

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JUN 16 2006

SOUTHERN OREGON CHILD AND FAMILY
COUNCIL INC
PO BOX 3697
CENTRAL POINT, OR 97502-0000

Employer Identification Number:
93-0564896

DLN:

17053070719016

Contact Person:

SHAWNDEA KREBS

ID# 31072

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated March 3, 1969, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

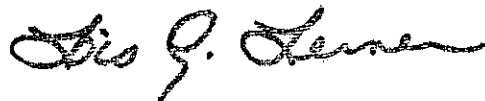
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

OMB No. 1545-1836

For tax years beginning **November 1, 1999**, and ending **October 31**, 20 **04**

Print or type. See Specific Instructions.	Name of organization Southern Oregon Child & Family Council, Inc.		Employer identification number 93 0564896
	Number and street (or P.O. box number if mail is not delivered to street address) PO Box 3697	Room/Suite	Telephone number (541) 734-5150
	City or town, state, and ZIP + 4 Central Point, OR 97502		E-mail address sandi.larson@socfc.o
	Fax number (541) 734-2279		

- Note:**
- Get **Schedule A (Form 990 or 990-EZ)**, *Organization Exempt Under Section 501(c)(3)*, and its separate instructions before you complete this form.
 - If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
 - Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
 - Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

Calendar year (or fiscal year beginning in) ▶	(a) Year 5	(b) Year 4	(c) Year 3	(d) Year 2	(e) Year 1 (See Note above.)	(f) Total of Years 1 through 5
1 Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.)	8,659,257	8,216,152	9,556,718	8,189,946	8,490,546	43,112,619
2 Membership fees received	0	0	0	0	0	0
3 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	613,571	687,768	507,936	391,868	11,841	2,212,984
4 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,706	3,359	10,100	20,966	23,740	62,871
5 Net income from unrelated business activities not included in line 4	0	19,809	14,857	19,809	18,139	72,614
6 Tax revenues levied for your benefit and either paid to you or expended on your behalf	0	0	0	0	0	0
7 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0	0
8 Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets	0	0	0	0	0	0
9 Total of lines 1 through 8	9,277,534	8,927,088	10,089,611	8,622,589	8,544,266	45,461,088
10 Line 9 minus line 3	8,663,963	8,239,320	9,581,675	8,230,721	8,532,425	43,248,104
11 Enter 1% of line 9	86,639.63	82,393.20	95,816.75	82,307.21	85,324.25	

12 If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines **12a** through **12f**. (Sections 509(a)(1) and 170(b)(1)(A)(vi)). **If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.**

a Enter 2% of amount in column (f), line 10	▶	12a	864,962
b Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts	▶	12b	0
c Total support for section 509(a)(1) test: Enter line 10, column (f)	▶	12c	43,248,104
d Add: Amounts from column (f) for lines: 4 <u>2,212,984</u> 5 <u>72,614</u> 8 <u>0</u> 12b <u>0</u>	▶	12d	2,285,598
e Public support (line 12c minus line 12d total)	▶	12e	40,962,506
f Public support percentage (line 12e (numerator) divided by line 12c (denominator))	▶	12f	94.72 %

13 If you are an organization that normally receives: **(1) more than 33 1/3%** of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and **(2) no more than 33 1/3%** of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines **13a** through **13h**. (Section 509(a)(2)). **If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.**

a For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:
(Year 5) 0 (Year 4) 0 (Year 3) 0 (Year 2) 0 (Year 1) 0

b For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 11 for the year or **(2) \$5,000**. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:
(Year 5) 0 (Year 4) 0 (Year 3) 0 (Year 2) 0 (Year 1) 0

c Add: Amounts from column (f) for lines: 1 <u>43,112,619</u> 2 <u>0</u> 3 <u>2,212,984</u> 6 <u>0</u> 7 <u>0</u>	▶	13c	45,325,603
d Add: Line 13a total <u>0</u> and line 13b total <u>0</u>	▶	13d	0
e Public support (line 13c total minus line 13d total)	▶	13e	45,325,603
f Total support for section 509(a)(2) test: Enter amount from line 9, column (f)	▶	13f	45,461,088
g Public support percentage (line 13e (numerator) divided by line 13f (denominator))	▶	13g	99.70 %
h Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator))	▶	13h	0.13 %

14 Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not include these grants in line 1.**

List the amount of unusual grants excluded for each year below.

(Year 5) 0 (Year 4) 0 (Year 3) 0 (Year 2) 0 (Year 1) 0

15 Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed **Form 2848**, Power of Attorney.

Name: Sandi Larson, Finance Director

Type or print name and title.

Phone: (541) 734-5150 x1013

Fax Number (if available): (541) 734-2279

Please Sign Here

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

Alan S. Berlin
Signature of officer, director, or trustee

2/17/06
Date

Alan S. Berlin, Executive Director
Type or print name and title or authority of signer



Internal Revenue Service

Date: February 15, 2006

SOUTHERN OREGON CHILD AND FAMILY COUNCIL
INC
SOUTHERN OREGON HEAD START
PO BOX 3697
CENTRAL POINT OR 97502-0031 977

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Richard E. Owens 31-07974
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
93-0564896

Dear Sir or Madam:

This is in response to your request of February 15, 2006, regarding your organization's tax-exempt status.

Our records reflect that your organization was granted tax-exempt status as a 501(c)(3) organization in March 1969.

Since your organization was issued its determination letter, the Internal Revenue Code has been revised and organizations exempt under 501(c)(3) are classified as either private foundations or public charities described in 509(a). Our records do not indicate that we have made this determination for your organization. Please complete the enclosed Form 8734, *Support Schedule for Advanced Ruling* and return to us. We will then make a ruling concerning your organization's status as a public charity or a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Marilyn Baker, Manager, TE/GE
Customer Account Services

Enclosure