## Form 1023

(Rev. March 1986)

Department of the Treasury Internal Revenue Service

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

For Paperwork Reduction Act Notice, see page 1 of the instructions.

OMB No. 1545-0056 Expires 3-31-89

To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) If required information, a conformed copy of the organizing and operational documents, or financial data are not furnished, the application will not be considered on its merits and the organization will be notified accordingly. Do not file this application if the applicant has no organizing instrument (see Part II).

Part I Identification			
1 Full name of organization			2 Employer identification number
MASTER GARDENER ASS'N. C	F OREGON		(If none, see instructions) 93-0893329
3a Address (number and street) 211 S.E. 80th			Check here if applying under section:  501(e) 501(f) 501(k)
3b City or town, state, and ZIP code		4 Name and	telephone number of person to be contacted
Portland, Oregon 97215		Joyce	Nesmith (503-258-8789
Month the annual accounting period ends	6 Date incorporated or formed		7 Activity codes
September 1	6-26-85		
Has the organization filed Federal income tax If "Yes," state the form number(s), years filed			eturns? Yes 🛭 No
Part II Type of Entity and Organizationa	I Document (see instructio	ns)	
Check the applicable entity box below and atta or each entity.	ch a conformed copy of the or	ganization's o	organizing document and bylaws as indicated
Corporation—Articles of incorporation and b	ylaws. Trust—Trust inder		ther—Constitution or articles of association nd bylaws.
Part III Activities and Operational Inform	nation		
What are or will be the organization's sources Mini-College held at OSU Dues from members We anticipate very littl			ng.
Describe the organization's fund-raising progressions (Include details of fund-raising activities sucraisers, etc.) Attach representative copies of some governing board feel is not needed to finance in a position to accept	h as selective mailings, format olicitations for financial support s that the solici our activities.	ion of fund-r tation Howeve	of funds at present er, we wish to be

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

President (Signature) oyce Jesmith.

(Title or authority of signer)

April 9,198

#### Part III Activities and Operational Information (Continued)

Give a detailed narrative description of the organization's past, present, and proposed future activities, and the purposes for w. was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. In organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (Do not state the purposes and activities of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VI-A.

This is a voluntary organization of persons who are interested in Horticultural activities. The organization is used to supplement the Oregon State University Extension office staff during Spring and Summer by answering gardening questions by phone or in person at the Extension office. In addition to these activities, the members help teach classes, hold clinics and in general help people help themselves with the knowledge the Master Gardener gained by attending approximately 60 hours of class work. Anyone who is interested and is willing to volunteer for 60 hours of community service time is welcome to this program regardless of race, creed or color. The payback is accomplished by answering calls on the phone, holding clinics, and teaching others.

Each year we hold classes at Oregon State University on a variety of Horticultural subjects. It is held at the school so that experts in the field of Agriculture can inform and teach us the latest in these areas. We make visits to vegetable farms, fruit orchards, and various laboratories. As with our members of OMGA, the Professors and others donate

their time for this function.

In January 1988, it is planned to have a traveling show. The show will visit chapters that are distant from Oregon State University in Corvallis. The members in Baker, Oregon (356 mi.) and Medford, Oregon (210 mi.) do not always have time available to attend the Mini-College. They will get the benefit of the latest information on Horticulture subjects.

The more information that can be dispersed to a wider group of people, the more the user of this service will benefit. After 1988, we will be

able to assess the results.

As a volunteer group, no monies are expended for travel, etc. Supplies and telephone are about the only expenses that are paid by the Association.

The Master Gardener Association of Oregonis comprised of 13 county chapters with a membership of approximately 380 qualified members. We are encouraging other counties to start new chapters.

Names, addresses, and titles of officers, directors, trustees, etc.	<b>b</b> Annual compensation
President: Joyce Nesmith, 3797 S. Main Rd. Lebanon, Or. 97355	none
Vice Pres.: Marjorie Luce, 180 Timberlake Dr. Ashland, Or. 97520	none
Secretary: Terri Bangs, 26815 Vernonia Hwy. Scappoose, Or. 97056	none
Treas.: R. W. Christenson, 2120 Robins Ln. SE Salem, OR. 97306	

4 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
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 the Specific Instructions for line 4d.)	Yes	×	No
е		Yes	×	No
	If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned.			
5	Does the organization control or is it controlled by any other organization?	Yes	又	No
	Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors?	Yes	×	No
5				
	Is the organization financially accountable to any other organization?	Yes	X	No
	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of	Yes	X	No
	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of	Yes	X	No
	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of	Yes	X	No
7 a	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.  What assets does the organization have that are used in the performance of its exempt function? (Do not include proper investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be convened to the performance of its exempt function?	erty p		cing
7 a	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.  What assets does the organization have that are used in the performance of its exempt function? (Do not include proprinvestment income.) If any assets are not fully operational, explain their status, what additional steps remain to be cowhen such final steps will be taken.  Cash	erty p	eted, a	ing
7 a	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.  What assets does the organization have that are used in the performance of its exempt function? (Do not include proper investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be convened to the performance of its exempt function?	erty p	eted, a	ing
b	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.  What assets does the organization have that are used in the performance of its exempt function? (Do not include propositivestment income.) If any assets are not fully operational, explain their status, what additional steps remain to be convenient in the example of the support of your used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to propositive or the support of your exempt activities?  None  Will any of the organization's facilities be managed by another organization or individual under a contractual	erty p	eted, a	ing
	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.  What assets does the organization have that are used in the performance of its exempt function? (Do not include proper investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be convenient to the support of include proper investment have you used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to proper the support of your exempt activities?  None  Will any of the organization's facilities be managed by another organization or individual under a contractual agreement?  If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other	erty p pomple	eted, a	cing and
b	If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.  What assets does the organization have that are used in the performance of its exempt function? (Do not include proper investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be convenient to the support of include proper investment have you used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to proper the support of your exempt activities?  None  Will any of the organization's facilities be managed by another organization or individual under a contractual agreement?  If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other	erty p pomple	eted, a	cing and

0 2	Have the reginients been required as will they be required to pay for the exceptation's benefits continue as		-
9 a	Have the recipients been required or will they be required to pay for the organization's benefits, services, or products?	V	No
	If "Yes," explain and show how the charges are determined.	4	140
b	Does or will the organization limit its benefits, services, or products to specific classes of individuals? Yes If "Yes," explain how the recipients or beneficiaries are or will be selected.	X	No
10	Is the organization a membership organization?		No
а	Describe the organization's membership requirements and attach a schedule of membership fees and dues.		
b	Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.		
с	Are benefits, services, or products limited to members?	X	No
11	Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns?	-	
12	Does the organization have a pension plan for employees? Yes	X	No
13 a b	Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related regulations? (See General Instructions.).		No
С	If you answer "No," to 13a and section 508(a) does apply to you, you may be eligible for relief under regulations section 1.9100 from the application of section 508(a). Do you wish to request relief? Yes	×	No
d e	If you answer "Yes," to 13c, attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.  If you answer "No," to both 13a and 13c and section 508(a) does apply to you, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your 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 you		
	were formed (see instructions)?		No
Part	Statement as to Private Foundation Status (see instructions)		
	Lette expeniention a private foundation?	X	No
1	Is the organization a private foundation?		
2	If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check		
3	If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here  and complete Part VII.  If you answer "No," to question 1, indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) below that apply:		
3	If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here  and complete Part VII.  If you answer "No." to question 1, indicate the type of ruling you are requesting regarding the organization's		

4	art V	Financial Data	
St	atem	ent of Support, Revenue, and Expenses for the period beginning January	1.1., 19 84 , a
		ending 7/1/1/2	
No	te: Co	omplete the financial statements for the current year and for each of the three years immediately before	re it. If in existence less tha
for	r year	rs, complete the statements for each year in existence. If in existence less than one year, also provides following the current year.	ie proposeu buugets for ti
I W	o year		1
	1	Gross contributions, gifts, grants, and similar amounts received	2
	2	Gross dues and assessments of members	
0	3 a	Gross amounts derived from activities related to organization's exempt	
2		purpose (attach schedule)	3c
eve		Minus cost of sales	30
2	4 a	Gross amounts from unrelated business activities (attach schedule)	4c
an	b	Minus cost of sales	70
t	5 a	Gross amount received from sale of assets, excluding inventory items	
Support and Revenue		(attach schedule)	5c
Su	b	Minus cost or other basis and sales expenses of assets sold	6
	6	Investment income (see instructions)	7
	7	Other revenue (attach schedule)	8
	8	Total support and revenue	9
	9	Fundraising expenses	10
	10	Contributions, gifts, grants, and similar amounts paid (attach schedule)	11
	11	Disbursements to or for benefit of members (attach schedule)	12
40	12	Compensation of officers, directors, and trustees (attach schedule)	13
se	13 14 15	Other salaries and wages.	14
per	14	Interest	15
Ě	15	Rent	16
	16	Depreciation and depletion	17
	17	Other (attach schedule)	
	18	Total expenses	19
_	19	Excess of support and revenue over expenses (line 8 minus line 18)	
		Balance Sheet (at the end of the period shown above)	
_		Assets	
_		h: a Interest bearing accounts	20a
20	Cas		20b
_		b Other	21
			22
		ds and notes (attach schedule)	23
7.0	s Bon	ds and notes (attach schedule)	24
-		to the defeate as body (a)	
2	Cor	porate stocks (attach schedule)	25
2	5 Mor	porate stocks (attach schedule)	
2:	Moi 5 Oth	porate stocks (attach schedule)	25
2: 2: 2: 2: 2:	Mor Oth Dep	porate stocks (attach schedule)	25 26
2 2 2 2 2	Mor 6 Oth 7 Dep 8 Lan	tgage loans (attach schedule)	25 26 27
2 2 2 2 2	Mor Oth Dep Lan Oth	porate stocks (attach schedule)	25 26 27 28
2 2 2 2 2	Mor Oth Dep Lan Oth	porate stocks (attach schedule)	25 26 27 28 29
2: 2: 2: 2: 3:	Mor Oth Dep Lan Oth	porate stocks (attach schedule)	25 26 27 28 29 30
2 2 2 2 3 3	Mor Oth Dep Lan Oth O	porate stocks (attach schedule)  tgage loans (attach schedule)  er investments (attach schedule)  preciable and depletable assets (attach schedule)  d  er assets (attach schedule)  Total assets.  Liabilities	25 26 27 28 29 30 31
2: 2: 2: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:	Moro 6 Oth 7 Dep 8 Lan 9 Oth 0	porate stocks (attach schedule)  tgage loans (attach schedule)  er investments (attach schedule)  preciable and depletable assets (attach schedule)  d  er assets (attach schedule)  Total assets.  Liabilities  counts payable  pretributions, gifts, grants, etc., payable	25 26 27 28 29 30 31 32 33
2 2 2 2 3 3 3 3 3	Mor 6 Oth 7 Dep 8 Lan 9 Oth 0 1 Acc 2 Cor 3 Mo	tgage loans (attach schedule)  er investments (attach schedule)  preciable and depletable assets (attach schedule)  d  er assets (attach schedule)  Total assets.  Liabilities  counts payable  chtributions, gifts, grants, etc., payable  pregages and notes payable (attach schedule)	25 26 27 28 29 30 31 32 33 34
2 2 2 2 3 3 3 3 3 3	Mor 6 Oth 7 Dep 8 Lan 9 Oth 0 1 Acc 2 Cor 3 Mo 4 Oth	porate stocks (attach schedule) tgage loans (attach schedule) er investments (attach schedule) preciable and depletable assets (attach schedule) d er assets (attach schedule)  Total assets.  Liabilities  counts payable ertgages and notes payable (attach schedule)  er liabilities (attach schedule).	25 26 27 28 29 30 31 32 33
2 2 2 2 3 3 3 3 3 3	Mor 6 Oth 7 Dep 8 Lan 9 Oth 0 1 Acc 2 Cor 3 Mo	porate stocks (attach schedule) tgage loans (attach schedule) er investments (attach schedule) preciable and depletable assets (attach schedule) d er assets (attach schedule)  Total assets.  Liabilities  counts payable ertigages and notes payable (attach schedule) ter liabilities (attach schedule)  Total liabilities.	25 26 27 28 29 30 31 32 33 34
2 2 2 2 3 3 3 3 3 3	Mor 6 Oth 7 Dep 8 Lan 9 Oth 0 1 Acc 2 Cor 3 Mo 4 Oth	porate stocks (attach schedule) tgage loans (attach schedule) er investments (attach schedule) preciable and depletable assets (attach schedule) d er assets (attach schedule)  Total assets.  Liabilities  counts payable ertgages and notes payable (attach schedule)  er liabilities (attach schedule).	25 26 27 28 29 30 31 32 33 34 35
2 2 2 2 3 3 3 3 3 3 3	Mor Oth Open B Lan Oth Oth O 1 Acc 2 Cor 3 Mo 4 Oth 5	porate stocks (attach schedule) tgage loans (attach schedule) er investments (attach schedule) preciable and depletable assets (attach schedule) d er assets (attach schedule)  Total assets.  Liabilities  counts payable ertigages and notes payable (attach schedule) ter liabilities (attach schedule)  Total liabilities.	25 26 27 28 29 30 31 32 33 34 35

#### 1984 STATEMENT

## OREGON MASTER GARDNERS ASSOCIATION

## INCOME

ds 6 7 km² San² 1 18mm	
MEMBERSHIP DUES	432.00
MINI-COLLEGE-OSU	125.25
INTEREST-CHK. ACT.	38.08
U-DIGIT SALES	884.73
MISC.	8.25
TOTAL	1489.11
EXPENSE	
U-DIG IT COST	1174.10
CHECKS	8.63
STAMPS	6.00
TOTAL	1188.73
BALANCE	300.38
CHECK NOT CASHED 6/20/84	129.35
BALANCE 1984	429.73
-	

## 1985 STATEMENT

## OREGON MASTER GARDENERS ASSOCIATION

#### INCOME

MEMBERSHIP DUES	202.00	
DONATION-PRES. TALK IN WASH.	60.00	
JACKSON COUNTY CARDS	25.00	
INTEREST-CHK ACT	17.67	
INCOME	304.67	
EXPENSES		
MINI- COLLEGE	151.65	
PRINTING OMGA	20.00	
NEWS LETTER	58.00	
EXPENSES	229.65	
BALANCE	75.02	
CHECK NOT CASHED 6/20/85	24.25	
1985 BALANCE	99.27	

#### **SCHEDULE A** (Form 990)

Name

Department of the Treasury Internal Revenue Service

## Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust

OMB No. 1545-0047

Employer identification number

Supplementary Information Attach to Form 990.

Master Gardener Assn'n. o			93-08	933	29	
Part I Compensation of Five Highest Paid En Other Than Officers, Directors, and Tr	nployees rustees (See specific in	nstructions)				
Name and address of employees paid more than \$30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	а	nse acco	r
						•
No Vaid	Employ	1005				
	1 ]					
				1		
Total number of other employees paid over \$30.000						
Part II Compensation of Five Highest Paid Pe (See specific instructions)	ersons for Professiona	Services	monamani			
Name and address of persons paid more	than \$30.000	Type of	service	Co	mpensa	tion
The state of the s	produkton i saveš. Grani milijan Section (7)	WWW.				
Billion State Stat	######################################	Thus the Nation				
Same	a= 41	318	Constant Enter to			
- // -						
		in hypothesistics.	o Helide			
The state of the s		-				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total number of others receiving over \$30,000 for professional services						
Part III Statements About Activities	e salizamente filologia				Yes (1)	No (2)
1 During the year, have you attempted to influence	ce national, state, or loc	al legislation, includir	ng any attempt to			×
influence public opinion on a legislative matter or re	eferendum?			000000	- Junium	ommin.
If "Yes," enter the total expenses paid or incurred in	in connection with the leg	rislative activities \$			<b>X</b>	
Complete Part VI of this form for organizations that statement. For other organizations checking "Yes," activities and a classified schedule of the expenses	" attach a statement givin					
2 During the year, have you, either directly or indire- principal officer or creator of your organization,	ctly, engaged in any of the or any organization or	corporation with which				
affiliated as an officer, director, trustee, majority of a Sale, exchange, or leasing of property?	wner, or principal benefic	iary:		2a		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b Lending of money or other extension of credit?	en ballet i victi	y Lapue, La Co	melance reco	2b		X
c Furnishing of goods, services, or facilities?				2c		X
d Payment of compensation (or payment or reimbur	sement of expenses if me	ore than \$1,000)?		2d		X
e Transfer of any part of your income or assets? .				2e		X
If the answer to any question is "Yes," attach a det				1		
3 Do you make grants for scholarships, fellowships,				3	VIIIIIIII	William.
4 Attach a statement explaining how you determine t			sements from you	V//3///	3	
in furtherance of your charitable programs qualify t	o receive payments. (See	specific instructions)	Cab adula	17/05/20	V//////	1006

## Part IV Support Schedule (continued)(Complete only if you checked box 10, 11, or 12 on page 2)

Organizations described in box 12, page 2:			
Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in ea each "disqualified person," and enter the sum of such amounts for each year:	ch yea	r fron	n,
persons'') from whom the organization received more, during that year, than the larger of: the amount on line 25 ft \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these exces each year:	or the	year (	or
(1985) (1984) (1983) (198 <b>2</b> )			
For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1982 through 1 (not open to public inspection) for each year showing the name of the contributor, the date and amount of the generation of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions)	985, a grant, a	ttach ind a	a list brief
To Be Completed ONLY by Schools That Checked Box 6 in Part IV			
Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29	Yes (1)	No (2)
Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and			
Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
Do you maintain the following:			
Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	20	-	
		-	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate	32d		
			******
Do you discriminate by race in any way with respect to:			*******
	33a		
	33b		
	33e		
	33f		
	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
Do you receive any financial aid or assistance from a gayaramental agency?	34a		<b>×</b>
	34b		V
			<b>WIIIII</b>
Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation. (See instructions for Part V)	35	X	0.02540161
	Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each "disqualified person," and enter the sum of such amounts for each year:  (1985)	Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each yea each "disqualified person," and enter the sum of such amounts for each year:  (1985)	Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year fror each "disqualified person," and enter the sum of such amounts for each year:  (1985)

Schedule A (Form 990) 1986	-				Page
(To be completed ONLY by a					
Check here ▶ a ☐ If the organization be Check here ▶ b ☐ If you checked a and	longs to an introduce	digreti. It had test	ructions)		· · · · · · · · · · · · · · · · · · ·
Limits on	Lobbying Expe	nses		(a) Affiliated group totals	(b) To be completed for AL electing organizations
36 Total (grassroots) lobbying expenses to in					
37 Total lobbying expenses to influence a le				1/	X
38 Total lobbying expenses (add lines 36 an 39 Other exempt purpose expenses (See Pa				11/	14
40 Total exempt purpose expenses (3ee Fa					//
41 Lobbying nontaxable amount. Enter the sthe following table—					
If the amount on line 40 is— Not over \$500,000		ontaxable amoun			
Over \$500,000 but not over \$1,000,000				65.000000000000000000000000000000000000	oraniaminassamininas
Over \$1,000,000 but not over \$1,500,000			,		
Over \$1,500.000					
42 Grassroots nontaxable amount (enter 25			recessioned of the program		
(Complete lines 43 and 44. File Form 4720 if e		ine 42 or line 38 exce	eds line 41.)		
43 Excess of line 36 over line 42					
AA Evenes of East 29 avention A1					
	<del> </del>				1
(Some organizations that n	Year Averaging I nade a section 501( elow. See the instru	(h) election do not	have to complete all	of the five column	1S
1 1 1 1 1 1 1 1 1 1		Lobbying Expen	ses During 4-Year A	veraging Period	
Calendar year (or fiscal year beginning in)	(a) 1986	( <b>b</b> ) 1985	(c) 1984	(d) 1983	(e) Total
45 Lobbying nontaxable amount (See instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (See instructions).	-	Λ	//-/		
48 Grassroots nontaxable amount (See instructions)		/ \/	1		
49 Grassroots ceiling amount (150% of line 48(e))			7		
50 Grassroots lobbying expenses (See instructions)		/			

#### Part VI Non-Private Foundation Status (Definitive ruling only)

A.—Basis for Non-Private Foundation Status (Check one of the boxes below.)

	Dubit for from 1 fire to 1 during the fire	Contract on the newspaper
The	organization is not a private foundation b	ecause it qualifies as:

	1	Kind of organization	Within the meaning of	Complet
1		a church or a convention or association of churches	Sections 509(a)(1) and 170(b)(1)(A)(i)	
2		a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
3		a hospital or a cooperative hospital service organization or a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
4		a governmental unit described in section 170(c)(1)	Sections 509(a)(1) and 170(b)(1)(A)(v)	
5		being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
5	1	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)(iv)	Part VI.—B
7		normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VI.—B
8		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)	Part VI.—B
9		being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VI.—C

B.—Analysis of Financial Support (Complete if you checked box 6, 7, or 8 above.)

(a) Most recent tax year	(Years next preceding most recent tax year)			(a) Tatal
19.86.	(b) 19 8.5	(c) 19 8.4.	(d) 19 83	(e) Total
0	0	0	0	0
621.00	202,00	432.00	0	1255.00
0	0	#(29000)	0	(290.00)
N/A	N/A	NA	0	X/4
NA	1/4	N/A	0	K/ 41
N/A	1//2	N/A	0	NIA
Ð	0	0		0
0	0	0	D	0
621.00	202.00	142.00	0	1255.00
1.21.00	202,00	142,00	0	9 65.00
	19.86.  0 621.00  N/A  N/A  0 621.00	19.86. (b) 19.85.  0 0 621.00 202.00  N/A N/A  N/A N/A  O 0 0 621.00 202.00	19.86. (b) 19.85. (c) 19.84.  0 0 0 0  6.21.00 202.00 $\frac{432.00}{202.00}$ N/A N/A N/A N/A  N/A N/A N/A  N/A N/A N/A  0 0 0  6.21.00 $\frac{202.00}{202.00}$ 142.00	19.86.   (b) 19.85.   (c) 19.84.   (d) 19.83.   (d) 19.83.   (e) 19.84.   (d) 19.83.   (e) 19.84.   (d) 19.83.   (e) 19.84.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19.84.   (e) 19.83.   (e) 19.84.   (e) 19

<sup>12</sup> If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above—(See instructions).

Form	1022	/Day	3.86)
nnn	1023	PAV	4.86

200	Tt VI Non-Private Foundation Status (Definitive ruling only) (Continued)  —Analysis of Financial Support (Continued)					
3	If the organization's non-private foundation status is based on:  Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (othe than a governmental unit or "publicly supported" organization) whose total gifts for the entire period were more than the amoun shown on line 11.					
	Section 509(a)(2).—For each of the years included on lines 1, 2, and 3, attach a list showing the name of and amount receive from each person who is a "disqualified person." For each of the years on line 3, attach a list showing the name of and amount received from each payor (other than "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payor" includes, but is no limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.					
)	-Supplemental Information Concerning Organizations Claiming Non-Private Foundation S					
1	Organizations supported by applicant organization:	Has the supported organization received ruling or determination letter that it is not private foundation by reason of section				
	Name and address of supported organization	509(a)(1) or (2)?				
	None	Yes No				
		Yes No				
• • •		Yes No				
		Yes No				
		Yes No				
3	Elected by representatives from Local Chapters.  What is the extent of common supervision or control that you and the supported organization(	s) share?				
3						
3 (	What is the extent of common supervision or control that you and the supported organization() Only technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investments.					
3 (	What is the extent of common supervision or control that you and the supported organization(s) only technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investing grants, and in otherwise directing the use of your income or assets?	nent policies, the making and timing of				
3 4 5	What is the extent of common supervision or control that you and the supported organization(s) only technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investing grants, and in otherwise directing the use of your income or assets?  N/A No investments.  Does the mentioning of the supported organization(s) in your governing instrument make y supported organization(s) can enforce under State law and compel to make an accounting?	ou a trust that the				
3 4 5	What is the extent of common supervision or control that you and the supported organization (Inly technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investing grants, and in otherwise directing the use of your income or assets?  N/A No investments.  Does the mentioning of the supported organization(s) in your governing instrument make y supported organization(s) can enforce under State law and compel to make an accounting? If "Yes," explain.  The representatives of the chapters can force accounting that portion of your income do you pay to each supported organization and how significant is	ou a trust that the Yes N				
3 4 5	What is the extent of common supervision or control that you and the supported organization(s) only technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investing grants, and in otherwise directing the use of your income or assets?  N/A No investments.  Does the mentioning of the supported organization(s) in your governing instrument make y supported organization(s) can enforce under State law and compel to make an accounting? If "Yes," explain.  The representatives of the chapters can force accounting the control of the chapters can force accounting the chapters.	ou a trust that the				
3 4 5 N	What is the extent of common supervision or control that you and the supported organization (Inly technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investing grants, and in otherwise directing the use of your income or assets?  N/A No investments.  Does the mentioning of the supported organization(s) in your governing instrument make y supported organization(s) can enforce under State law and compel to make an accounting? If "Yes," explain.  The representatives of the chapters can force accounting that portion of your income do you pay to each supported organization and how significant is	ou a trust that the Yes Nunting the support to each?				
3 ( 4 5 N 7 L m	What is the extent of common supervision or control that you and the supported organization only technical information about Horticulture  To what extent do(es) the supported organization(s) have a significant voice in your investing grants, and in otherwise directing the use of your income or assets?  N/A No investments.  Does the mentioning of the supported organization(s) in your governing instrument make y supported organization(s) can enforce under State law and compel to make an accounting? If "Yes," explain.  The representatives of the chapters can force account what portion of your income do you pay to each supported organization and how significant is some. All County Chapters are self supporting.  To what extent do you conduct activities that would otherwise be carried out by the support	ou a trust that the Yes Nunting the support to each?				

Form 872-C

(Rev. March 1986)

Department of the Treasury—Internal Revenue Service

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

(See Form 1023 instructions for Part IV, line 3.)

OMB No. 1545-0056 Expires 3-31-89

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,

MAS'	TER G	ARDENE	R ASSOCIAT	ION		)	
		(E	xact legal name of o	rganizati	on)		District Director
211	S.E.	80th,	Portland,	OR.	97215	and the	of Internal Revenue
		(Number	street, city or town,	state, and	ZIP code)	)	

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, then 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 September 1, 1986

Name of organization	Date
Master Gardener Association of Oregon	april 9_1987
Officer or trustee having authority to sign	
Signature > Jayce Desmith , thesider	ut
District Director /	Date