1,048 35					1,048 35
Misc Expense	66 22					66.22
Payroll Account						<b>-</b>
Reimburse	40 00	_				40 00
Web page	308 95	5	25 00			333 95
FEE:Tax penalty Contract Expenses:Other	369.46					369 46
Contract Expenses:Other Contract Expenses:ADA services	3,900 00					3,900.00
Contract Expenses:ADA services  Contract Expenses:BP Contracts	51 75					51 75
Contract Expenses:Elevator Phone	0,70					•
Contract Expenses:Storage unit	840 00	5	70 00			910.00
STEPS Admin	100 00					100.00
WIN Admin	250 00					250 00
Grants:OHSU						=
Grants:OTM						-
Grants:WPD	2,278.74					2,278.74
HASL expense HASL expense:Emergency Preparedness	2,210.14					-
HASL expense:Healthy life Styles						-
HASL expense:Options for Success						-
HASL expense:STEPS	1,100 75					1,100.75
Outrch-Ntwk						-
SOWSR						-
SOWSR:Equipment	4 000 00	-	40.00			1 244 00
Bldg Maint:Alarm system	1,296 00	5	48.00			1,344.00 2,400 00
Transport:Administrative	2,400 00 737.14					737.14
Transport:Cell Phone Transport:Equipment	232 01					232 01
Transport:Fuel	21,919.73	5	1,151.14			23,070 87
Transport:License	109.00					109 00
•						

Transport:Maint Transport:Match Monies SDSD	3,678.19					3,678.19	
Transport:reimbursement	65.60					65.60	
Transport:Repair	1,438 98	:	5	327 50		1,766.48	
Transport:Tires	829 45					829.45	
Transport:Towing	318.00					318 00	
TOTAL INCOME & EXPENSES	459,806 08	425,053 24	-	28,740 85	28,740 85	460,490 23	437,680 28
		(34,752 84)			-		(22,809.95)

#### Change in Accounting Method

Generally, you can choose any permitted accounting method when you file your first tax return. You do not need to obtain IRS approval to choose the initial accounting method. You must, however, use the method consistently from year to year and it must clearly reflect your income. See Accounting Methods, earlier

Once you have set up your accounting method and filed your first return, generally, you must receive approval from the IRS before you change the method. In general, you must file a current Form 3115 to request a change in either an overall accounting method or the accounting treatment of any item.

A change in your accounting method includes a change not only in your overall system of accounting but also in the treatment of any material item. A material item is one that affects the proper time for inclusion of income or allowance of a deduction. Although an accounting method can exist without treating an item consistently, an accounting method is not established for that item, in most cases, unless the item is treated consistently.

Approval required The following are examples of changes in accounting method that require IRS approval

- . A change from the cash method to an accrual method or vice versa
- A change in the method or basis used to value inventory
- A change in the depreciation or amortization method (except for certain permitted changes to the straight-line method)

**Approval not required.** The following are examples of types of changes that are not changes in accounting methods and do not require IRS approval

- · Correction of a math or posting error
- . Correction of an error in figuring tax liability (such as an error in figuring a credit)
- An adjustment of any item of income or deduction that does not involve the proper time for including it in income or deducting it
- · Certain adjustments in the useful life of a depreciable or amortizable asset

For additional information, see the Instructions for Form 3115