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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning		6/01	, 2008, and ending	5/31	, 2009
B Check if applicable		C			D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		ZONTA SERVICE FOUNDATION OF CORVALLIS PO BOX 792 CORVALLIS, OR 97339-0792			93-1043318
					E Telephone number
					(541) 757-7143
					F Group Exemption Number
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).					G Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
I Website: ► <u>WWW.ZONTACORVALLIS.ORG</u>					H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ► (insert no.) 4947(a)(1) or 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ					► \$ 95,793.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	50,090.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	3,218.
	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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ 26,915. of contributions reported on line 1)	6a	42,385.
	b Less direct expenses other than fundraising expenses	6b	15,940.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	26,445.
	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 ► <u>SEE STATEMENT 1</u>)	8	100.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	79,853.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	
13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe ► <u>SEE STATEMENT 3</u>)		16	2,005.
17 Total expenses (add lines 10 through 16)		17	59,517.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	20,336.
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	111,162.
20 Other changes in net assets or fund balances (attach explanation)		20	-25,499.
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	105,999.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II)			
ASSETS	22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
	23 Land and buildings	32,136.	22 35,093.
	24 Other assets (describe ► <u>SEE STATEMENT 5</u>)	23	
	25 Total assets	108,426.	24 103,662.
	26 Total liabilities (describe ► <u>SEE STATEMENT 6</u>)	140,562.	25 138,755.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,400.	26 33,256.
		111,162.	27 105,999.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)



Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts, optional
for others)

28 SEE STATEMENT 7

28a 31,046.

29 GRANTS TO VARIOUS NON-PROFIT ORGANIZATIONS THAT HAVE AS THEIR MISSION TO IMPROVE THE STATUS OF WOMEN AND CHILDREN.

29a 17,250.

30 ZONTA INTERNATIONAL AND ZONTA DISTRICT VIII SERVICE PROJECTS AND SCHOLARSHIPS.

302

9 316

21

256

32. Total program service expenses (add lines 28, through 31.)

32 57,868.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
FRIAH ROGERS	PRESIDENT	0.	0.	0.
PO BOX 792	1.00			
CORVALLIS, OR 97339				
KATHY STREED	VICE PRESIDENT	0.	0.	0.
PO BOX 792	0.25			
CORVALLIS, OR 97339				
MARY VEDAA	TREASURER	0.	0.	0.
PO BOX 792	1.00			
CORVALLIS, OR 97339				
CHERYL WILLIAMS	SECRETARY	0.	0.	0.
PO BOX 792	0.25			
CORVALLIS, OR 97339				
KAREN SMITH	DIRECTOR	0.	0.	0.
PO BOX 792	0.25			
CORVALLIS, OR 97339				
JUSTIN WIRTH	DIRECTOR	0.	0.	0.
PO BOX 792	0.25			
CORVALLIS, OR 97339				
KATHLEEN PETRUCELA	CO-DIRECTOR	0.	0.	0.
2552 NW MASER DR	0.25			
CORVALLIS, OR 97330				
REBECCA YU	CO-DIRECTOR	0.	0.	0.
PO BOX 792	0.25			
CORVALLIS, OR 97339				
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Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction 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
 b 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 unpaid at the start of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
 If 'Yes,' complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.

d Enter amount of tax on line 40c reimbursed by the organization ► 0.

e 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 ► OR

42a The books are in care of ► MARY VEDAA Telephone no ► 541-231-3221
 Located at ► 3015 NW CHRISTINE ST. CORVALLIS OR ZIP + 4 ► 97330

b 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)?

If 'Yes,' enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country ►

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

► N/A
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
33	X	
34	X	
35a	X	
35b		
36	X	
37a	0.	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40a		
40b	X	
40c		
40d		
40e	X	

	Yes	No
42b	X	
42c	X	

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 9

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.

48 Is the organization operating 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(s) a section 527 organization?

50 Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the 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
<u>NONE</u>		
Total number of other independent contractors receiving over \$100,000 ►		

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

► *Friah L. Rogers* Date *1/11/2010*
 Signature of officer
 ► *Friah L. Rogers President*
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN	► <input type="checkbox"/>	Phone no. ► <input type="text"/>

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
 Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ZONTA SERVICE FOUNDATION OF CORVALLIS

Employer identification number

93-1043318

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. (Please check only **one** organization.)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
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)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

Yes	No

- (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?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 – 2007. 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 – 2008. 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 – 2007. 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)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants")	18,604.	26,996.	30,631.	31,210.	50,090.	157,531.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	47,231.	55,662.	57,494.	55,626.	42,385.	258,398.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					100.	100.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	65,835.	82,658.	88,125.	86,836.	92,575.	416,029.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	3,273.	4,050.	2,600.	1,105.	700.	11,728.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	3,273.	4,050.	2,600.	1,105.	700.	11,728.
8 Public support (Subtract line 7c from line 6)						404,301.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	65,835.	82,658.	88,125.	86,836.	92,575.	416,029.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,904.	362.	3,351.	2,701.	3,218.	15,536.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	0.
c Add lines 10a and 10b	5,904.	362.	3,351.	2,701.	3,218.	15,536.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12)						431,565.

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 ▶ **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	93.7 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	92.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.6 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.7 %
19a 33-1/3 support tests – 2008. 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 ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ZONTA SERVICE FOUNDATION OF CORVALLIS

Employer identification number
93-1043318

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ANNUAL AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	69,300.			69,300.
	2 Less. Charitable contributions	26,915.			26,915.
	3 Gross revenue (line 1 minus line 2)	42,385.			42,385.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	15,940.			15,940.
	8 Direct expense summary Add lines 4- through 7 in column (d)				15,940.
	9 Net income summary Combine lines 3 and 8 in column (d)				26,445.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES	NO
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

YES	NO
13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name: ► _____

Address: ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

- c If 'Yes,' enter name and address:

Name: ► _____

Address: ► _____

16 Gaming manager information

Name: ► _____

Gaming manager compensation: ► \$ _____

Description of services provided: ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ _____

15a

17a

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93-1043318

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

NOTE CARD SALES

TOTAL \$ 100.
\$ 100.**STATEMENT 2**
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	BENTON CASA-VOICES FOR CHILDREN
DONEE'S ADDRESS:	PMB 3004-206
CASH AMOUNT GIVEN:	CORVALLIS, OR 97339 \$ 1,200.
CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	BOYS & GIRLS CLUB OF CORVALLIS
DONEE'S ADDRESS:	1112 NW CIRCLE BLVD
CASH AMOUNT GIVEN:	CORVALLIS, OR 97330 \$ 700.
CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	CENTER AGAINST RAPE AND DOMESTIC VIOLEN
DONEE'S ADDRESS:	PO BOX 914
CASH AMOUNT GIVEN:	CORVALLIS, OR 97339 \$ 2,000.
CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	COMMUNITY OUTREACH, INC.
DONEE'S ADDRESS:	865 NW REIMAN AVE
CASH AMOUNT GIVEN:	CORVALLIS, OR 97330 \$ 2,000.
CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	GRACE CENTER FOR ADULT DAY SERVICES
DONEE'S ADDRESS:	980 NW SPRUCE AVE
CASH AMOUNT GIVEN:	CORVALLIS, OR 97330 \$ 1,500.
CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	BENTON CO JUVENILE DRUG TRMT COURT
DONEE'S ADDRESS:	PO BOX 1870
CASH AMOUNT GIVEN:	CORVALLIS, OR 97339 \$ 750.
CLASS OF ACTIVITY:	COMMUNITY GRANT
DONEE'S NAME:	LINN BENTON FOOD SHARE
DONEE'S ADDRESS:	545 SW 2ND STREET, SUITE A
CASH AMOUNT GIVEN:	CORVALLIS, OR 97333 \$ 1,200.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	LBCC - TURNING POINT TRANSITIONS PROGRA	
DONEE'S ADDRESS:	6500 SW PACIFIC BLVD	
	ALBANY, OR 97321	
CASH AMOUNT GIVEN:		\$ 1,740.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	OSU WOMEN CENTER	
DONEE'S ADDRESS:	BENTON ANNEX	
	CORVALLIS, OR 97331	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	ZONTA INTERNATIONAL	
CASH AMOUNT GIVEN:		\$ 9,000.
DONEE'S NAME:	ZONTA DISTRICT VIII	
CASH AMOUNT GIVEN:		\$ 216.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	PARENT ENHANCEMENT PROGRAM	
DONEE'S ADDRESS:	421 NW 4TH STREET, SUITE A	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	HANNAH COATS	
DONEE'S ADDRESS:	2221 NW MULKEY	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	KIMBERLY MCALONEY	
DONEE'S ADDRESS:	3405 NW ORCHARD #157	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	HILARY ROGERS	
DONEE'S ADDRESS:	1837 NW GRANT CIRCLE	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	DEBRA SINCLAIR	
DONEE'S ADDRESS:	7433 NW MT VIEW DR	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	SIRI TAYLOR	
DONEE'S ADDRESS:	32483 OAKVILLE ROAD SW #53	
	ALBANY, OR 97321	
CASH AMOUNT GIVEN:		\$ 1,246.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	BENTON CO ADULT DRUG TREATMENT COURT	
DONEE'S ADDRESS:	PO BOX 1870	
	CORVALLIS, OR 97339	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	LINN-BENTON CMNTY COLLEGE - GED PROGRAM	
DONEE'S ADDRESS:	757 NW POLK	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 600.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	HOME LIFE, INC	
DONEE'S ADDRESS:	2068 NW FILLMORE	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 410.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	VINA MOSES CENTER	
DONEE'S ADDRESS:	968 NW GARFIELD AVE	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	LBCC SPANISH GED PROGRAM	
DONEE'S ADDRESS:	6500 SW PACIFIC BLVD	
	ALBANY, OR 97321	
CASH AMOUNT GIVEN:		\$ 600.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	KYLE RECTOR	
DONEE'S ADDRESS:	12265 SE IMPERIAL CREST	
	CLACKAMAS, OR 97086	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	KRISTINE PAUL	
DONEE'S ADDRESS:	170 SE VIEWMONT AVE, APT C	
	CORVALLIS, OR 97333	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	SHAWN PATTEE	
DONEE'S ADDRESS:	4200 NW WALNUT PL #5	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	JANET DODD	
DONEE'S ADDRESS:	3412 CHICAGO ST SE	
	ALBANY, OR 97322	
CASH AMOUNT GIVEN:		\$ 2,400.

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	SARAH ACKER	
DONEE'S ADDRESS:	835 NW 27TH ST	
	CORVALLIS, OR 97330	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	COQUILLE REX	
DONEE'S ADDRESS:	2532 SANTIAM HWY SE #134	
	ALBANY, OR 97322	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	CARMON THOMAS	
DONEE'S ADDRESS:	309 ADELAIDE DR	
	PHILOMATH, OR 97370	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	KELLY FITZPATRICK	
DONEE'S ADDRESS:	3231 WEATHERFORD HALL, OSU	
	CORVALLIS, OR 97331	
CASH AMOUNT GIVEN:		\$ 2,400.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	EMILY SKIPPER	
DONEE'S ADDRESS:	625 F STREET	
	LEBANON, OR 97355	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	COMMUNITY GRANT	
DONEE'S NAME:	CORVALLIS PUBLIC SCHOOLS FOUNDATION	
DONEE'S ADDRESS:	1555 SW 35TH STREET	
	CORVALLIS, OR 97333	
CASH AMOUNT GIVEN:		\$ 550.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DUES & SUBSCRIPTIONS	\$ 664.
INVESTMENT MANAGEMENT FEES	836.
LICENSES AND FEES	50.
STATE TAX	56.
SUPPLIES	399.
TOTAL	\$ 2,005.

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ZONTA SERVICE FOUNDATION OF CORVALLIS

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STATEMENT 4
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ENDOW FUND

TOTAL	\$	-25,499.
	\$	<u>-25,499.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

ENDOWMENT AT OREGON COMMUNITY FOUNDATION
PREPAID EXPENSES AND DEFERRED CHARGES

	BEGINNING	ENDING
\$ 108,126.	\$ 103,307.	
300.	355.	
TOTAL \$ 108,426.	\$ 103,662.	

STATEMENT 6
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES
GRANTS PAYABLE

	BEGINNING	ENDING
\$ 0.	\$ 710.	
29,400.	32,546.	
TOTAL \$ 29,400.	\$ 33,256.	

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHOLARSHIPS AWARDED TO STUDENTS, PRIMARILY WOMEN, WHO ARE RETURNING TO SCHOOL AFTER AN ABSENCE. \$1,500 SCHOLARSHIPS TO STUDENTS ATTENDING LINN-BENTON COMMUNITY COLLEGE OR OREGON STATE UNIVERSITY.

STATEMENT 8
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
RECOGNIZE OUTSTANDING WOMEN WITH ROSES		356.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 356.

STATEMENT 9
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

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