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• Short Period Return / Final Return

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

~~2011~~ 2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning January 1, 2012, 2012, and ending June 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Garden Partners
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 2933 NE 29th Ave.
 City or town, state or country, and ZIP + 4: Portland, OR 97212-3558

D Employer identification number: 93-1262735
E Telephone number: 503-288-2445
F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.gardenpartners.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

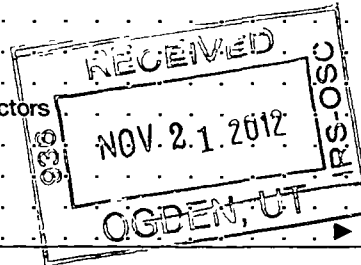
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 1,480

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,480
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	1,480	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	-59
	13	Professional fees and other payments to independent contractors	13	1,170
	14	Occupancy, rent, utilities, and maintenance	14	1,149
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	5,757
17	Total expenses. Add lines 10 through 16	17	8,017	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,537
	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)	19	6,537
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0



SCANNED DEC 18 2012

2 13

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b 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.
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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.
41 List the states with which a copy of this return is filed. Oregon
42a The organization's books are in care of Mary J. Rowan Telephone no. 503-288-2445
Located at 2933 NE 29th Ave., Portland, OR ZIP + 4 97212-3558
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: Mary J. Rowan Date: 11-14-2012
 Type or print name and title: Mary J. Rowan, Board President

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011/2

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Garden Partners

Employer identification number
93-1262735

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 a 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e 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 it 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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and 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—2010. 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—2011. 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—2010. 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"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,529	40,248	37,044	35,123	1,480	142,424
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	15,507	27,273	24,979	4,470	0	72,229
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	44,036	67,521	62,023	39,593	1,480	214,653
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15,220	28,396	31,072	23,230	1,330	99,248
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	15,220	28,396	31,072	23,230	1,330	99,248
8 Public support (Subtract line 7c from line 6.)						115,405

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	44,036	67,521	62,023	39,593	1,480	214,653
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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	44,036	67,521	62,023	39,593	1,480	214,653
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	53.76 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	50.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
Garden Partners

Employer identification number
93-1262735

Part I, Line 16 - OTHER EXPENSES

Sale of assets at dissolution	-142
General liability insurance	186
Property insurance	40
Directors & Officers insurance	442
Fees and permits	100
License and registration	25
Bank fees	106
Grant to Jasnus Youth Program	5,000
Total - OTHER EXPENSES	5,757

Part II, Line 24 - OTHER ASSETS

	Beginning of Year	End of Year
Grants receivable	5,296	0
Prepaid expense, D & O insurance	444	0
Furniture, fixtures and equipment	381	0
Deposit - SAIF	614	0
Total - OTHER ASSETS	6,735	0

Part II, Line 26 - OTHER LIABILITIES

Accounts payable	113	0
Chase credit card	137	
Payroll liabilities	66	0
Total - OTHER LIABILITIES	316	0

Name of the organization

Employer identification number

Garden Partners

93-1262735

Part III - What is the organization's primary exempt purpose? - Statement 1

To enhance the health and well-being of individuals with physical, mental or emotional limitations through participation in community-based therapeutic gardening programs.

Part III, line 28 - Statement 2

During 2012, Garden Partners board of directors voted to dissolve the organization. We granted our remaining assets to a local organization which could carry on our work, through their intergenerational program of gardening and urban farming, benefitting children and elders.



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
www.filinginoregon.com

Registry Number: 673842-80
Type: DOMESTIC NONPROFIT CORPORATION

GARDEN PARTNERS
PO BOX 13280
PORTLAND OR 97213

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

Document

ARTICLES OF DISSOLUTION

Filed On

07/06/2012

Jurisdiction

OREGON

Nonprofit Type

PUBLIC BENEFIT

Name

GARDEN PARTNERS

Principal Place of Business

2933 NE 29TH AVE
PORTLAND OR 97212

Registered Agent

MARY J ROWAN
2933 NE 29TH AVE
PORTLAND OR 97212

Mailing Address

PO BOX 13280
PORTLAND OR 97213

President

MARY ROWAN
2933 NE 29TH AVE
PORTLAND OR 97212

Secretary

ANGELA TEKULVE
3021 SE 78TH AVE
PORTLAND OR 97206



REGISTRY NUMBER: 673842-80

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION: Garden Partners

2) DATE DISSOLUTION WAS AUTHORIZED: June 30, 2012

The dissolution was approved by a sufficient vote of the board.

3) CHECK THE APPROPRIATE STATEMENT:

Approval of members was not required and dissolution was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The vote was as follows

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

4) NOTICE OF DISSOLUTION: (Public benefit and religious corporations)
Have you sent a notice of dissolution to the Charitable Activities Section of the Attorney General?
For more information, see www.doj.state.or.us/changroup/howto.shtml

Yes or No

5) EXECUTION: (Must be signed by at least one officer or director)
By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature

Printed Name:

Title:

Mary J. Rowan

Board Chair & Co-Founder

CONTACT NAME: (To resolve questions with this filing.)

Mary J. Rowan

PHONE NUMBER: (Include area code)

503-288-2445

Required Processing Fee \$50

Processing Fees are nonrefundable Please make check payable to "Corporation Division"

Free copies are available at _____, using the Business Name Search program

ELLEN F. ROSENBLUM
Attorney General



1515 SW 5th Avenue
Suite 410
Portland, Oregon 97201
FAX: (971) 673-1882
TTY: (800) 735-2900
Telephone: (971) 673-1880
www.doj.state.or.us

MARY H. WILLIAMS
Deputy Attorney General

DEPARTMENT OF JUSTICE
PORTLAND OFFICE

June 29, 2012

Garden Partners
Mary J. Rowan
PO Box 13280
Portland, OR 97213

RE: Registration Closure
Registration #28507

Dear Ladies/Gentlemen:

We are in receipt of your letter and the dissolution plan requesting closure of your charity file, which is in accordance with ORS 65.627. The Attorney General has no objection to your closing or the transfer of assets.

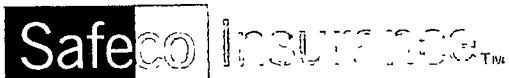
We will close our file as soon as the Corporation Division shows you are no longer an active corporation, and you will no longer be required to file annual financial reports with our office.

Thank you for providing our office with the appropriate notice.

Sincerely,

Rhonda Powell

Rhonda Powell
Charitable Activities Section



Member of Liberty Mutual Group

Community Relations, Mail Stop SP10
Safeco Plaza
Seattle, WA 98185-0001
(206) 545-5000
www.Safeco.com

December 16, 2011

Garden Partners
PO Box 13280
Portland, OR 97213

RE: Grant award through Safeco Insurance Agent Giving Program

Congratulations!

Garden Partners has been selected to receive a 2011 grant in the amount of \$5,000 through the Safeco Insurance Agent Giving Program. This contribution is being presented to you on behalf of the good work of Bill Dickey, who was nominated earlier this year for a Community Hero Award by Dirk K Fournier of Fournier Group.

The Safeco Insurance Agent Giving Program is designed to help independent agents and communities do more. Through this program, Safeco Insurance supports and honors the civic engagement of independent Safeco agents and recognizes and celebrates individuals and nonprofits organizations that make a difference in their communities.

Please note the check is issued by Safeco's parent company, Liberty Mutual Group, but the grant is through Safeco Insurance. All acknowledgements related to this grant should list Safeco Insurance. For questions concerning Safeco's logo please contact Kirsten Weiss at 206.473.5931 or Kirsten.Weiss@Safeco.com.

Thank you for enriching our community. You have our congratulations and best wishes.

Kind regards,

Brenda Mann Harrison
Manager, Safeco Insurance Agent Giving Program

Grant Received:

Mary J. Rowan
Name

1/20/2012
Date

Because of IRS regulations requiring written confirmation of contributions for \$ 250.00 or more, please sign, date and return a copy of this award letter acknowledging your receipt of our contribution. Please note that by signing this letter, you affirm that no goods or services were provided in consideration of this gift.

Safeco[®] Insurance member underwriting companies
American Economy Insurance Company, American States Insurance Company, American States Insurance Company of Texas, American States Lloyds Insurance Company,
American States Preferred Insurance Company, First National Insurance Company of America, General Insurance Company of America, Insurance Company of Illinois,
Safeco Insurance Company of America, Safeco Insurance Company of Illinois, Safeco Insurance Company of Indiana, Safeco Insurance Company of Oregon,
Safeco Lloyds Insurance Company, Safeco National Insurance Company, Safeco Surplus Lines Insurance Company
(Not all coverages may be licensed in all states)

**GARDEN
PARTNERS**



nurturing community through nature

Dennis Morrow, Executive Director
Amber Baker, Program Director
Village Gardens
Janus Youth Programs Inc.
707 NE Couch St.
Portland, OR 97232

May 15, 2012

Dear Ms. Baker and Mr. Morrow:

Once again, Congratulations! Garden Partners is very pleased to support your 2 new intergenerational projects with a \$5000 award: *The Plant Start Project and the Growing Livestock Project.*

This award represents a celebratory recognition that Garden Partners has met its goals of developing and delivering successful therapeutic horticulture programs to populations in need, helping to spread the message about the many benefits of purposeful gardening. We are very excited that Village Gardens will be carrying on this important work of intergenerational and purposeful garden and farm related programming, improving the social, emotional and physical health of its participants!

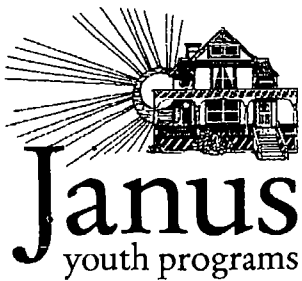
Garden Partners will be formally announcing the ending of our day-to-day operations within the next couple of months, so you'll hear from us again at that time.

Your signature today acknowledges your receipt of the \$5000 check from Garden Partners. Please contact me with any questions. We would also love to hear updates.

Sincerely,

Mary J. Rowan, OTR
Co-Founder
Garden Partners
503.708.4487

Amber Baker
Program Director
Village Gardens
Janus Youth Programs, Inc.



Changing Lives.. Building Futures

Dennis L. Morrow, Executive Director

707 NE Couch Street Portland, OR 97232
503 233 6090 Fax 503.233 6093

www.janusyouth.org

Residential Services

Buckman House & Annex I & II
Clackamas House
Cordero House
Imani House

Runaway Youth Services

Harry's Mother
Garfield House
Reception Center
24-Hour Youth & Family Help Line
CSEC Shelter

Homeless Youth Services

Willamette Bridge Programs
Yellow Brick Road Portland
Portland Outreach & Engagement
Access Center
Helen Reser Bakkensen Youth Shelters
Street Light & Porch Light
Bridge House
Changes

Education Services

Clinton School
Lents Education Center

Village Gardens

Food Works & Food Works Farm
Community Programs
New Beginnings Garden
Seeds of Harmony Garden
Children's Garden Clubs
Community Health Workers
Livestock Project
Village Market

Insights Teen Parent Services

HomeSafe Supportive Housing
Parent Resource Center
Healthy Start
SEEDS
Enhanced Case Management
Christina Project
In School Program
ECHO

Washington Youth Services

Yellow Brick Road Washington
Oak Bridge Youth Shelter
Oak Grove Crisis Shelter
The Nest
The PATH
The Perch

Scholarships for Success

United Way of the Columbia-Willamette
Community Investment Partner

July 9, 2012

Mary Rowan, QTR
Co-Founder
Garden Partners
P.O. 13280
Portland, Oregon 97213-0280

Dear Ms. Rowan,

On behalf of our Board of Directors, please accept our appreciation for the \$5,000 grant awarded to our Village Gardens Urban Agriculture Initiative for The Plant Start Project and the Growing Livestock Project.

For ten years, Village Gardens has worked hand in hand with multigenerational residents of North Portland public housing communities to address hunger, employment and community development.

This award will continue the pioneering work of children and adults to build healthy low-income North Portland neighborhoods.

Thank you for investing in this important work.

Sincerely,

John Stageberg, President
Board of Directors
Enc.

Board of Directors

President
John Stageberg
Capital Markets Solutions

Vice President
Jim Bednark
Wells Fargo

Secretary
Greg Bauer
The Standard

Treasurer
Karen L. Schartman
Kaiser Permanente

Past President
Chad Paulson
Blount International

Program Committee Chair
David Kelleher
ACME Business Consulting, LLC

Advancement Committee Chair
Shelly McFarland
RBC Wealth Management

Scholarship Committee Chair
Tom Fink
Magnacorp

Fiscal Committee Chair
Jim Bednark
Wells Fargo

Dan Heine
The Bank of Oswego

Kevin Huish
Vista Staffing Solutions
David Jarman
Wells Fargo Advisors

Csaba Mera, MD
Regence BCBS of OR

Amy Joseph Pedersen
Stoel Rives LLP

Susan Stratton
Norris, Beggs & Simpson
Multi Family Management

Jim Strauch
Waddell & Reed, Inc

Catherine Such
PNC Bank Real Estate

Tim Quinlan
Intel

Federal Tax ID# 23-7345990

- We provided no goods or services to you in return for your contribution.
 We provided the following in return for your contribution:

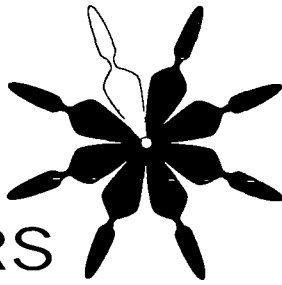
Receipt #	13880
Receipt Date	6/11/2012

Gift Information	DATE: 5/14/2012 AMOUNT: \$ 5,000.00 (Cash) FUND: Village Gardens
------------------	--

Mary Rowan, OTR
Co-Founder
Garden Partners
PO Box 13280
Portland, OR 97213-0280

Janus
youth programs
www.janusyouth.org
707 NE Couch Street
Portland OR 97232
503-233-6090 main

GARDEN PARTNERS



nurturing community through nature

Mission: Enhancing the health and well-being of individuals through participation in community-based therapeutic gardening programs.

A message from Garden Partners' Board of Directors:

Since 1999, Garden Partners' mission has been to enhance the health and well-being of individuals through participation in community-based therapeutic gardening programs. Toward achieving this mission, we have designed and delivered therapeutic horticulture programs, both at eldercare facilities and for at-risk children. ***After 13 years of enhancing lives and creating connections through the organic process of working collaboratively in gardens, the Board of Directors believes the time is ripe to begin planting new seeds. It is with this in mind that we announce the ending of our day-to-day operations, effective June 30, 2012.***

*"Don't judge each day by the harvest you reap but by the seeds that you plant."
~~~Robert Louis Stevenson*

In keeping with this work, Garden Partners is proud to be supporting the ***Janus Youth Village Gardens Program*** with a gift of \$5,000. This gift was given to Garden Partners at year-end of 2011 from Safeco Insurance Company, in honor of **Bill Dickey of Morel Ink**, the recipient of Safeco's Community Hero Award.

In passing this gift along to ***Village Gardens***, the grant will specifically support two new inter-generational projects: **The Plant Start Project**, a collaboration between community garden adult/senior leaders and the Food Works youth farmers; and **The Growing Livestock Project** which allows seniors and children's club members to collaboratively raise laying hens. We are very excited that Village Gardens will be carrying on this important work of intergenerational and purposeful garden and farm related programming, improving the social, emotional and physical health of the participants!

**Garden Partners is honored to have served the community** through therapeutic, collaborative gardening ~ something we see as a nearly effortless way to build trust, confidence, and community. While Garden Partners will no longer be operating, we appreciate our lasting legacy, the bonds we have helped strengthen, and our place in society's ongoing cycle.



(Over)

Year-round life-giving opportunities  
*- for all ages and abilities.*



[www.gardenpartners.org](http://www.gardenpartners.org)

P.O. Box 13280, Portland, Oregon 97213-0280 • 503.288.1280

## PROVEN BENEFITS

---

### Emotional

Fulfills the deep human need to nurture life

---

### Social

Encourages shared interests, offering opportunities for friendship and support

---

### Cognitive

Exercises attention span, memory, language, and problem solving skills

---

### Physical

Provides mild to moderate exercise and important sensory experiences



We encourage everyone to follow this important on-going work by using the link below. You can volunteer, donate or just keep informed of progress.

See: [www.villagegardens.org](http://www.villagegardens.org)

**Our Board would like to extend a huge THANK YOU for all of your support, encouragement and help over the past 13 years! This is the beginning of many great things that will be happening within the Portland community!**

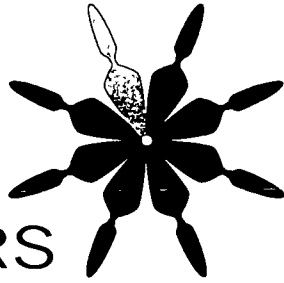
*In our time, Garden Partners provided innovative gardening programs to many participants who were physically, emotionally or mentally challenged and in need of structured and supported living. What drove our work was the awareness that gardening stimulates positive thoughts, interactions and memories, and reinforces connections with the natural world. As our work evolved, we discovered that connections among people of all ages provide opportunities for seniors and youth to develop mentoring, collaboration and communication skills. **Vital to the success of our programs were the staff and many volunteers who shared their passion for the people-plant connection.** Today, it is as important as ever that all individuals have opportunities to move from the passive role of being recipients of care, to becoming care-giving nurturers of plants and other living things.*

You can email Mary Rowan directly with any questions: [mjroudoor@earthlink.net](mailto:mjroudoor@earthlink.net)

[www.GARDENPARTNERS.org](http://www.GARDENPARTNERS.org)

*Garden Partners is a 501(c)3 nonprofit organization*

# GARDEN PARTNERS



nurturing community through nature

Mission: Enhancing the health and well-being of individuals through participation in community-based therapeutic gardening programs.

TO: Internal Revenue Service, Ogden, UT

Date: November 13, 2012

**RE: Final Year of Garden Partners ~ 2012**

Garden Partners, EIN: 93-1262735, dissolved our organization effective June 30, 2012. Garden Partners distributed all remaining assets to Janus Youth Programs in Portland, Oregon, which is a 501 c (3) non-profit organization. Please see Schedule N.

## OUR REASON FOR FILING the 2011 FORM 990EZ FOR CALENDAR YEAR 2012:

With Garden Partners terminating operations on June 30, 2012, accordingly our final tax return is due November 15, 2012. Per our telephone conversation with the IRS on November 7, 2012, the IRS has not yet released the 2012 990 tax forms. We were told by the IRS that in lieu of not having the 2012 990 forms, we are to use the 2011 forms to file our 2012 final tax return, which we have done.

Thank you.

*Mary Jo Rowan*  
Board President



Year-round life-giving opportunities  
*- for all ages and abilities.*

[www.gardenpartners.org](http://www.gardenpartners.org)

P.O. Box 13280, Portland, Oregon 97213-0280 • 503.288.1280

## PROVEN BENEFITS

### Emotional

Fulfills the deep human need to nurture life

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Encourages shared interests, offering opportunities for friendship and support

### Cognitive

Exercises attention span, memory, language, and problem solving skills

### Physical

Provides mild to moderate exercise and important sensory experiences



# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451  
E-Mail: charitable.activities@doj.state.or.us  
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

For Accounting Periods Beginning in:

# 2011/2

### Section I. General Information

1. **Cross Through Incorrect Items and Correct Here:**  
(See instructions for change of name or accounting period.)

Registration #: 28507

Organization Name: Garden Partners

Address: Mary J. Rowan, 2933 NE 29th Ave.

City, State, Zip: Portland, OR 97212

Phone: 503-288-2445 Fax: \_\_\_\_\_ Amended Report?

Email: mjroudoor@gmail.com

Period Beginning: 1 / 1 / 12 Period Ending: 6 / 30 / 12

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration )  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

| Name          | Position        | Phone        | Mailing Address & Email Address       |
|---------------|-----------------|--------------|---------------------------------------|
| Mary J. Rowan | Board President | 503-288-2445 | 2933 NE 29th Ave., Portland, OR 97212 |

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

| (A) Name, mailing address, daytime phone number and email address |                     | (B) Title & average weekly hours devoted to position | (C) Compensation (enter \$0 if position unpaid) |
|-------------------------------------------------------------------|---------------------|------------------------------------------------------|-------------------------------------------------|
| Name:                                                             | See IRS Form 990-EZ |                                                      |                                                 |
| Address:                                                          | -----               |                                                      |                                                 |
| Phone:                                                            | ( ) -----           |                                                      |                                                 |
| Email:                                                            | -----               |                                                      |                                                 |
| Name:                                                             | -----               |                                                      |                                                 |
| Address:                                                          | -----               |                                                      |                                                 |
| Phone:                                                            | ( ) -----           |                                                      |                                                 |
| Email:                                                            | -----               |                                                      |                                                 |
| Name:                                                             | -----               |                                                      |                                                 |
| Address:                                                          | -----               |                                                      |                                                 |
| Phone:                                                            | ( ) -----           |                                                      |                                                 |
| Email:                                                            | -----               |                                                      |                                                 |

**Section II. Fee Calculation**

| 9.                    | Total Revenue.....<br>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ, Part I, Line 12a on Form 990-PF, Line 9 on Form 1041 or Form 1041-A, or see page 3 of the instructions if no federal tax return was prepared <b>Attach explanation if Total Revenue is \$0.</b> )                                                                                                                                                                                                                                                               | 9.               | \$1,480.00  |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|----------------|------|---------------------|------|---------------------|------|-----------------------|------|-----------------------|-------|-----------------------|-------|-----------------------|-------|---------------------|-------|--|--|
| 10.                   | Revenue Fee.....<br>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10.              | \$10.00     |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
|                       | <table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table> | Amount on Line 9 | Revenue Fee | \$0 - \$24,999 | \$10 | \$25,000 - \$49,999 | \$25 | \$50,000 - \$99,999 | \$45 | \$100,000 - \$249,999 | \$75 | \$250,000 - \$499,999 | \$100 | \$500,000 - \$749,999 | \$135 | \$750,000 - \$999,999 | \$170 | \$1,000,000 or more | \$200 |  |  |
| Amount on Line 9      | Revenue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$0 - \$24,999        | \$10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$25,000 - \$49,999   | \$25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$50,000 - \$99,999   | \$45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$100,000 - \$249,999 | \$75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$250,000 - \$499,999 | \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$500,000 - \$749,999 | \$135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$750,000 - \$999,999 | \$170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| \$1,000,000 or more   | \$200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |             |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| 11.                   | Net Assets or Fund Balances at End of the Reporting Period ....<br>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF, or see page 3 of CT-12 instructions to calculate )                                                                                                                                                                                                                                                                                                                             | 11.              | \$0.00      |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| 12.                   | Net Fixed Assets Used to Conduct Charitable Activities ...<br>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF, or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing )                                                                                                                                                                                                                                                                   | 12.              | \$0.00      |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| 13.                   | Amount Subject to Net Assets or Fund Balances Fee . . . . .<br>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)                                                                                                                                                                                                                                                                                                                                                                                                     | 13.              | \$0.00      |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| 14.                   | Net Assets or Fund Balances Fee ....<br>(Line 13 multiplied by 0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$1,000.</b> Round cents to the nearest whole dollar.)                                                                                                                                                                                                                                                                                                                                                                   | 14.              | \$0.00      |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| 15.                   | Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.....<br>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)                                                                                                                                                                                                | 15.              | \$0.00      |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |
| 16.                   | Total Amount Due . . . . .<br>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16.              | \$10.00     |                |      |                     |      |                     |      |                       |      |                       |       |                       |       |                       |       |                     |       |  |  |

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒ Mary J. Rowan      11-14-2012      Board President  
 Signature of officer      Date      Title

**Paid Preparer's Use Only**

⇒ \_\_\_\_\_  
 Preparer's signature      Date      Phone  
 \_\_\_\_\_  
 Preparer's name      Address