

Form **872-C**

### Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

OMB No. 1545-0056

(Rev. September 1998)

Department of the Treasury  
Internal Revenue Service

(See Instructions.)

To be used with  
Form 1023. Submit  
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

MOUNTAINSTAR FAMILY RELIEF NURSERY

(Exact legal name of organization as shown in organizing document)

2095 NE FULL MOON DRIVE, BEND, OR 97701

(Number, street, city or town, state, and ZIP code)

} and the

District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year JUNE 30, 2003

(Month, day, and year)

Name of organization (as shown in organizing document)	Date
MOUNTAINSTAR FAMILY RELIEF NURSERY	DECEMBER 19, 2002
Officer or trustee having authority to sign	Type or print name and title
Signature ▶ <i>Heath Westcott</i>	HEATH WESTCOTT TREASURER
<b>For IRS use only</b>	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations) Rulings and Agreements	Date
<i>Chris J. Chene</i> Group Manager	FEB 28 2003
By ▶ <i>Kenneth B. Burt</i>	

For Paperwork Reduction Act Notice, see page 7 of the Form 1023 Instructions.

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Form **8718**  
(Rev. November 2000)  
Department of the Treasury  
Internal Revenue Service

**User Fee for Exempt Organization  
Determination Letter Request**

For IRS Use Only

▶ Attach this form to determination letter application.  
(Form 8718 is NOT a determination letter application.)

Control number  
Amount paid 500  
User fee acquirer R TY

1 Name of organization

MOUNTAINSTAR FAMILY RELIEF NURSERY

2 Employer identification number

42-1560891

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

**3 Type of request**

- a  Initial request for a determination letter for:
    - An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
    - A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years . . . ▶ \$150
- Note: If you checked box 3a, you must complete the Certification below.

**Certification**

I certify that the annual gross receipts of \_\_\_\_\_  
name of organization  
have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶

Title ▶

- b  Initial request for a determination letter for:
  - An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
  - A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years . . . . . ▶ \$500
- c  Group exemption letters . . . . . ▶ \$500

**Instructions**

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2000-8, 2000-1, I.R.B. 230.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the United States Treasury for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

Attach Check or Money Order Here

POSTMARK

RECEIVED

DEC 30 '02

DEC 30 '02

CINCINNATI  
SERV. CENTER



7053002034003

Form **1023**  
(Rev. September 1998)  
Department of the Treasury  
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0050  
Note: If exempt status is approved, this application will be open for public inspection

Read the instructions for each Part carefully.  
**A User Fee must be attached to this application.**  
If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.  
**Complete the Procedural Checklist on page 8 of the instructions.**

## Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) <b>MOUNTAINSTAR FAMILY RELIEF NURSERY</b>		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.) <b>42-1560891</b>
1b c/o Name (if applicable)		3 Name and telephone number of person to be contacted if additional information is needed <b>HEATH WESTCOTT 541-389-7090</b>
1c Address (number and street) <b>2095 NE FULL MOON DRIVE</b>	Room/Suite	4 Month the annual accounting period ends <b>JUNE</b>
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. <b>BEND, OR 97701</b>		5 Date incorporated or formed <b>NOVEMBER 21, 2002</b>
1e Web site address		6 Check here if applying under section: a <input type="checkbox"/> 501(c) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> (501)(k) d <input type="checkbox"/> 501(n)
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.		
8 Is the organization required to file Form 990 (or Form 990-EZ)? ..... <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach an explanation (see page 3 of the Specific Instructions).		
9 Has the organization filed Federal income tax returns or exempt organization information returns? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

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CINCINNATI SERVICE CENTER

10 Check the box for the type of organization. **ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING.** (See Specific Instructions for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a  Corporation — Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b  Trust — Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c  Association — Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here  Heath Westcott Treasurer 12/3/02  
 (Signature) (Type or print name and title or authority of signer) (Date)

For Paperwork Reduction Act Notice, see page 7 of the instructions.

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**Part II** Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization — past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.
- SEE ATTACHED.

2 What are or will be the organization's sources of financial support? List in order of size.

We anticipate 50% of our funding will be from the State of Oregon through the Commission on Children and Families. The remainder will be a combination of donations from the public and grants from charitable foundations.

3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

We have not implemented a fundraising program. In the future we anticipate developing a marketing program to raise awareness of the nursery in our community, applying for grants from charitable foundations and developing fundraising events coupled with business sponsors. We will not employ professional fundraisers.



**Part II** Activities and Operational Information (Continued)

**4** Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
Dee Anderson, President, 3602 NW Cotton Bend, OR 97701	0
Roy Silfven, Vice-president, 19497 Sunshine Bend, OR 97702	0
Kitri Ford, Secretary, 591 SW Mill View Way Bend, OR 97701	0
Heath Westcott, Treasurer, 1477 NW Saginaw Bend, OR 97701	0
Dennis Erisman, Director, 1180 SE HWY 97, Bend, OR 97701	0
Marie Phillis, Director, 777 NW Wall Bend, OR 97701	0

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.)  Yes  No  
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization?  Yes  No  
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No  
If either of these questions is answered "Yes," explain.

The nursery was previously part of Crook-Deschutes Educational Service District (CDES), a government agency. In the future the CDES will provide payroll and administrative services to the nursery for which the nursery is charged a fee.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?  Yes  No  
If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization?  Yes  No  
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

The Commission on Children and Families (CCF) is the government agency that is our single largest source of income. We will make quarterly financial reports to CCF that show all of our expenses and show our sources of income other than CCF.



**Part II** Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."

Our assets consist of office and school supplies, toys, furniture and playground equipment.

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years?  Yes  No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?  Yes  No

b Is the organization a party to any leases?  Yes  No  
If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization?  Yes  No  
If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them?  N/A  Yes  No  
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals?  N/A  Yes  No  
If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation?  Yes  No  
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?  Yes  No  
If "Yes," explain fully.



**Part III** Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed?  Yes  No

If you answer "Yes," do not answer questions on lines 2 through 6 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions — You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed?  Yes  No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3?  Yes  No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See Specific Instructions, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed?  Yes  No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here  and attach a completed page 1 of Form 1024 to this application.



**Part III** Technical Requirements (Continued)

7 Is the organization a private foundation?

- Yes (Answer question 8.)  
 No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?

- Yes (Complete Schedule E.)  
 No

After answering question 8 on this line, go to line 14 on page 7.

9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |   |  |  |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.)   | Sections 509(a)(1) and 170(b)(1)(A)(i)                       |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.)   | Sections 509(a)(1) and 170(b)(1)(A)(ii)                      |
| c | <input type="checkbox"/> As a hospital or cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.)  | Sections 509(a)(1) and 170(b)(1)(A)(iii)                     |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1) and 170(b)(1)(A)(v)                       |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.)   | Section 509(a)(3)  |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety.  | Section 509(a)(4)  |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit.  | Sections 509(a)(1) and 170(b)(1)(A)(vi)                      |
| h | <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.   | Sections 509(a)(1) and 170(b)(1)(A)(vi)                      |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)  |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification.  | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.



**Part III** Technical Requirements (Continued)

- 10 If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 months?  
 **Yes** — Indicate whether you are requesting:  
 A definitive ruling. (Answer questions 11 through 14.)  
 An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)  
 **No** — You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.
- 11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, Statement of Revenue and Expenses, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

- 12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:  
 a Enter 2% of line 8, column (c), Total, of Part IV-A. ....  
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 12a above.

- 13 If you are requesting a definitive ruling under section 509(a)(2), check here  and:  
 a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d, on page 3.)  
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church? .....		X	A
Is the organization, or any part of it, a school? .....	X		B
Is the organization, or any part of it, a hospital or medical research organization? .....		X	C
Is the organization a section 509(a)(3) supporting organization? .....		X	D
Is the organization a private operating foundation? .....		X	E
Is the organization, or any part of it, a home for the aged or handicapped? .....		X	F
Is the organization, or any part of it, a child care organization? .....		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.? .....		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? .....		X	I



**Part IV** Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 3 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 11/02 to 06/30/03	(b) 7/1/03 to 6/30/04	(c) 7/1/04 to 6/30/05	(d) _____	
<b>Revenue</b>					
1 Gifts, grants, and contributions received (not including unusual grants — see page 6 of the instructions).....		27,420	27,420		54,840
2 Membership fees received .....					
3 Gross investment income (see instructions for definition) .....					
4 Net income from organization's unrelated business activities not included on line 3 .....					
5 Tax revenues levied for and either paid to or spent on behalf of the organization .....		191,600	191,600		383,200
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) .....					
7 Other income (not including gain or loss from sale of capital assets) (attach schedule) .....					
8 Total (add lines 1 through 7) .....		219,020	219,020		438,040
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22 .....					
10 Total (add lines 8 and 9) .....		219,020	219,020		438,040
11 Gain or loss from sale of capital assets (attach schedule) .....					
12 Unusual grants .....					
13 Total revenue (add lines 10 through 12) .....		219,020	219,020		438,040
<b>Expenses</b>					
14 Fundraising expenses .....					
15 Contributions, gifts, grants, and similar amounts paid (attach schedule) .....					
16 Disbursements to or for benefit of members (attach schedule) .....					
17 Compensation of officers, directors, and trustees (attach schedule) .....					
18 Other salaries and wages .....		171,800	171,800		
19 Interest .....					
20 Occupancy (rent, utilities, etc.) ..		25,920	25,920		
21 Depreciation and depletion .....					
22 Other (attach schedule) .....		19,700	19,700		
23 Total expenses (add lines 14 through 22) .....		217,420	217,420		
24 Excess of revenue over expenses (line 13 minus line 23) .....		1,600	1,600		



**Part IV** Financial Data (Continued)

**B. Balance Sheet (at the end of the period shown)**

Current tax year  
Date 6/30/03

Assets		
1	Cash .....	0
2	Accounts receivable, net .....	
3	Inventories .....	
4	Bonds and notes receivable (attach schedule) .....	
5	Corporate stocks (attach schedule) .....	
6	Mortgage loans (attach schedule) .....	
7	Other investments (attach schedule) .....	
8	Depreciable and depletable assets (attach schedule) .....	
9	Land .....	
10	Other assets (attach schedule) .....	
11	<b>Total assets</b> (add lines 1 through 10) .....	
Liabilities		
12	Accounts payable .....	
13	Contributions, gifts, grants, etc. payable .....	
14	Mortgages and notes payable (attach schedule) .....	
15	Other liabilities (attach schedule) .....	
16	<b>Total liabilities</b> (add lines 12 through 15) .....	
Fund Balances or Net Assets		
17	Total fund balances or net assets .....	0
18	<b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) .....	0

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation.



Part II, Question 1:

The relief nursery program was created to address the needs of families with young children who are facing significant challenges such as unemployment or under-employment, drug and alcohol abuse issues, isolation and depression, domestic violence and relationship issues, involvement with law enforcement, low income, and being a new parent or developing new parenting skills. Our typical client family has multiple risk factors indicating that their children are a serious risk of child abuse or neglect. The goal of the relief nursery is to end the cycle of abuse & neglect for participating families by providing comprehensive and well-coordinated services to children, parents and other family members. Our services consist of the following:

Therapeutic Early Childhood Classes: Children six weeks to 3 years old attend our therapeutic classes. We teach skills that foster social/emotional development, language skills, problem solving, and self-efficacy. Our teachers administer developmental assessments so they can help the children meet appropriate developmental benchmarks. We also provide lunches and snacks that meet USDA guidelines.

Home Visits: Home visits focus on supporting parents according to their needs and priorities, in addition to providing information about child development, parenting and other issues that are relevant to that family's situation. Families typically receive one home visit per month.

Family Support and Counseling: There are opportunities in the program for formal and informal conversations between staff and families for problem solving, crisis intervention and support. We provide individual, couple, or child counseling with a licensed counselor who can help them address issues that lead to family stress. Periodically, we provide family meals, seasonal get-togethers and other special events to create a support network among client families. Our philosophy is to work with the strengths and skills of the families rather than focus on deficiencies and dysfunction.

Parent Skills Training: Parenting classes are held monthly and include a meal for the entire family. Classes cover important topics such as discipline, health issues, sibling relationships, developmental stages, family dynamics and couple issues.

Our resources will be approximately allocated as follows: therapeutic preschool 65%, home visits 10%, family support and counseling 10%, parent training 10%, and administration & overhead 5%. At this time we do not have a program development plan although we can anticipate that additional services will be consistent with our goal of providing services to families with young children at risk of child abuse and/or neglect. The nursery has been operated by a government agency, the Cruz-Bonifacio Educational Service District, since April 2001. We are now forming a separate corporation to run the nursery in order to pursue a more diversified funding strategy. All activities take place at our facility with the exception of periodic home visits that occur in client homes.



Mountainstar Family Relief Nursery  
Budgeted Schedule of Other Expenses

	Year-ended		
	<u>6/30/03</u>	<u>6/30/04</u>	<u>6/30/05</u>
Translator		300	300
Auto expenses		2,500	2,500
School supplies		6,000	6,000
Office supplies		500	500
Consulting		1,000	1,000
Rentals		5,400	5,400
Telephone		4,000	4,000
		<u>19,700</u>	<u>19,700</u>



### Schedule B. Schools, Colleges, and Universities

1 Does, or will, the organization normally have: (a) a regularly scheduled curriculum, (b) a regular faculty of qualified teachers, (c) a regularly enrolled student body, and (d) facilities where its educational activities are regularly carried on?  Yes  No  
 If "No," do not complete the rest of Schedule B.

2 Is the organization an instrumentality of a state or political subdivision of a state?  Yes  No  
 If "Yes," document this in Part II and do not complete items 3 through 10 of Schedule B. (See instructions on the back of Schedule B.)

3 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

a Admissions?  Yes  No

b Use of facilities or exercise of student privileges?  Yes  No

c Faculty or administrative staff?  Yes  No

d Scholarship or loan programs?  Yes  No

If "Yes" for any of the above, explain.

4 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students?  Yes  No

Attach whatever corporate resolutions or other official statements the organization has made on this subject.

5a Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community that it serves?  Yes  No

If "Yes," describe how these policies have been publicized and how often relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

b If applicable, attach clippings of any relevant newspaper notices or advertising or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogs dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of the organization's programs.

c Attach a numerical schedule showing the racial composition, as of the current academic year, and projected to the extent feasible for the next academic year, of (a) the student body, and (b) the faculty and administrative staff.

7 Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

8a Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

b State whether any of the organizations listed in 8a have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in 8a are officers or active members of such organizations.

9a Enter the public school district and county in which the organization is located.

b Was the organization formed or substantially expanded at the time of public school desegregation in the above district or county?  Yes  No

10 Has the organization ever been determined by a state or Federal administrative agency or judicial body to be racially discriminatory?  Yes  No

If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in the organization's operation, if any, have occurred since then.

For more information, see back of Schedule B.





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

Phone: (503) 988-2200  
 Fax: (503) 378-4381  
[www.sos.state.or.us/corporate/cn/corphp.htm](http://www.sos.state.or.us/corporate/cn/corphp.htm)

Registry Number: 115001-98  
 Type: DOMESTIC NONPROFIT CORPORATION

MOUNTAINSTAR FAMILY RELIEF NURSERY  
 BRYANT LOUVIEN & JARVIS PC  
 PO BOX 1151  
 BEND OR 97700

**Acknowledgment Letter**

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

If you have any questions regarding this acknowledgment, contact the Secretary of State Corporation Division at (503) 988-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503) 988-2317 with your Visa or MasterCard number.

**Document**

ARTICLES OF INCORPORATION

Filed On  
 11/21/2002

Jurisdiction  
 OREGON

Nonprofit Type  
 PUBLIC BENEFIT

Name  
 MOUNTAINSTAR FAMILY RELIEF NURSERY

Registered Agent  
 TIMOTHY S RUSK  
 2098 NE FULL MOON DRIVE  
 BEND OR 97701

KAHDA  
 ACK  
 11/21/02

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