See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492351008059

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 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 Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 , and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1296

City or town, state or country, and ZIP + 4
SISTERS, OR 97759

D Employer identification number
93-1070832

E Telephone number
(541) 549-4274

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 ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

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) (3) ◀(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 ▶ $ 111,888

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	68,601
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	4,561
	5a	Gross amount from sale of assets other than inventory	5a		
	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	-16,391
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 9,815 of contributions reported on line 1)	6a	55,117	
	b	Less direct expenses other than fundraising expenses	6b	34,319	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	20,798
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	77,569
Expenses	10	Grants and similar amounts paid (attach schedule)		10	41,343
	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	3,981
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶)		16	30,215
	17	**Total expenses** (add lines 10 through 16) ▶		17	75,539
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,030
	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	261,066
	20	Other changes in net assets or fund balances (attach explanation)		20	14,897
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	277,993

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	227,383	22	244,310
23	Land and buildings	33,683	23	33,683
24	Other assets (describe ▶)		24	
25	**Total assets**	261,066	25	277,993
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	261,066	27	277,993

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

What is the organization's primary exempt purpose?
COMMUNITY SERVICE

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

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

28 THE FOUNDATION OPERATES THE FOOD BANK LOCATED IN SISTERS, OREGON (Grants $ 29,139) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 THE FOUNDATION CONDUCTS SPECIAL EVENTS TO RAISE MONEY FOR YOUTH ACTIVITIES AND COMMUNITY SERVICES IN SISTERS, OREGON (Grants $ 44,050) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	41,343
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**	73,189

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 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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 ▶ JACK MCGILVARY Telephone no ▶ (541) 549-4274

Located at ▶ PO BOX 1296 SISTERS, OR ZIP + 4 ▶ 977591296

			Yes	No
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		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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		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.

		Yes	No
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		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?		No

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 — 2009-12-08 — Date

JACK MCGILVARY Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☑	Preparer's PTIN (See Gen Inst X)
Kenneth Ribb CPA			

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
RIBB ACCOUNTANCY
PO BOX 321
SISTERS, OR 977590321

EIN ▶

Phone no ▶ (541) 549-1301

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492351008059

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
SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION

Employer identification number
93-1070832

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?

	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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,118	75,764	167,897	83,670	68,601	435,050
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	25,294	47,987	60,554	68,386	55,117	257,338
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
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	64,412	123,751	228,451	152,056	123,718	692,388
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		27,000	14,031	28,377	13,000	82,408
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
c Total of lines 7a and 7b		27,000	14,031	28,377	13,000	82,408
8 **Public Support** (Substract line 7c from line 6)						609,980

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	64,412	123,751	228,451	152,056	123,718	692,388
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115	576	3,819	7,715	4,561	16,786
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
c Add lines 10a and 10b	115	576	3,819	7,715	4,561	16,786
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 lines 9, 10c, 11 and 12)						709,174

14 **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

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	86 010 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	89 810 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	2 370 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 550 %

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)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492351008059

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION

Employer identification number
93-1070832

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? Yes	No	**(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
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.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SEES CANDIES (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	35,791	20,802	8,339	64,932
	2 Less Charitable contributions	9,815			9,815
	3 Gross revenue (line 1 minus line 2)	25,976	20,802	8,339	55,117
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	13,550			13,550
	7 Other direct expenses	2,183	14,679	3,907	20,769
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				34,319
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				20,798

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

		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 ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
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**		
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 ▶ $		

Additional Data

Software ID:
Software Version:
EIN: 93-1070832
Name: SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION

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
RON MOHLER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
TOM WORCHESTER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
EARL SCHROEDER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
VERN RENNER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
MICHAEL ROBILLARD PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
JEFF MCDONALD PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
JEANNE NOLANDER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
GARY FRAZEE PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
GRANT CYRUS PO BOX 1296 SISTERS,OR 977591296	PRESIDENT ELECT 1 00	0		
TAY ROBERTSON PO BOX 1296 SISTERS,OR 977591296	PAST PRESIDENT 1 00	0		
LINDA BAFFORD PO BOX 1296 SISTERS,OR 977591296	Secretary 4 00	0		
JACK MCGILVARY PO BOX 1296 SISTERS,OR 977591296	Treasurer 7 00	0		
BARBARA JOHNSON PO BOX 1296 SISTERS,OR 977591296	President 5 00	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492351008059

TY 2008 Grants and Similar Amounts Paid Schedule

Name: SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION
EIN: 93-1070832
Software ID: 08000091
Software Version: 2008v2.7

Item No.	1
Class of Activity	YOUTH SERVICES
Donee's Name	KIWANIS CLUB OF MADRAS
Donee's Address	PO BOX 65 MADRAS, OR 97741
Amount (FMV)	1,000
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	YOUTH SERVICES
Donee's Name	SISTERS GRADUATE RESOURCE ORANIZATION
Donee's Address	PO BOX 1546 SISTERS, OR 97759
Amount (FMV)	10,267
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	COMMUNITY SERVICES
Donee's Name	CITY OF SISTERS
Donee's Address	PO BOX 39 SISTERS, OR 97759
Amount (FMV)	1,107
Purpose of Payment to Affiliate	
Relationship	NONE
Description	FENCE
Book Value	1,107
How BV Determined	COST
How FMV Determined	COST
Date of Gift	2009-07

Item No.	4
Class of Activity	COMMUNITY SERVICES
Donee's Name	CALIFORNIA STATE UNIVERSITY SAN MARCOS
Donee's Address	333 S TWIN OAKS VALLEY RD SAN MARCOS, CA 92096
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	COMMUNITY SERVICES
Donee's Name	CENTRAL OREGON COMMUNITY COLLEGE
Donee's Address	2600 NW COLLEGE WAY BEND, OR 97701
Amount (FMV)	3,325
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS CHARTER ACADEMY OF FINE ARTS
Donee's Address	PO BOX 1176 SISTERS, OR 97759
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS PARENT TEACHER COMMUNITY
Donee's Address	PO BOX 3500 STE 170 SISTERS, OR 97759
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS SCHOOL DISTRICT
Donee's Address	611 E CASCADE SISTERS, OR 97759
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS CHAMBER OF COMMERCE
Donee's Address	PO BOX 430 SISTERS, OR 97759
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS SOCCER CLUB
Donee's Address	PO BOX 195 SISTERS, OR 97759
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	COMMUNITY SERVICES
Donee's Name	MY OWN TWO HANDS
Donee's Address	PO BOX 3500 3 SISTERS, OR 97759
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	COMMUNITY SERVICES
Donee's Name	OREGON ADAPTIVE SPORTS
Donee's Address	PO BOX 1737 BEND, OR 97759
Amount (FMV)	375
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	COMMUNITY SERVICES
Donee's Name	DESCHUTES COUNTY
Donee's Address	1300 NE WALL STE STE 200 BEND, OR 97701
Amount (FMV)	275
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS ROTARY CLUB
Donee's Address	PO BOX 1286 SISTERS, OR 97759
Amount (FMV)	650
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	YOUTH SERVICES
Donee's Name	OREGON VOLLEYBALL ACADEMY
Donee's Address	PO BOX 8255 BEND, OR 97708
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS SCHOOLS FOUNDATION
Donee's Address	PO BOX 2155 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	COMMUNITY SERVICES
Donee's Name	MARCH OF DIMES
Donee's Address	1220 SW MORRISON STE 510 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.	18
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS VETERANS OF FOREIGN WARS
Donee's Address	15715 PADDOCK GREEN SISTERS, OR 97759
Amount (FMV)	590
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS MIDDLE SCHOOL
Donee's Address	15200 MCKENZIE HWY SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	COMMUNITY SERVICES
Donee's Name	CITY OF SISTERS
Donee's Address	PO BOX 39 SISTERS, OR 97759
Amount (FMV)	875
Purpose of Payment to Affiliate	
Relationship	NONE
Description	ENTRANCE STRUCTURE
Book Value	875
How BV Determined	COST
How FMV Determined	COST
Date of Gift	2008-02

Item No.	21
Class of Activity	YOUTH SERVICES
Donee's Name	HISPANIC ENGLISH LEARNERS PROGRAM
Donee's Address	PO BOX 2177 BEND, OR 97709
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	COMMUNITY SERVICES
Donee's Name	THINK AGAIN PARENTS TAPS
Donee's Address	PO BOX 3500 113 SISTERS, OR 97759
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	COMMUNITY SERVICES
Donee's Name	DESCHUTES BASIN LAND TRUST
Donee's Address	210 NW IRVING AVE STE 102 BEND, OR 97701
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	COMMUNITY SERVICES
Donee's Name	WOMENS RESOURCE CENTER
Donee's Address	PO BOX 8693 BEND, OR 97708
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	COMMUNITY SERVICES
Donee's Name	TOGETHER FOR CHILDREN
Donee's Address	1029 NW 14TH BEND, OR 97701
Amount (FMV)	370
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS CHRISTIAN ACADEMY
Donee's Address	15211 MCKINNEY BUTTE RD SISTERS, OR 97759
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS MIDDLE SCHOOL
Donee's Address	15200 MCKENZIE HWY SISTERS, OR 97759
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	COMMUNITY SERVICES
Donee's Name	AMERICAN CANCER SOCIETY
Donee's Address	2350 OAKMONT WAY STE 200 EUGENE, OR 97401
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	YOUTH SERVICES
Donee's Name	GIRL SCOUTS
Donee's Address	PO BOX 386 SISTERS, OR 97759
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS CAMP SHERMAN RFD
Donee's Address	PO BOX 1509 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	YOUTH SERVICES
Donee's Name	KIWANIS CLUB OF BURNS
Donee's Address	PO BOX 66 BURNS, OR 97720
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	YOUTH SERVICES
Donee's Name	SMART READING
Donee's Address	520 NW WALL ST 218 BEND, OR 97701
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS HIGH SCHOOL
Donee's Address	1700 W MCKINNEY BUTTE RD SISTERS, OR 97759
Amount (FMV)	4,109
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	YOUTH SERVICES
Donee's Name	SOAR
Donee's Address	PO BOX 2215 SISTERS, OR 97759
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	YOUTH SERVICES
Donee's Name	MT HOOD KIWANIS CAMP
Donee's Address	9320 SW BARBUR BLVD STE 165 PORTLAND, OR 97219
Amount (FMV)	650
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	YCPO
Donee's Name	LITTLE CLOVERDALE PRESCHOOL
Donee's Address	PO BOX 1151 SISTERS, OR 97759
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	COMMUNITY SERVICES
Donee's Name	LEUKEMIA & LYMPHOMA SOCIETY
Donee's Address	141 NW GREENWOOD 201 BEND, OR 97701
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	HUMAN & SPIRITUAL
Donee's Name	HOSPICE OF REDMOND SISTERS
Donee's Address	732 SW 23RD REDMOND, OR 97756
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	YCPO
Donee's Name	HEALTHY BEGINNINGS
Donee's Address	1029 NW 14TH ST STE 102 BEND, OR 97701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	YCPO
Donee's Name	HEADSTART
Donee's Address	PO BOX 2215 SISTERS, OR 97759
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	COMMUNITY SERVICES
Donee's Name	FAMILY ACCESS NETWORK
Donee's Address	525 E CASCADE AVE SISTERS, OR 97759
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	YOUTH SERVICES
Donee's Name	CUB SCOUTS
Donee's Address	17075 HWY 126 SISTERS, OR 97759
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	COMMUNITY SERVICES
Donee's Name	COBRA SAVING GRACE
Donee's Address	1425 NW KINGSTON AVE BEND, OR 97701
Amount (FMV)	800
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	YOUTH SERVICES
Donee's Name	BOY SCOUTS
Donee's Address	17330 BREEZY WAY BEND, OR 97701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	YCPO
Donee's Name	SISTERS ELEMENTARY SCHOOL
Donee's Address	611 E CASCADE AVE SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	YOUTH SERVICES
Donee's Name	RONALD MCDONALD HOUSE
Donee's Address	1700 NE PURCELL BLVD BEND, OR 97701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492351008059

TY 2008 Other Changes in Net Assets Schedule

Name: SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION

EIN: 93-1070832

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
UNREALIZED GAIN ON ENDOWMENT FUNDS	14,897

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492351008059

TY 2008 Other Expenses Schedule

Name: SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION
EIN: 93-1070832
Software ID: 08000091
Software Version: 2008v2.7

Description	Amount
SUPPLIES	714
PUBLIC RELATIONS	360
KEY CLUB ADVISOR	600
INVESTMENT FEES	1,393
FOOD BANK	27,148