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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)

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning**

, 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization OREGON HEAD START ASSOCIATION		D Employer identification number 93-1158780
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite
		805 LIBERTY STREET NE		2
		City or town, state or country, and ZIP + 4 SALEM OR 97301		
E Telephone number (503) 779-2556				F Group Exemption Number

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) _____

I Website: **WWW.OHSA.NET**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **326,989.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ _____ of contributions reported on line 1) 6b Less direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► See Other Revenue Statement) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1	51,669.
	2	80,391.
	3	185,655.
	4	4,976.
	5c	
	6c	
	7c	
	8	4,298.
	9	326,989.
	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 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) 17 Total expenses. Add lines 10 through 16	10
11		
12		
13		
14		
15		
16		323,538.
17		323,538.
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) See L-20 Stmt 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18	3,451.
	19	176,044.
	20	12,878.
	21	192,373.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	176,044.	192,373.
23 Land and buildings	0.	0.
24 Other assets (describe ► _____)	0.	0.
25 Total assets	176,044.	192,373.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,044.	192,373.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED JUL 20 2010

EX-102-00000000

ASSETS

RECEIVED

MAY 24 2010

OGDEN, UT

IRS-OSC

p3

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

What is the organization's primary exempt purpose? (SEE ATTACHED STATEMENT)

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Conducted Meetings with Department of Health and
Human Services and Kindergarden Program officials to
gather information

(Grants \$ 0 .) If this amount includes foreign grants, check here

28a	144,492.
-----	----------

29 Membership participation in the Regional and
National Head Start Association -----

(Grants \$ 0 .) If this amount includes foreign grants, check here

29a	6,125.
-----	--------

30 Operations

(Grants \$ 0 .) If this amount includes foreign grants, check here

30 a	112,737.
------	----------

31 Other program services (attach schedule) 0

(Grants \$ 0 .) If this amount includes foreign grants, check here

31 a	60,184.
------	---------

32 Total program service expenses (add lines 28a through 31a)

32	323,538.
----	----------

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)
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[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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 outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ Oregon		

42a The organization's books are in care of **▶ RUBY MILLER** Telephone no **▶ (541) 747-2425**
 Located at **▶ 21 N GRAND STREET** **EUGENE** OR ZIP + 4 **▶ 97402**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country **▶** _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country **▶** _____

43 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 **▶ 43** _____

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X
47	X	
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Judy M. Miller Date: 5-13-2010

Type or print name and title: Judy M. Miller Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 05/12/10 Check if self-employed: ☒ Preparer's Identifying Number (See instructions): P0060350

Firm's name (or yours if self-employed), address, and ZIP + 4: RUTH P KLEIN EA LTC
3609 SE CENTER STREET
PORTLAND OR 97202-3204 Phone no: (503) 777-2901 EIN: 93-0786168

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

Yes ☐ No ☐

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

OREGON HEAD START ASSOCIATION

Employer identification number

93-1158780

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 (For lines 1 through 11, check only one box.)

- 1 ☐ 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).
- 4 ☐ 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An 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 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).
- 11 ☒ 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 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 ☐ 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 509(a)(2).
- f ☐ 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
VARIOUS HEAD START AGENCY	VARIOUS	line 11a	X		X		X		0.
Total									0.

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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-through 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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
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.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 lns 9, 10c, 11, and 12)						

14 **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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests — 2009.** 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 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 — 2008.** 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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

OREGON HEAD START ASSOCIATION

93-1158780

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures –
(The term 'expenditures' means amounts paid or incurred.)(a) Filing
organization's totals(b) Affiliated
group totals

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)

- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV	X		30,978.
j Total. Add lines 1c through 1i			30,978.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Pt II-B Line 1i see supporting statement

Additional Information

FORM 990EZ

Schedule C PART 11-B (PAGE 3)

***LOBBYING ACTIVITIES CONSISTED OF HIRING A LOBBYIST TO "ADVOCATE" IN
THE OREGON LEGISLATURE FOR THE FUNDING OF EARLY CHILDHOOD PROGRAMS.**

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

PRODUCT LINE & MISCELLANEOUS	2,451.
DOLLAR PER CHILD	1,844.
MISC.	3.
Total	4,298.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

CONTRACTED SERVICES	54,699.
EXECUTIVE BOARD EXPENSES	16,009.
OFFICE SUPPLIES	733.
OHSA MEETINGS AND TRAINING EXPENSES	73,784.
OHSA REGION X MEMBERSHIP	6,125.
SUPPORT SERVICES	81,262.
POSTAGE	281.
COMPUTER RELATED EXPENSES	6,220.
BANK CHARGES	332.
PRINTING	5,693.
INSURANCE	2,800.
RENT & UTILITIES	5,850.
SUPPORTING AGENCY DONATION	100.
COMMUNITY GRANTS	48,829.
GRANTS AND SCHOLARSHIPS	4,500.
DOLLAR PER CHILD EXPENSES	1,844.
PRODUCT LINE	4,911.
OTHER SUPPORT SERVICES (MILEAGE, PER DIEM, TRAVEL ETC.)	7,877.
ADVANCED COMPUTER TECH	1,688.
ROUNDING	1.
Total	323,538.

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Prior Year Adjustment: Expenses were overstated (Check #166 and various other expenses/should self correct in 2010)	12,878.
Year-end balances: Oregon Community Foundation = \$23,188.	
On Point Community Credit Union = \$84,611.	
US Bank = \$81,723.	
US Bank Charitable Check Off = \$ 2,851.	
Total Year End Balances = \$192,373.	
Beginning Balances = \$176,044.	
Current Balance = \$ 3,451.	
Adjustment (Difference) = \$ 12,878.	
Total	12,878.

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
US BANK	384.
ON POINT CREDIT UNION	1,320.
US BANK (CHARITABLE CHECK-OFF)	76.
OREGON COMMUNITY FOUNDATION (NET INVESTMENT RETURN)	
(BEG BAL.=\$19992. ENDING BAL.=\$23188.=\$3196.)	3,196.
Total	<u>4,976.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
US BANK (GENERAL ACCOUNT)	69,318.
ONPOINT COMMUNITY CREDIT UNION	83,288.
OREGON COMMUNITY FOUNDATION	19,992.
US BANK CHARITABLE CHECK OFF	3,446.
Total	<u>176,044.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
OREGON COMMUNITY FOUNDATION	23,188.
ON POINT COMMUNITY CREDIT UNION	84,611.
US BANK	81,723.
US BANK CHARITABLE CHECK OFF	2,851.
Total	<u>192,373.</u>

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
CONTRACTED SERVICES	54,699.
EXECUTIVE BOARD EXPENSES	16,009.
OHSA MEETINGS AND TRAINING EXPENSES	73,784.
Total	<u>144,492.</u>

Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
OFFICE SUPPLIES	733.
SUPPORT SERVICES	81,262.
POSTAGE	281.
COMPUTER RELATED EXPENSES	6,220.
BANK CHARGES	332.
PRINTING	5,693.
RENT & UTILITIES	5,850.
OTHER SUPPORT SERVICES (MILEAGE, PERDIEM, TRAVEL, ETC.)	7,877.
INSURANCE	2,800.
ADVANCED COMPUTER TECH	1,688.
ROUNDING	1.
Total	<u>112,737.</u>

Supporting Statement of:

Form 990-EZ/Other Program Service Exp

Description	Amount
PRODUCT LINE	4,911.
DOLLAR PER CHILD EXPENSES	1,844.
GRANTS AND SCHOLARSHIPS	4,500.
CUMMUNITY GRANTS	48,829.
SUPPORTING AGENCY DONATION	100.
Total	<u>60,184.</u>



Oregon Head Start Association



Oregon Head Start Association
93-1158780

Statement of Program Service Accomplishments

What is the organization's primary purpose?

The primary purpose of the Oregon Head Start Association is to conduct three state meetings a year to share information, train members, and identify issues of concern to the Head Start programs and parents. The Head Start Association will also develop position papers on commonly agreed issues and work on these issues throughout the year. The Association may also conduct additional meetings and trainings and provide financial support for the professional development of staff and parents.

(Mission Statement)

To be a dynamic organization with a diverse membership with strong leadership in early childhood issues and to be active educators and communicators about early childhood education

Ruth Klein
Accountant and tax practitioner
3609 S.E. Center Street
Portland OR 97202-3204

Oregon Head Start Association
21 N Grand Street • Eugene OR 97402 • Phone: 541.747.2425 ext 1206
Fax: 541.762.8333 web site: www.ohsa.net
Email: rmiller@hsolc.org

**Oregon Head Start Association
Board Members Roster 2009-2010**

<p style="text-align: center;">President Director Member at Large Nancy Perin</p>	<p><i>Program:</i> Oregon Child Development Coalition <i>Address:</i> Po Box 2780 Wilsonville OR 97070-2780 <i>Phone</i> 503-885-8901 (H) 971-224-1007 ((W) <i>E-Mail :</i> nancy.perin@ocdc.net</p>
<p style="text-align: center;">Vice President Friend Rep Member at Large Mishelle Prior Clark</p>	<p><i>Program:</i> Head Start of Lane County <i>Address:</i> 3206 Willakenzie Rd Eugene, OR 97401 <i>Phone:</i> 541-513-2188 (C) <i>E-Mail :</i> mprior@hotmail.com</p>
<p style="text-align: center;">OHSA Executive Director Judy Miller</p>	<p><i>Program:</i> Oregon Head Start Association <i>Address:</i> 805 Liberty St NE Suite 2, Salem OR 97301 <i>Phone:</i> 503-779-2556 (W) <i>E-Mail :</i> jmiller@ohsa.net</p>
<p style="text-align: center;">Treasurer Jo O'Leary</p>	<p><i>Program:</i> Kidco Head Start <i>Address:</i> 300 Market Street Suite 200, Lebanon OR 97355 <i>Phone:</i> 541-451-1581 (W) <i>Phone:</i> 541-259-1581 (F) <i>E-Mail :</i> joleary@kidcoheadstart.org</p>
<p style="text-align: center;">Director Member at Large Annie Soto</p>	<p><i>Program:</i> Head Start of Lane County <i>Address:</i> 221 B Street, Springfield OR 97477 <i>Phone:</i> 541-747-2425 (W) 541-942-1329(H) <i>Phone:</i> 541-747-6648 (F) <i>E-Mail :</i> asoto@hsolc.org</p>
<p style="text-align: center;">Staff Member at Large Pablo Contreras</p>	<p><i>Program:</i> Oregon Child Development Coalition <i>Address:</i> 4044 Aden Pl NE, Salem OR 97305 <i>Phone:</i> (H) 503-463-7369 <i>E-Mail :</i> Pablo.contreras@ocdc.net</p>
<p style="text-align: center;">Staff Member at Large Charlet Gunter</p>	<p><i>Program:</i> Southern Oregon Head Start <i>Address:</i> 641 Ellen Ave, Medford OR 97501 <i>Phone:</i> (W) 541-734-5150 <i>Phone:</i> (C) 541-778-3010 <i>E-Mail :</i> gcharlet@ccountry.net or charlet.gunter@socfc.org</p>
<p style="text-align: center;">Parent Member at Large Kitti Keitges (Fox)</p>	<p><i>Program:</i> Southern Oregon Head Start <i>Address:</i> 788 Delsie Dr, Grants pass OR. 97527 <i>Phone:</i> (H) 541-582-8807 <i>E-Mail :</i> kreativekitti@yahoo.com</p>
<p style="text-align: center;">Secretary Parent Member at Large Monique Hall</p>	<p><i>Program:</i> Albina Head Start <i>Address:</i> 7107 N Albina Ave, Portland OR 97217 <i>Phone:</i> 503-954-5974 (W) <i>E-Mail :</i> msmllhall@yahoo.com</p>
<p style="text-align: center;">RXHSA Director Rep NHSA President Ronnie Herndon</p>	<p><i>Program:</i> Albina Head Start <i>Address:</i> 3417 NE 7th Ave, Portland OR 97212 <i>Phone:</i> 503-282-1975 (W) <i>Phone:</i> 503-282-1986 (F) <i>E-Mail :</i> ronalbina@aol.com</p>
<p style="text-align: center;">RXHSA Staff Rep Cherann Daniels</p>	<p><i>Program:</i> Mid Columbia Children's Council <i>Address:</i> 1695 Oak Street #45, Hood River OR 97031 <i>Phone:</i> 702-449-7179 (H) 541-386-3269 (W) <i>E-Mail :</i> chuberubann@hotmail.com or cherannDaniels@mccheadstart.org</p>
<p style="text-align: center;">RXHSA Parent Rep Raymond Cline</p>	<p><i>Program:</i> Clackamas Co Children's Commission <i>Address:</i> 6600 SE Needham Street, Milwaukie OR 97222 <i>Phone:</i> 503-756-8433 (H) <i>E-Mail :</i> raymondcline@Q.com</p>
<p style="text-align: center;">RXHSA Friend Rep Rachel Tran Jimenez</p>	<p><i>Program:</i> Community Action Head Start of Washington Co <i>Address:</i> 18410 A SW Burnsridge Ct, Aloha OR 97007 <i>Phone:</i> 971-506-7579 (C) 503-591-1829 (H) <i>E-Mail :</i> racheltransemail@yahoo.com</p>
<p style="text-align: center;">Coordinator Ruby Miller – ext 1206</p>	<p><i>Program:</i> Head Start of Lane County <i>Address:</i> 21 N Grand, Eugene OR 97402 <i>Phone:</i> 541-747-2425 (W) <i>Phone:</i> 541-762-8333 (F) <i>E-Mail :</i> rmiller@hsolc.org</p>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	OREGON HEAD START ASSOCIATION	93-1158780
	Number, street, and room or suite number. If a P.O. box, see instructions	
	805 LIBERTY STREET NE, #2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SALEM	OR 97301

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **RUBY MILLER**

Telephone No. ► **(541) 747-2425** FAX No. ► **(503) 399-9858**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **09** or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2009)