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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROVIDE SUPPORT FOR HOSPITALIZED CHILDREN WITH CANCER			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 THE PURPOSE OF THE ORGANIZATION IS TO PROVIDE SUPPORT FOR TREATMENT, EDUCATION, AND RESEARCH FOR CHILDREN WITH CANCER AND THEIR FAMILIES SERVED BY DOERNBECHER CHILDREN'S HOSPITAL IN PORTLAND, OREGON. THE ORGANIZATION SERVES APPROXIMATELY 160,000 PATIENT VISITS BY CHILDREN AND FAMILY MEMBERS EACH YEAR. ACHIEVEMENT OF THE ORGANIZATION'S EXEMPT PURPOSE RELIES EXCLUSIVELY ON VOLUNTEER-DONATED SERVICES. THE NUMBER OF HOURS AND VALUE OF SERVICES IS NOT TRACKED AND HAS NOT BEEN DETERMINED. (Grants \$ 182,772) If this amount includes foreign grants, check here . . . ☐		28a	182,772
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	182,772

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

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

34

No

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?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

b

Did the organization file **Form 1120-POL** for this year?

37b

No

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

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved .

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____

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.

40b

No

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 ▶ _____

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶ OR _____

42a

The books are in care of ▶ DICK PETERSON _____ Telephone no ▶ (360) 576-1855
15917 NE UNION RD UNIT 114
Located at ▶ RIGFIELD, WA _____ ZIP + 4 ▶ 98642

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)?

42b

Yes

No

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 ?

42c

No

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 _____

44

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

44

Yes

No

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

No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
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 received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000		

Please 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.				
	***** Signature of officer		2010-03-15 Date		
Paid Preparer's Use Only	Preparer's signature ROBERT D SMITH CPA		Date 2010-03-12	Check if self-employed ☐	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 BEEMER SMITH MUNRO & CO LLP 10135 SE SUNNYSIDE RD STE 140 CLACKAMAS, OR 970155732				EIN Phone no. (503) 656-6900
	May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No				

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization KIWANIS DOERNBECHER CHILDREN'S CANCER PROGRAM	Employer identification number 93-1019788
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Part I Reason for Public Charity Status (to be completed by all organizations) (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 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 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)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

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 ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

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 501(c)(3) organization, check this box and stop here						☐

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% Test - 2008. If the organization did not check 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 supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the 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		☐
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		☐
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		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	109,763	139,923	104,830	128,954	25,783	509,253
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	103,963	60,262	77,333	80,251	145,557	467,366
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5	213,726	200,185	182,163	209,205	171,340	976,619
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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	98,963	55,262	72,333	75,251	140,557	442,366
cTotal of lines 7a and 7b	98,963	55,262	72,333	75,251	140,557	442,366
8Public Support (Subtract line 7c from line 6)						534,253

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6	213,726	200,185	182,163	209,205	171,340	976,619
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	781	3,793	4,271	4,224	2,420	15,489
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b	781	3,793	4,271	4,224	2,420	15,489
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						992,108
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	53 850 %
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	98 969 %

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	1 561 %
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	1 031 %
19a	33 1/3% 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	☐	
b	33 1/3% 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	☐	
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

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

Facts and Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 93-1019788

Name: KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
RICHARD PETERSON  15917 NE UNION RD UNIT 114 RIDGEFIELD,WA 98642	TREASURER 6	3,600		
ROALD BERG  12913 SE 129TH CT CLACKAMAS,OR 97015	DIRECTOR 2	0		
BOB CLEMENS  2491 CRESTBROOK DR SALEM,OR 97304	EXECUTIVE VP 6	0		
SHIRLEY CLEMENS  2491 CRESTBROOK DR SALEM,OR 97304	DIRECTOR 6	0		
BOB COLLISON  560 COLLINS CREST GLADSTONE,OR 97027	DIRECTOR 10	0		
MIKE DAVIS  17445 S ALGERNON RD OREGON CITY,OR 97045	PRES-ELECT 2	0		
BILL EAGLE  151 ALLENDALE DR ST HELENS,OR 97051	DIRECTOR 2	0		
DAVID EDWARDS  11721 SE DIVISION PORTLAND,OR 97266	PAST PRES 2	0		
LEWIS HAMPTON  1562 NE 64TH AVENUE HILLSBORO,OR 97124	EXECUTIVE VP 2	0		
ANDRIA JOSEPH  3981 NE 39TH AVENUE PORTLAND,OR 97212	DIRECTOR 2	0		
JIM MCELHINNY  8635 SW MONTICELLO ST BEAVERTON,OR 97008	PRESIDENT 2	0		
JUANITA MITCHELL  8618 SE EVERGREEN HWY VANCOUVER,WA 98664	DIRECTOR 2	0		
KEITH MURPHY  PO BOX 174 CANBY,OR 97013	DIRECTOR 2	0		
SANDY PULSIPHER  710 WEVERGREEN VANCOUVER,WA 98660	SECRETARY 2	0		
BOB SMITH  2731 NE LIBERTY AVENUE GRESHAM,OR 97030	VICE PRES 2	0		
BOB STEVENS  2387 SE DARLING AVENUE GRESHAM,OR 97080	DIRECTOR 2	0		
CAM THOMPSON  15285 SW 94TH AVENUE TIGARD,OR 97224	DIRECTOR 2	0		
JEWELL BAILEY  1144 NE 25TH GRESHAM,OR 97030	DIRECTOR 10	0		
THIM BAKER  6196 SE COVINGTON HILLSBORO,OR 97124	DIRECTOR 2	0		
JOHN BROOKENS  37135 SE LUSTED RD BORING,OR 97009	DIRECTOR 2	0		
DONALD BUSK  3045 SW 24TH GRESHAM,OR 97080	DIRECTOR 2	0		
EVELYN CHAPMAN  12985 SE ALMOND LN CLACKAMAS,OR 97015	DIRECTOR 2	0		
BARBARA CHESBROUGH  2277 ORCHARD HEIGHTS RD NW SALEM,OR 97304	DIRECTOR 2	0		
JERRY EDWARDS  7807 NW LOOWIT LOOP 106 VANCOUVER,WA 98662	DIRECTOR 2	0		
LARRY HOUGH  PO BOX 26 LINCOLN CITY,OR 97367	DIRECTOR 2	0		
JEFF NIZICH  19097 S BEAVERCREEK RD OREGON CITY,OR 97045	DIRECTOR 2	0		

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization
KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM

Employer identification number

93-1019788

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.

a ☐ Mail solicitations

b Email solicitations

c Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a 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 activities?

☐ 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 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			VEHICLE RAFFLE	PORTLAND GOLF	2	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	102,372	56,423	45,924	204,719
Direct Expenses	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	102,372	56,423	45,924	204,719
	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs				
	7	Other direct expenses	35,223	10,449	9,909	55,581
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				55,581
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				149,138

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ 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) ▶				

		Yes	No
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?	9a	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
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?	12	No

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	
b An outside facility	13b	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► DICK PETERSON		
Address ► 15917 NE UNION RD UNIT 114 RIGEFIELD, WA 98642		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
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?	17a	No
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 ► \$ _____		

TY 2008 Compensation Explanation

Name: KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM

EIN: 93-1019788

Person Name	Explanation
RICHARD PETERSON	
ROALD BERG	
BOB CLEMENS	
SHIRLEY CLEMENS	
BOB COLLISON	
MIKE DAVIS	

Person Name	Explanation
BILL EAGLE	
DAVID EDWARDS	
LEWIS HAMPTON	
ANDRIA JOSEPH	
JIM MCELHINNY	
JUANITA MITCHELL	

Person Name	Explanation
KEITH MURPHY	
SANDY PULSIPHER	
BOB SMITH	
BOB STEVENS	
CAM THOMPSON	
JEWELL BAILEY	

Person Name	Explanation
THIM BAKER	
JOHN BROOKENS	
DONALD BUSK	
EVELYN CHAPMAN	
BARBARA CHESBROUGH	
JERRY EDWARDS	

Person Name	Explanation
LARRY HOUGH	
JEFF NIZICH	

TY 2008 Grants and Similar Amounts Paid Schedule

Name: KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM

EIN: 93-1019788

Item No.	1
Class of Activity	
Donee's Name	DCH ENDOWMENT
Donee's Address	1121 SW SALMON ST PORTLAND, OR 97205
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	KDCCP FELLOWSHIPS
Donee's Address	1121 SW SALMON ST PORTLAND, OR 97205
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Changes in Net Assets Schedule

Name: KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM
EIN: 93-1019788

Description	Amount
RECORD CASH BALANCES AT BEGINNING OF YEAR	4,739

TY 2008 Other Expenses Schedule

Name: KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM

EIN: 93-1019788

Description	Amount
EXPENSES	
BOARD OPERATIONS	2,715
HERO PINS	906
RECOGNITION/AWARDS COSTS	893
CREDIT CARD FEES	604
BANK CHARGES	33
PUBLIC RELATIONS	1,288
CORPORATE LICENSE	50
STATE LICENSE	100
LIABILITY INSURANCE	1,050
SUPPLIES	90
MISCELLANEOUS	1
POSTAGE	119
PRINTING AND COPYING	443
D & O INSURANCE	900
PROGRAM EXPENSE-CANISTERS	136

TY 2008 Other Revenues Schedule

Name: KIWANIS DOERNBECHER CHILDREN'S
CANCER PROGRAM
EIN: 93-1019788

Description	Amount
MISCELLANEOUS	525