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Form 990-EZ

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 king benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

A	For the	2010 catenda	ar year, or tax year beginning January 1,	2010, and ending	Dec	embe	r 31 , 20 10			
В	Check if ap	pplicable:	C Name of organization	D Empl	oyer id	entification number				
	Address o	change	MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON	93-1191308						
님	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number					
=	Initial returnente		P.O. Box 67		541-779-3740					
Ħ	Amended	_	City or town, state or country, and ZIP + 4		F Grou	IP Exe	mption			
		n pending	Medford, OR 97501		Num	nber I	>			
G.	Account	ting Method:		Н	Check I	D	if the organization is not			
1 '	Websit	te: ▶			required	to att	ach Schedule B			
J 1	ax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a	(1) or 527	(Form 99	90, 99	0-EZ, or 990-PF).			
K	Check •	if the	e organization is not a section 509(a)(3) supporting organization and its	gross receipts are r	normally	not m	ore than \$50,000. A			
	Form 99		n 990 return is not required though Form 990-N (e-postcard) may be							
	to file a	return, be sur	re to file a complete return.							
	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or a	nore, or if total assets	s (Part II,					
line	25, cot	umn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$;			
P	art I		e, Expenses, and Changes in Net Assets or Fund Ba							
		Check if	the organization used Schedule O to respond to any ques	tion in this Part I			🗆			
	1	Contributio	ons, gifts, grants, and similar amounts received			1	30,029			
	2	Program se	ervice revenue including government fees and contracts .			2	12,199			
	3	Membersh	ip dues and assessments			3	2260			
	4	Investment	tincome			4	0			
	5a	Gross amo	ount from sale of assets other than inventory	5a	0					
	b	Less: cost	or other basis and sales expenses	5b	0					
	d	Gain or (lo		5c	0					
	6	Gaming an								
	a	a Gross income from garning (attach Schedule G if greater than								
9	1 8	\$15,000) _{\(\frac{1}{2}\).}		6a	0					
Revenue	b'	Gross inco	me from fundraising events (not including \$	0 of contribution	าร					
ě	1		aising events reported on line 1) (attach Schedule G if the							
_		sum of suc	gross income and contributions exceeds \$15,000)	6b	7,913					
	C		et expenses from gaming and fundraising events	6c	7,794					
	ď	Net incom	e or (loss) from gaming and fundraising events (add lines 6	a and 6b and su	btract					
		line 6c) .				6d	119			
	7a	Gross sale	s of inventory, less returns and allowances	7a	0					
	b	Less: cost	of goods sold	7b	0		•			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7	a)		7c	0			
	8	Other reve	nue (describe in Schedule O)			8	0			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	44,697			
	10	Grants and	similar amounts paid (list in Schedule O)			10	0			
	11	Benefits pa	aid to or for members			11	0			
Se	12	Salaries, o	ther compensation, and employee benefits			12_	0			
280	13	Profession	al fees and other payments to independent contractors			13_	21,621			
Expenses	. 14	Occupanc	y, rent, utilities, and maintenance			14	11,437			
页	15		ublications, postage, and shipping			15	4,340			
	16	Other expe	enses (describe in Schedule O)			16	11,384			
	17	Total expe	enses. Add lines 10 through 16		. ▶	17	48,782			
9	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	-4,175			
šet	19		or fund balances at beginning of year (from line 27, column							
Net Assets	1	end-of-yea	ar figure reported on prior year's return)			19	21,572			
į	20	Other char	nges in net assets or fund balances (explain in Schedule O) .			20	465			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 2	0	. ▶	21	17,862			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2010)





Da	All Balance Charte (see the instructions	for Dod II)					. age =
Pa	Balance Sheets. (see the instructions						
	Check if the organization used Schedule	O to respond to any ques	ition in this			• •	· · · · · <u> </u>
				(A) Beg	unning of year		(B) End of year
22	Cash, savings, and investments		1		14,072	22	9,897
23	Land and buildings		· · · · · · · · · · · · · · · · · · ·		0	23	0
24	Other assets (describe in Schedule O)		· · · ·		7,500		7,965
25	Total assets						
	•				21,572	_	17,862
26	Total liabilities (describe in Schedule O)	<u>·</u> · · · · · · · · ·	$\cdot \cdot \cdot \cdot \downarrow$			26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21)		2 1,572	27	17,862
Par		plishments (see the instru	ctions for	Part III	.)		Expenses
	Check if the organization used Schedule	O to respond to any ques	tion in this	Part II	í 🖂	(Red	quired for section
Wha	is the organization's primary exempt purpose?	Education					(c)(3) and 501(c)(4)
Deec	ibe what was achieved in carrying out the organization		r and concie	o mann	or describe		anizations and section
	ervices provided, the number of persons benefited, and				er, describe		7(a)(1) trusts; optional
016.2			<u> </u>			tor (others.)
28	KSKQ-LP Community Radio Station, operating in As	hland, OR. 45 volunteers, tho	susands of p	otentia	l listeners	ŀ	-
	benefitted					1	1
					~~*	ŀ	
	(Grants \$ 8000) If this amount	includes foreign grants, che	ack horo		N [7]	282	23,000
00				<u> </u>		200	23,000
29	Ballet Folklorico Ritmo Alegre, Mexican folk dance is	istruction and performance,	150 Swaenc	s, nuna	reus	ŀ	ļ
	in audiences					l	
						ŀ	
	(Grants \$ 10,500) If this amount	includes foreign grants, che	eck here .		. ▶ 🛘	29 ε	28,228
30	Multicultural Assoc. community activities: intercuiltu			nmunity	,		
	Response Team, Oregon Men Against Violence					[Į
	response really diegon men regainst violence		*************			1	i
		includes foreign grants, che	eck here .	<u> </u>	. ▶ 📙	30€	1,199
31	Other program services (describe in Schedule O)					[
	(Grants \$) If this amount	includes foreign grants, che	eck here .		. ▶ 🗆	318	,
32	Total program service expenses (add lines 28a t					32	52,427
Par							
, ai	Check if the organization used Schedule					i iSu u	
	Oncor ii tio organization asca concodio	(b) Title and average	(c) Compen		(d) Contribution	- ·	(e) Expense
	(a) Name and address	hours per week	(If not pa	aid, i	employee benefit	plans	& account and
	· · · · · · · · · · · · · · · · · · ·	devoted to position	enter -0))	deferred comper	sation	other allowances
Juar	ita Menchaca	President, 2 hr/wk					(
1695	Fruitdale Rd., Grants Pass, OR 97527	Fresident, 2111/WK		0			-
Cars	on Bench						1
	Bridge St., #B, Ashland, OR 97520	VP,Program Director 12 hr/v					
	· · · · · · · · · · · · · · · · · · ·						
	le Thomas	Secretary 2 hr/wk		_			
1295	Circlewood Dr., Central Pt, OR 97502			0			
Con	nie Saldana	Treas Radio mgmt 12 hr/wk					
1650	Sunset St., Ashland, OR 97520	Treas Radio Highir 12 Hrwk		0			į.
Victo	oria Snow Mountain	1					
	Box 795, Talent, OR 97535	Board mem, Prog Dir 40/wk	12	200/mo			ı
		<u>_</u>					
	Salgado	Board Member, 2/wk		_			Į.
	Woodlawn Dr, Medford, OR 97504		L	0			
Jace	y Ashley	Board Member 1/wk					1
1295	Circlewood Dr., Central Pt, OR 97502	DOME WEIGHT WA		0			l
Man	O'Neal						
	Bridge St., #B, Ashland, OR 97520	Board Member 2/wk		0			
							
	Senter	Past President, Board 3/wk		_	ſ		1
1027	Fourth Ave, Gold Hill OR 97525			0			
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		i	I		l		}
		. i	i		I.		Į.

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		√ √
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA	38a		-
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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			
0	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. ▶ Oregon			
42 a			2-605	4
	Located at ► 1650 Sunset St., Ashland, OR ZiP + 4 ►	97	520	
Þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	1
	If "Yes," enter the name of the foreign country: ▶	720	-	•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√
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			▶ □
			5	1 57
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		1
_	completed instead of Form 990-EZ	44b 44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
		1	1	

JIII 33	012/20									rage ·
45	le en	related emanization a controlled	عہ دینوں	the ergonization with the		ina af ac-ti-	n E10/b\/140\0	AF	Yes	No
		related organization a controlled e e organization receive any paymen						45	 	+-
a	meani	ng of section 512(b)(13)? If "Yes,	" Form	or engage in any transaction 1990 and Schedule R may	v ueeq	to be comp	entity within the eleted instead of			ļ.,
		990-EZ (see instructions)					· · · · ·	45a	 	11
16	to car	e organization engage, directly or ndidates for public office? If "Yes,"	" comple	y, in political campaign ac ete Schedule C, Part i			or in opposition	46		-
Part \		Section 501(c)(3) organization 501(c)(3) organizations and section 52, and complete the table	tion 494 s for lin	17(a)(1) nonexempt cha es 50 and 51.	ritable	trusts mus	t answer question	ll sec ons 4	tion 7–49)b
		Check if the organization used Se	cneaule	O to respond to any que	estion	in this Part \	<u>/ </u>	<u>···</u>	· 	<u>. [</u>
47	Did th	o organization ongogo in lobby in a	a a tin riti a	no if TVan Tananalata Cab	م ماريام (S 204-11		47	Yes	No
, 18		e organization engage in lobbying organization a school as described		•		-		48	├─	+
.0 19a		e organization make any transfers						49a	├	+
		s," was the related organization as			eu urga	anzauon: .		49b	 	+
50		lete this table for the organization			ovees (other than o	fficers directors		es ar	nd ke
	emplo	yees) who each received more the	an \$100,	000 of compensation from	the or	ganization. I	f there is none, en	ter "N	lone.	*
		ne and address of each employee paid mon		(b) Title and average		Compensation	(d) Contributions to	(e) Ехре	inse
	(a) Nan	ne and address of each employee paid more than \$100,000	е	hours per week devoted to position	1		employee benefit plans a deferred compensation		count :	
					 					
	********	***************************************		f	1		•	1		
								1		
					ı					
					<u>.</u>			<u>i</u> i		
							<u> </u>			
				<u> </u>	1		1	ì		
f 51		number of other employees paid of lete this table for the organization			enendi	ent contract	ors who each rec	eived	mor	e tha
	\$100,0	000 of compensation from the org	janizatio	n. If there is none, enter "I		,				
		a) Name and address of each independent	contractor	paid more than \$100,000		(D) 19T	pe of service	(c) Co	mpens	Sation
						1				
						 				
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						ł				
				*************************		1				
						 				
						{				
<u>_</u>	Total	number of other independent cont	ractore	each receiving over \$100	000	<u> </u>				
52		e organization complete Schedule				AQA bas ano	7(a\/1\			
52	-	empt charitable trusts must attacl			jai lizati	ons and 454	```	Yes	. 🗆	No
lades a		of perjury, I declare that I have examined thi			and eta	tempete and to			_=	
ue, cor	rrect, and	or perjury, redectare triat i reave examined the complete. Declaration of preparer (other the	s return, in an officer)	is based on all information of whi	sch prepa	arer has any kno	wiedge.	n Gea en	CI DONE	31, U 13
			_				-1.01.			
Sign	V Sibnature of officer Date						5 [13/]			
lere							Date			
1616	- }	Connie Saldana, Treasurer					May 13, 2011			
		Type or print name and title								
aid		Print/Type preparer's name	Prepa	irer's signature		Date	Check ☐ if	PTIN		
	arer						self-employed			
-	Only	Firm's name ▶					Firm's EIN ▶			
	····•	Firm's address ▶					Phone no			
May th	na IRS	discuss this return with the prepar	rer show	n above? See instructions				Yes	a 🗂	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2010

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

Open to Public Inspection

Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON 93-1191308 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 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.) 6 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 331/3% 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 331/3% 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 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. c Type III-Functionally integrated a 🗌 Typel b Type! d Type III-Other e D 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(A) 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 cot. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(viii) Amount of support	
		(000,000,000,000,000,000,000,000,000,00	Yes	No	Yes	No	Yes	No		
(A)										
(B)	·									
(C)										
(D)										
(E)										
Total										

Part	Support Schedule for Organiza	rtions Descri	bed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	71)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0000	A) 0007		1 4 5 5000		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NA					
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						
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.						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	NA					
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	nd, third, fourth	•		
	on C. Computation of Public Suppor					 	
14	Public support percentage for 2010 (line 6	•	-			14	%
15 16a	Public support percentage from 2009 Sch 331/a% support test—2010. If the organization qua	zation did not	check the box		d line 14 is 33°		check this
b	331/2% support test—2009. If the organ check this box and stop here. The organ	nization did no	t check a bo	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—21 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta imstances" te	ances" test, ch	eck this box a	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the neets the "fact:	facts-and-c -and-circums	ircumstances"	' test, check t The organizatio	his box and s	top here.
18	Private foundation. If the organization di					ck this box and	-

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,488	24,833	23,393	29,933	32,289	160,936
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	15,986	19,539	16,773	21,224	20,112	93,634
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	o	o	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	66,474	44,372	40,166	51,157	52,401	254,570
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	1,270	925	960	1,138	2,631	6,924
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	0	0	0	0	0	0
C	Add lines 7a and 7b	1,270	925	960	1,138	2,631	6,924
8	Public support (Subtract line 7c from line 6.)			_		-	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	66,474	44,372	40,166	51,157	52,401	254,570
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	o	0	0	0	0	0
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	66,474	44,372	40,166	51,157	52,401	254,570
14	First five years. If the Form 990 is for the organization, check this box and stop he	. •		d, third, fourth			
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2010 (line to	B, column (f) di	vided by line 1	3, column (f))		15	97.3 %
16	Public support percentage from 2009 Sch		-		<u> </u>	16	98.2 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2010 (line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2005					18	0 %
19a	331/3% support tests-2010. If the organ			-			
	17 is not more than 331/3%, check this box	-	-	-		_	
þ	331/3% support tests—2009. If the organiz						
	line 18 is not more than 331,9%, check this		_	-			
20	Private foundation. If the organization di	a not check a	box on line 14	, 19a, or 19b, c	meck this box	and see instru	ctions 🕨 📋

Schedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	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. Also complete this part for any additional information. (See instructions).	
NA		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Employer identification number

MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON	93-1191308
Part I, Line 16: Other expenses: Insurance 1084; Costumes 3983; Radio Equipment 3013; License	fees 1143; Travel 1789; Misc 372
Part I, Line 20: Change in assets of \$465 is net increase in value of radio equipment	
Part II, Line 27A: \$21,572 does not agree with 2009 ending figure Part II, Line 27B, due to an error in	n addition on 2009 form. This figure is
correct.	