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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning 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

OMB No 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calendar year,	or tax year beginning	July 1	, 2009, a	and ending	June	30	, 20	10
Вс	heck if ap	oplicable Please	C Name of organization				D Employer	identif	fication number	r
	ddress c	hange use IRS	Medford Parks & Recreation I	Foundation				20-34	488320	
۷-ا⊑	Name cha	inge — print or	Number and street (or P O box, if r	mail is not delivered	to street address)	Room/suite	E Telephone	numb	er	=
=	nitial retu		PO Box 124					541-7	74-2401	
=	erminate	Specific	City or town, state or country, and	ZIP + 4			F Group Ex			
=	Amended Applicatio	return Instruc- n pending tions.	Medford, Oregon 97501				Number	•	ion	
			zations and 4947(a)(1) nonexen	not charitable to	icte must attach	G Accou			Cash	
	• Seci		rations and 4947(a)(1) nonexen Inpleted Schedule A (Form 990		isis musi attacn		inting Method (specify) ►	, <u>v</u>	Cash Acc	crua
			- 					Orga	nızatıon ıs not	
ı W	/ebsit	۵۰ 🕨				1		_	dule B (Form 9	
			nly one) — 🗹 501(c) (3) ◀ (ı	nsert no.) 1 49	47(a)(1) or 52	-	Z, or 990-PF		Acie D (i Oilli Si	30,
	heck		zation is not a section 509(a)(3) si			I		<u> </u>	tos 000	
			turn is not required, but if the or							А
_								eturri.		0.24
	art I		e 9 to determine gross receipts; if \$ penses, and Changes in I					\$		0,21
Г								15 10		
	1	_	ts, grants, and similar amoun					+	4(0,21
	2	-	revenue including governmen				2	—		
	3	Membership dues	s and assessments				3			
	4	Investment incom	ie				4			
	5a	Gross amount fro	m sale of assets other than it	nventory	. 5a					
	b	Less: cost or other	er basis and sales expenses .		5b					
	С	Gain or (loss) from	n sale of assets other than in	ventory (Subtrac	ct line 5b from li	ne 5a)	5c	1		
ne	6	Special events and act	tivities (complete applicable parts of S	Schedule G). If any a	amount is from gami	ng, check here	▶ □	\top		
Revenue	а	Gross revenue (no		of contri	-	-	_			
lev	_	reported on line 1	<u> </u>		1 _ 1					
	ь	•	nses other than fundraising e		6b			1		
		-	ss) from special events and a			ino Go)	6c	-		
	C 7-	Cress sales of inv	ss) from special events land a	Guyines (Subtra		ille baj	60	+-		
	7a		rentory, less returns and allow	ARLICHES JOH .	<u>7a</u>			1		
	þ	Less: cost of good			<u> 7b </u>			-		
	С	Gross profit or (lo	ss) from sales of inventory (§	Buttact line 7b	from line 7a) .		<u>7c</u>	┷		
	8	Other revenue (de	SCIIDE TU	Im I) <u>8</u>	↓_		
	9	Total revenue. A	dd lines 1, 2, 3, 4, 5c, 6 <u>c, 7c,</u>		<u> </u>		. ▶ 9		40	0,21
	10	Grants and simila	r amounts paid (áttach scheo	tule)			10	<u> </u>	20	0,74
	11 Benefits paid to or for members						<u>1</u> 1			
es	12	Salaries, other co	mpensation, and employee b	enefits			12			
Expenses	13	Professional fees	and other payments to indep	endent contrac	tors		13	T	7	7,19
þ	14		utilities, and maintenance				14	1		
Ě	15	Printing, publicati	ons, postage, and shipping				15	\top		44
	16		describe Deffice supplies,				1 16	_		7,80
	17	Total expenses	Add lines 10 through 16			3				6,17
	18	Excess or (deficit)	for the year (Subtract line 17	from line 9)	<u> </u>	· · · ·	18			4,04
Assets	19		id balances at beginning of					+		1,0
SS			e reported on prior year's retu					-	£(1,63
tΑ	00			•				+-		1,03
Net	20	_	net assets or fund balances		•			+-		
	21		d balances at end of year. Co							5,67
1	art II	balance Snee	ets. If Total assets on line 25,		\$1,250,000 or r			ad o		
	_		(See the instructions for Pa	•			inning of year	1	(B) End of year	
22			ivestments				51,63	_	5	5,67
23	La	nd and buildings						23		
24	Ot	her assets (describ	ne ►			_)		24		
25	To	tal assets				. L	51,63	5 25	5	5,67
26		tal liabilities (desc				_) [26		
27	Ne	et assets or fund b	palances (line 27 of column (l	B) must agree v	vith line 21) .	· .	51,63		5!	5.67

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

Form 990-EZ (2009)

Cat. No 10642I

						- lugo
Part	III Statement of Program Service Accom			II.)]	Expenses
	is the organization's primary exempt purpose?					ured for section
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						c)(3) and 501(c)(4)
manr	er, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	orgar	nizations and section (a)(1) trusts, optional
each	program title.					hers)
28	Facility Development - Provide funding to the Medfo	rd Parks and Recreation Dep	artment to fund ca	pital		r
	improvements as outlined in the Leisure Services Pl					
			j.			
_	(Out and the Control of the Control	la aboda - fa adam anasta ab	a alla faranza			- 40
		includes foreign grants, ch			28a	10,750
29	Program Registration Assistance - Provide funding	+				
	for discounted registrations or full scholarships to y		ms and services of	ered by		
	the department. Served over 225 youth during the fi	scal year.				
	(Grants \$6,000) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	6,000
30	Safe Kids Program - In partnership with the Medford	Fire Department to provide s	safety education to	youth		
	and their families.					
	(Grants \$ 3,990) If this amount	includes foreign grants, ch			20-	2 000
					30a	3,990
	Other program services (attach schedule)					
		includes foreign grants, ch			31a	
	Total program service expenses (add lines 28a				32	20,740
Part	List of Officers, Directors, Trustees, and Key	Employees. List each one en	ven if not compensa	ited. (See the	ınstruc	ctions for Part IV.)
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians & sation	account and other allowances
Craio	Stone	· · ·				
	Brownridge, Suite 101, Medford, OR. 97504	President - 2 hours	0	i	0	
Joe E		 -				
		Vice-President - 2 hours			_	_
	Aspen St., Medford, OR. 97501		0		0	
	Ogden	Treasurer - 2 hours	i			
3950	E. Barnett Rd., Medford, OR. 97504		0		0	0
Shely	rea Belfiore	Member - 2 hours				
125 E	agle Trace Dr., Medford, OR. 97504	Member - 2 hours	i o		0	0
Chad	Cota	· · -		•		
216 1	sland Pointe, Medford, OR. 97504	Member - 2 hours	0		0	0
	Hansen					
	Pierce Rd., Medford, OR. 97504	Member - 2 hours				•
			0		0	0
	laentz	Member - 1 hour				
830 C	Hare Parkway, Medford, OR. 97504		0		0	0
Anne	Root	Member - 1 hour				
2310	Voorhies Rd., Medford, OR. 97501	Member - Thou	0		0	0
Darby	Stricker					
221 E	. Rapp Rd., Talen, OR. 97540	Member - 1 hour	0		0	0
Shan	e Sevcik				-	<u> </u>
337 L	aurelwood Dr., Jacksonville, OR. 97530	Member - 1 hour	o		0	o
			<u>~</u>			
		-	-			_
		_				
]				
						
		 				
		1				
]				
		1				

Part '	Other Information (Note the statement requirements in the instructions for Part V.)			age (
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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	-	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		\vdash
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		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		✓
	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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on line 9	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
404	section 30 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	•		
b	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		1
С	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			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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		Yes	
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	-	1
	If "Yes," enter the name of the foreign country: ▶			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1

	0 22 (2000)				Page 🖚	
Part '	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	47(a)(1) nonexempt c	onexempt charita haritable trusts mu	ible trusts only. Aust answer question	All section ons 46–49b	
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete	et political campaign act	tivities on behalf of	or in opposition to	Yes No	
	•				46 🗸	
47	Did the organization engage in lobbying activities				47 🗸	
48	Is the organization a school as described in secti				48 ✓	
49a	Did the organization make any transfers to an e				49a - ✓	
b	If "Yes," was the related organization a section				49b	
50	Complete this table for the organization's five hemployees) who each received more than \$100	ighest compensated en ,000 of compensation fr	nployees (other than om the organization	officers, directors, d	trustees and key ter "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 & deferred compensation		
None		-				
		-				
					, , , , , , , ,	
		_				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	on. If there is none, enter		ctors who each rect	eived more than	
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) 1	ype of service	(c) Compensation	
None	•					

	•••••••					
	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>				
d	Total number of other independent contractors	each receiving over \$10	0,000 ▶			
	Under penalties of perjury, I declare that I have examinand belief, It is true, correct, and complete Declaration	ned this return, including accom n of preparer (other than officer	npanying schedules and s) is based on all informati	statements, and to the bes on of which preparer has	at of my knowledge any knowledge	
Sign Here	Signature of officer			10 - 11 - 10		
	Brian Sjothun - Officer Ex Officio Type or pnnt name and title					
Paid	Preparer's signature	Date	Check if self- employed ▶ [Preparer's identifying nun	nber (See instructions)	
Prepare Use On	Firm's name (or yours if self-employed),					
Marith	address, and ZIP + 4 P e IRS discuss this return with the preparer show	n about 2 Con instruction		Phone no	<u> </u>	
iviay III	to the discuss this return with the preparer snow	ii abover See iiisii uclio	<u> </u>		Yes No m 990-EZ (2009)	

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number **Medford Parks & Recreation Foundation** 3488320 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type !! **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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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? 11g(i) |11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s). h (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your organization the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes Yes No Nο Yes No

Total

Pai	t II Support Schedule for Org	ganizations D	escribed in	Sections 170)(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
	(Complete only if you chec					· ^	
	tion A. Public Support						
Ca	llendar 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 any "unusual grants.")	69,680	178,938	157,778	65,868	40,214	512,478
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	69,680	178,938	157,778	65,868	40,214	512,478
5 6	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.						
_	etion B. Total Support	<u> </u>					
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	69,680	178,938	157,778	65,868	40,214	512,478
8	Gross income from interest, dividends,						
·	payments received on securities loans, rents, royalties and income from similar sources	0	0	4,950	0	0	4,950
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						517,428
12	Gross receipts from related activities, etc.	c (see instruction	ns)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	ere . <u></u>			-		
	ction C. Computation of Public Su					44	
14	Public support percentage for 2009 (line			, column (f))		15	<u>%</u>
15 16a	Public support percentage from 2008 Sc 33½ % support test—2009. If the organ and stop here. The organization qualifier	ization did not c	heck the box o			6 or more, che	
b	33% % support test—2008. If the organ box and stop here. The organization qui	ization did not c	heck a box on l	line 13 or 16a,			
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization organiz	facts-and-circum	nstances" test, o	check this box a	and stop here.	Explain in Part	IV how the
	10%-facts-and-circumstances test – 2004 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circums ances" test. The	stances" test, cl organization qua	heck this box a lifies as a public	nd stop here. ly supported or	Explain in Part ganization	IV how the
18	Private foundation. If the organization did	d not check a box	x on line 13, 16a	i, 16b, 17a, or 1	7b, check this l	oox and see inst	tructions 🕨 📙

Sche	dule A (Form 990 or 990-EZ) 2009						Page \$
Pai	rt III Support Schedule for Orga				a)(2)		
	(Complete only if you check	ed the box or	n line 9 of Pa	art I.)			
	tion A. Public Support	_					
Cá	alendar 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 any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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		-1-70				
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, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					200	*
	line 6)					32.00	3
	tion B. Total Support	43 2005		() 0007	1,0000		1 10 =
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b .						ļ
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						ļ
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here .			h, or fifth tax y		on 501(c)(3) ► □
Sec	tion C. Computation of Public Su					, , , , , , , , , , , , , , , , , , , 	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008)			ne 13, column	· · · ·	15 16	<u>%</u> %
Sec	tion D. Computation of Investment						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20					18	%
19a	331/3 % support tests - 2009. If the org	anızatıon did n	ot check the b	ox on line 14,	and line 15 is n	nore than 331/3	%, and line

17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization > 33½% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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 ▶ □

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule A (Fo	rm 990 or 990-EZ) 2009 Page 4
	Partiv	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	•••••	