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Short Form
Return of Organization Exempt From Income Tax

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

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning		6/1/08	, 2008, and ending	5/31	, 20 09
B Check if applicable		C Name of organization		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		Cancer Ski Out, Inc. Number and street (or P O box, if mail is not delivered to street address) P.O. Box 1484		Room/suite	93 : 1284874
					E Telephone number (971) 221-5972
					F Group Exemption Number ► 501(c)(3)

• 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: Cash Accrual
Other (specify) ►

I Website: ► www.cancerskiout.org

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

J Organization type (check only one) — 501(c) () (insert no.) 4947(a)(1) or 527

K Check ► **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 ► \$ 0

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	53,902	1	53,902
				2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3	0			
4 Investment income	4	0			
5a Gross amount from sale of assets other than inventory	5a	0			
b Less: cost or other basis and sales expenses	5b	0			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0			
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>					
a Gross revenue (not including \$ 53,902 of contributions reported on line 1)	6a	24,638			
b Less: direct expenses other than fundraising expenses	6b	0			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	24,638			
7a Gross sales of inventory, less returns and allowances	7a	0			
b Less: cost of goods sold	7b	0			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
8 Other revenue (describe ►)	8	0			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ► RECEIVED FEB 03 2010 IRS-OS OGDEN, UT	9	78,540			
Expenses	10 Grants and similar amounts paid (attach schedule)	10	37,000		
	11 Benefits paid to or for members	11	0		
	12 Salaries, other compensation, and employee benefits	12	9,000		
	13 Professional fees and other payments to independent contractors	13	0		
	14 Occupancy, rent, utilities, and maintenance	14	8,417		
	15 Printing, publications, postage, and shipping	15	1,248		
	16 Other expenses (describe ► Event Exp., ski tickets, motel, dinner, band, shirts)	16	20,386		
17 Total expenses. Add lines 10 through 16	17	76,051			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,489		
	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	5,138		
	20 Other changes in net assets or fund balances (attach explanation)	20	0		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,627		

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.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		5,138	22 7,627
23 Land and buildings		0	23 0
24 Other assets (describe ►)		0	24 0
25 Total assets		5,138	25 7,627
26 Total liabilities (describe ►)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		5,138	27 7,627

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

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 section 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. ► **37a** 0

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 Section 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► n/a ; section 4912 ► n/a ; section 4955 ► n/a

b Section 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. ► **Oregon**

42a The books are in care of ► **R.G. Woolley** Telephone no. ► **(503) 936-8138**
 Located at ► **17641 SW 80th Place, Durham, Oregon** ZIP + 4 ► **97224**

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 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 ► **43** 0

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
36	✓	
37b	✓	
38a	✓	
38b		
39a		
39b		
40b	✓	
40c		
40e	✓	

	Yes	No
42b	✓	
42c	✓	

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
44	✓	
45	✓	

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.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 49a

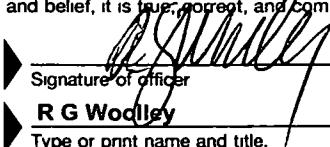
b If "Yes," was the related organization(s) a section 527 organization? Yes No
 49b

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 & deferred compensation	(e) Expense account and other allowances
NONE				
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
NONE		
Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	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	
		Date <u>1/29/10</u>
	Signature of officer	
	R G Woolley	
	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)
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN  Phone no 

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

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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

Cancer Ski Out, Inc

93 : 1284874

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.)

This 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 a 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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (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.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 any "unusual grants.")	N/A					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
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	N/A					
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33½% support test—2008. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33½% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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 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 any "unusual grants.")	23,460	42,930	44,483	58,069	53,902	222,844
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,769	25,380	21,250	28,908	24,638	127,945
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	51,229	68,310	65,733	86,977	78,540	350,789
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)	51,229	68,310	65,733	86,977	78,540	350,789

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	51,229	68,310	65,733	86,977	78,540	350,789
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
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	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	51,229	68,310	65,733	86,977	78,540	350,789
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0	%
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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <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)

N/A

PART III

<u>NAME:</u>	Oregon Health Sciences University-Oregon Cancer Institute
<u>AMOUNT:</u>	\$10,000 to the Director's fund for new research projects
<u>SERVICES:</u>	Provides start-up funds for new cancer research
<u>PERSONS</u>	
<u>BENEFITED:</u>	Approximately 130 research personnel and MD's
<u>ADDITIONAL</u>	
<u>BENEFIT:</u>	These funds plus others donated enable new research projects to get to the initial stage where National Health Institute grants can be procured.
<hr/> <u>NAME:</u>	Willamette Falls Hospice
<u>AMOUNT:</u>	\$10,000
<u>SERVICES:</u>	Funds provided to assist in serving more patients with end of life issues, education and care
<u>PERSONS</u>	
<u>BENEFITED:</u>	Approximately 100-110 patients average through out the year with average stay about 2-5 months.
<u>ADDITIONAL</u>	
<u>BENEFIT:</u>	Willamette Fall Hospice is the only Hospice in the Portland Metro Area that accepts anyone regardless Of their financial situation, thus many lower income patients are served and cared for at this facility.
<hr/> <u>NAME:</u>	Candlelighters
<u>AMOUNT:</u>	\$10,000
<u>SERVICES:</u>	Candlelighters provides education, support, financial support and care for Adults who children have cancer. Approximately 400 children in Oregon at any one time have cancer. This organization provides a road map for Adults for what are the steps to get support, education and advocacy.
<u>PERSONS:</u>	
<u>BENEFITED:</u>	Approximately 800 adults and 400 children
<u>ADDITIONAL</u>	
<u>BENEFIT:</u>	Funds for camps, Christmas party and outing for the children with cancer.

<u>NAME:</u>	Hospice of the Gorge
<u>AMOUNT:</u>	\$3,000
<u>SERVICES:</u>	Funds provided to assist in serving more patients with end of life issues, education and care. New beneficiary this year as they are making a strong effort to include the large Hispanic community in Hood River, Oregon
<u>PERSONS:</u>	
<u>BENEFITED:</u>	This is the third year of the program and they project to assist between 30-55 people.
<u>ADDITIONAL BENEFIT:</u>	Historically the Hispanic community has not availed themselves of this necessary end of life service. Education of this growing group in the US is a benefit to the whole community.
 <u>NAME:</u>	 Cody Martin, Chaplin -Oregon Health Science University
<u>AMOUNT:</u>	\$4,000
<u>SERVICES:</u>	Her primary role is that of comforter and encourager. The Chaplin comes alongside patients and their families as they process faith sensitive issues that inevitably surface in a time of crisis and end of life. Patients/families in crisis respond to genuine love and compassion and these gifts are offered to each person. The Chaplaincy offers counsel from a Judeo/Christian perspective. The chaplain's office keeps a list of clergy who of various faith groups that are contacted on behalf of the patients and their families.
<u>PERSONS BENEFITED:</u>	The Chaplin is not a paid employee of OSHU, though OSHU is required to offer Chaplin Services by NIH. She gives services to approximately 2,000 people a year.

TOTAL FUNDS GIVEN IN 2008-2009-\$37,000

Part IV

<u>List of Board of Directors:</u>	Ave. Hr	Comp.	Contribs	Exp
	(B)	(C)	(D)	(E)
Larry Chadwick- Chairman 1540 Ash Street Lake Oswego, Oregon 97034 503-699-9722	10.0	0	0	0
Ed Ariniello 9805 Beeckman Rd. Wilsonville, Or. 97070 503-507-1400	1.0	0	0	0
R. G. Woolley-Treasurer 17641 SW 80 th Place Durham, Oregon 97224 503-936-8138	4.5	0	0	0
David S. Moore 16325 SW Boones Ferry Road Lake Oswego, Oregon 97035 503-635-1031	1.0	0	0	0
Jennifer Saucy 2472 19 th Street. West Linn, Or. 97068 503-495-3874	1.0	0	0	0