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Form 990-EZ

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

OMB No 1545-1150 2008

Open to Public Department of the Treasury Internal Revenue Service Inspection 7/01/08 For the 2008 calendar year, 6/30/09 or tax year beginning . and ending Check if applicable Please C Name of organization Employer identification number use IRS Address change label or WILSONVILLE ROTARY FOUNDATION, 93-1114902 Name change print or Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return type. Room/suite 503-682-0426 Termination PO BOX 362 Specific City or town, state or country, and ZIP + 4 **Group Exemption** Amended return Instruc-WILSONVILLE OR 97070-0362 Number Application pending tions X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) WWW.WILSONVILLEROTARY.COM Check > if the organization is not Organization type (check only one)— |X| 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 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 163,278 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 8.037 1 Contributions, gifts, grants, and similar amounts received 2 11,799 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 941 4 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) 1 5c -17,754Revenue Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here of contributions Gross revenue (not including \$.824 reported on line 1) 507 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 17,317 c 6c 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 20,340 9 SEE STATEMENT 10,01 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 421 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 319 15 -15---- Printing, publications, postage, and shipping 16 \ Other expenses (describe ► SEE STATEMENT 3 25,023 16 779 17-- Total expenses: Add lines 10 through 16 17 -17.439 18 C Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 118,110 -8.472Other changes in het assets or fund balances (attach explanation) SEE STATEMENT 4 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 92,199 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 118,110 92,199 Cash, savings, and investments 22 Land and buildings 23 24 24 Other assets (describe 118,110 25 25 Total assets 26 26 Total liabilities (describe

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

118.

110

27

	ROTARY FOUNDAT					Page 2
Part III Statement of Program Sei		ts (See the instruc	ctions for Part I	111.)		xpenses
What is the organization's primary exempt purpose	97					ed for 501(c)(3)
SEE STATEMENT Describe what was achieved in carrying out the organization.	repression's event number	. In a clear and consu		-		organizations
describe the services provided, the number of pers			17(a)(1) trusts, I for others)			
	sons benefited, of other felev	ant information for eac	ir program title	$\overline{}$	Ориона	rior others)
28 SEE STATEMENT						
(Grants \$) If this a	mount includes foreign grant	te chack hara			28a	14,743
29 THE FOUNDATION OFFERS SCHOLARSHIE					204	14,743
SENIORS IN ORDER TO FURTHER THEIR		7			ľ	
SENIORS IN ORDER TO FORTHER THEIR	C EDUCATION.					
(Grants \$) If this a	mount includes foreign grant	s check here		\Box	29a	
30 VARIOUS ROTARY PROJECTS	mount molddes foreign gran	o, oncor nore				
VARIOUS ROTART PRODUCTS						
(Grants \$) If this a	mount includes foreign grant	s check here	•	\Box	30a	9,707
31 Other program services (attach schedule)	meant meladoo teroign gran	o, oncor nore		1-1-1		27.01
	mount includes foreign grant	s check here	•	\Box	31a	10,016
32 Total program service expenses (add lines 2			<u> </u>	┢┤	32	34,466
Part IV List of Officers, Directors, Truste		st each one even if not	compensated (Se	e the i		
		(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense
(a) Name and addr	ess	hours per week devoted to position	(If not paid, enter -0)		ee benefit plans ed compensation	
JAKE MCMICHAEL	WILSONVILLE	PRESIDENT			•	
7685 SW ARBOR GLEN CT	OR 97070	3	0		(0
BRIAN STRONG	WILSONVILLE	TREASURER				
13687 GARDEN MEADOW DR.	OR 97070	1	0	d	(0
JACK KOHL	WILSONVILLE	T'EE @ LARG	G			
PO BOX 362	OR 97070	1	0		(0
WALT WEHLER	WILSONVILLE	T'EE @ LARG	2			
6855 SW BOECKMAN	OR 97070	1	0		(0
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DAA					F	orm 990-EZ (2008)

	Carlot information (Note the statement requirements in the information for 1 at VI.)			
20	Diddle and the control of the contro		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			v
24	description of each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	24		Х
35	attach a conformed copy of the changes	34		
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
а	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
a	and proxy tax requirements?	35a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		- 11
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			_
•	complete applicable parts of Schedule N	36		Х
37a				
b		37b	Ī I	Х
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?	38a		Х
b	if "Yes," complete Schedule L, Part II and enter the total amount involved 385			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
	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 ▶			
þ	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction	ļ		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			3.7
	transaction? If "Yes," complete Form 8886-T	40 0		<u>X</u>
41	List the states with which a copy of this return is filed OR	- 60	4-8	020
42a	•	-69	4-8	020
	31447 SW COUNTRY VIEW LANE Located at ► WILSONVILLE, OR ZIP+4 ► 970	170		
_	Located at WILSONVILLE, OR At any time during the calendar year, did the organization have an interest in or a signature or other authority	,,,		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	.03	X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
_	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			$\blacktriangleright \Box$
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
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	45		<u>X</u>
	F.	orm 99	0-EZ	(2008)

Total number of other independent contractors each 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 Sian SHOLLER Here Signature of officer Date JOHN HOLLEY TREASURER Type or print name and title Date Check if Preparer's Identifying Number (See instr.) Preparer's self-**Paid** signature employed > Preparer's NCIAL SERVICES Firm's name (or yours EIN **Use Only** 8995 SW MILEY RD STE 109 if self-employed), Phone 97070-7822 503-682-9600 WILSONVILLE, OR address, and ZIP + 4 ► X Yes May the IRS discuss this return with the preparer shown above? See instructions 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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Part I

WILSONVILLE ROTARY FOUNDATION, INC

Employer identification number 93-1114902

The	orga	nization is not	a private foundation becaus	e it is. (Please check only one o	organizati	on.)						
1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described i	n sectio r	170(b)(1	1)(A)(i).					
2	Ц	A school des	cribed in section 170(b)(1)(a	A)(ii). (Attach Schedule E)								
3	Ш	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(iii). (Atta	ich Sche	edule H)		
4	Ш	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	e									
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in		
	_	section 170(b)(1)(A)(iv). (Complete Part	II)								
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).					
7		An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmenta	l unit or	from the	genera	al public	;	
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)								
8		A community	trust described in section 1	cribed in section 170(b)(1)(A)(vi). (Complete Part II)								
9	X	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	he organization after June 3	0, 1975 See section 509(a)(2).	(Comple	te Part III)					
10	Ш	An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 5	09(a)(4).	(see ins	structio	ns)		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
		purposes of c	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	?). See	section	1	
	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											
0	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												
	organization, check this box											
9		Since August	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	n any of ti	he					
		following per	rsons?									
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ribed in (II)			Yes	No
		, -		f the supported organization?							11g(i)	
			member of a person describ								11g(ii)	
			controlled entity of a person of								11g(iii)	
h		Provide the f	following information about the	he organizations the organization	n suppor	ts					 	
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Amount of	
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	· · · · · · · · · · · · · · · · · · ·	nization in of your	Organizat	on in col zed in the	support	
				(see instructions))	governing	document.		port?		S ?		
					Yes	No	Yes	No	Yes	No		
							<u> </u>	<u></u>		. <u>.</u>		
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che	edule A (Form 990 or 990-EZ) 2008 WII	SONVILLE	ROTARY F	OUNDATION	, INC 93	-1114902	Page 2
P	Support Schedule for O					*	
	(Complete only if you che				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ec	tion A. Public Support						
	lendar 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")						_
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	,					
ec	tion B. Total Support	_					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
В	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						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc	(see instructions)				12	
3	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	
	organization, check this box and stop her	е					.
èec	tion C. Computation of Public Si	upport Percen	tage				
4	Public support percentage for 2008 (line 6	i, column (f) dıvıde	d by line 11, colun	nn (f))		14	%
5	Public support percentage from 2007 Sch	edule A, Part IV-A	, line 26f			15	%
6a	33 1/3 % support test—2008. If the organ	lization did not che	ck the box on line	13, and line 14 is	33 1/3 % or more,	check this box	_
	and stop here. The organization qualifies	as a publicly supp	orted organization	1			▶ _
b	33 1/3 % support test—2007. If the organ	lization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or r	more, check this	_
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ ∟
7a	10%-facts-and-circumstances test—200	18. If the organizati	on did not check a	a box on line 13, 16	Sa, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "fa			-	•		<u>.</u> r—
	organization meets the "facts-and-circums	stances" test. The	organization qualif	fies as a publicly si	upported organizat	tion	▶ _
h	10%-facts-and-circumstances test—200	7. If the organizati	on did not check a	a box on line 13, 16	Sa 16b or 17a an	d 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.)

Sec	tion A. Public Support	cked the box (on line 9 of Far	· · · · · · · · · · · · · · · · · · ·			<u>. </u>
	lendar 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")	26,715	51,554	32,993	14,552	19,836	145,650
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	18,960	24,659	45,860	48,929	42,824	181,232
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	45,675	76,213	78,853	63,481	62,660	326,882
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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 Add lines 7a and 7b						
8	Public support (Subtract line 7c from	45,675	76,213	78,853	63,481	62,660	
	line 6)	43,0,3	70,213		03,401	02,000	326,882
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	45,675	76,213	78,853	63,481	62,660	326,882
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	93	367.	175	138	387	1,160
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	93	367	175	138	387	1,160
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	395					395
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,974	7,622				10,596
13	Total support. (Add lines 9, 10c, 11,	49,137	84,202	79,028	63,619	63,047	
	and 12)						339,033
14	First five years. If the Form 990 is for the	•	second, third, four	th, or fifth tax year	as a section 501(d	c)(3)	_
	organization, check this box and stop here			 _			▶
	tion C. Computation of Public Su					1.1	
15	Public support percentage for 2008 (line 8,	• • •	•	ı (f))		15	96.4160 %
16	Public support percentage from 2007 Sche					16	96.0198 %
	tion D. Computation of Investme				-	1 4= 1	
17	Investment income percentage for 2008 (In	* *	•	column (T))		17	0.3421 %
18 19a	Investment income percentage from 2007 33 1/3 % support tests—2008. If the organ			14 and line 15 in i	more than 22 1/2 0		0.2258 %
134	17 is not more than 33 1/3 %, check this b						▶ X
ь	33 1/3 % support tests—2007. If the organ		-				F (1)
-	line 18 is not more than 33 1/3 %, check th						▶ [

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 WILSONVILLE ROTARY FOUNDATION, INC 93-1114902

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)

Form		1	Special Eve	nts Schedule			2008
rom ,	330	For calendar year 2008,	or tax year beginning	7/01/08 , ar	nd ending	6/30/09	2008
lame						Employer lo	lentification Number
WILSO	NVILL	E ROTARY FOUND	ATION, INC			93-111	4902
Gross rece	-	(A) 33,093	(B) 9,731	(c) 0	Other	0	Total 42,82
Gross reve	ntributions enue ect expense	33,093 es 11,019	$\frac{0}{9,731}$ 13,243	$\begin{array}{r} 0 \\ \hline 0 \\ \hline 1,245 \end{array}$		<u>0</u> 	42,82 25,50
Net income		22,074	-3,512	-1,245		0 =	17,31
Description	n. (A)	HEART OF GO	OLD AUCTION				
	(B)	CONCERTS IN	N THE PARK				
	(C)	OMELET BREA	AKFASTS				
	Othe						
				<u> </u>			

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

]	Description							-
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss	
COLUMBIA STRATEGIC INVESTOR FUND A DONATION	INVESTOR FUND A		1/29/09 \$	45,000 \$	64,840 \$		\$ -19,840	40
COLUMBIA STRATEGIC INVESTOR FUND A DONATION	INVESTOR FUND A		60/08/9	5,000	7,205		-2,205	05
COLUMBIA INIERNATIONAL SIUCA FUND A DONATION	NAL SIOCE FUND A	1/29/09	60/08/9	12,427	10,000		2,427	27
COLUMBIA DIVIDENI INCOME FUND A DONATION	INCOME FOND A	1/29/09	60/08/9	8,141	7,554		ß	587
COLUMBIA CORE BOND FUND A DONATION COLUMBIA SERAFECIC INCOME FIND A	FUND A	1/29/09	60/08/9	7,632	4, 609			23
COLUMBIA SIRAIEGIC INCOME FOND DONATION	INCOME FOND A	1/29/09	60/08/9	5,317	5,102		219	15
COLUMBIA LANGECAF V	ALOGE FOND A	1/29/09	60/08/9	8,541	7,519		1,022	22
COLUMBIA BOND FOND DONATION		1/29/09	60/08/9	7,619	7,602			17
TOTAL			ν	\$ 729,69	117,431 \$	\$ 0	5 -17,754	54

Federal Statements

93-1114902

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	Purpose				
Date of Gift	FMV Explanation				
Class of Activity	Book Value Explanation				
d uo	Book Value				
Relationship to Organization	Noncash Contribution				
	Cash Contribution		6,000		9,000
Name and Address	Description of Property	WILSONVILLE HIGH SCHOOL		TOTAL	•

. '93-1114902

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
T.A.C.E. T.A.C.E	\$ 14,743
EXPENSES BANK CHARGES FEES AND LICENSES CHARITABLE CONTRIBUTIONS	536 37 9,707
TOTAL	\$ 25,023

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	_	Amount
ADJUSTMENT FOR PRIOR YEAR'S NET UNREALIZED GAINS CURRENT YEAR UNREALIZED LOSS	\$	18,705 -27,177
TOTAL	ς-	-8,472
IOTAL	_ ۲_	0,472

93-1114902

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROVIDE SUPPORT TO IMPROVE THE HEALTH AND EDUCATION OF OUR COMMUNITY AND INTERNATIONAL COMMUNITIES

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THROUGH A CHILD'S EYES - THROUGH PARTNERSHIP WITH COFFEE CREEK CORRECTIONAL FACILITY, THE FOUNDATION PROVIDES OPPORTUNITIES AND ACTIVITIES FOR THE CHILDREN OF INCARCERATED MOTHERS.

Federal Statements

Special Events Direct Expenses

Description	Amount
COLUMN A	\$
HEART OF GOLD AUCTION	500
DINNER	500 7,347
MARKETING	756
MISC	996
SOFTWARE	590
FIRST CITIZEN PLAQUES	_80
ENTERTAINMENT	750
SUBTOTAL	11,019
COLUMN B	
CONCERTS IN THE PARK	
FEES POOPOOS	1,750 617
SOUND	2,450
TALENT	7,450
OTHER	342
SIGNS	634
SUBTOTAL	13,243
COLUMN C	
OMELET BREAKFASTS	
MISCELLANEOUS FOOD	149
	1,096
SUBTOTAL	1,245
TOTAL	25,507

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.