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### 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)

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service July 1 2009, and ending June 30 20 10 For the 2009 calendar year, or tax year beginning Employer identification number C Name of organization Sisters Graduate Resource Organization Ple Doing Business As Sisters GRO 3775863 Address change abel or Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change type. PO Box 1546 none Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Sisters, OR 97759 123,122 G Gross receipts \$ Amended return F Name and address of principal officer. H(a) Is this a group return for affiliates? Yes No Application pending Karen Hensley, President H(b) Are all affiliates included? Yes √ 501(c) ( 3 ) ← (insert no.) 
☐ 4947(a)(1) or Tax-exempt status: 527 If "No," attach a list. (see instructions) Website: ▶ www.sistersgro.com H(c) Group exemption number L Year of formation: 2008 M State of legal domicile OR Part I Summary fundralsing for and distribution of Briefly describe the organization's mission or most significant activities: scholarships to graduates of the Sisters, Oregon high school system Governance 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 4 8 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a) . . . 6 15 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 63101 122788 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2b) 10 Investment income (Part VIII, column (A), Thes 3, 4 Fand (7d) 2010 334 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lide 12 63101 123122 13 Grants and similar amounts paid (Part IX, column (A) lines 1-3 64700 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ ...... 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 2245 4938 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2245 71417 19 Revenue less expenses. Subtract line 18 from line 12 60856 51705 ㅎ 9 **Beginning of Current Year** End of Year 60856 112561 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 112561 60856 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Date Type or print name and title Check if Date Preparer's identifying number (see instructions) signature employed ▶ ☐ Paid Preparer's Firm's name (or yours FIN Use Only if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.





Form **990** (2009)

Cat. No. 11282Y

| orm | 990 | (2009) |  |
|-----|-----|--------|--|

| Par     | t III Statement of Program Service Accomplishments   |
|---------|--|
| 1       | Briefly describe the organization's mission: Sisters Graduate Resource Organization is dedicated to the growth of the Sisters community;s future by championing post high school education through scholarships and graduate support programs.   |
|         |  |
|         |  |
| 2       | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |
| _       | If "Yes," describe these new services on Schedule O.   |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 4       | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a      | (Code:) (Expenses \$ 71417 including grants of \$ 64700 ) (Revenue \$ 122788 )   |
|         | Scholarships   |
|         |  |
|         |  |
|         | ***************************************  |
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|         |  |
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| 4b      | (Code:) (Expenses \$including grants of \$) (Revenue \$)   |
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| 4-      | /Ooder \/ \( \sum_{n=0}^{n} \)   |
| 40      | (Code:) (Expenses \$including grants of \$) (Revenue \$)   |
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|         |  |
|         |  |
|         |  |
| <i></i> | Other program comices (Describe in Cabadula O.)  |
| 40      | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e      | Total program service expenses ► 71417   |

| Par      | Checklist of Required Schedules  |     |          |            |
|----------|--|-----|----------|------------|
|          |  |     | Yes      | No         |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | 1        | <u>_</u> . |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | _2_ | <b>✓</b> | ļ          |
| 3        | 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   | 3   | L        | 1          |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |          | 1          |
| 5        | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5   |          |            |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   | *        |            |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |          | 1          |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.   | 8   |          | 1          |
| 9        | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |          | 1          |
| 10       | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.  | 10  | ✓        |            |
| 11       | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable  | 11  |          | 1          |
| •        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   |     |          |            |
| •        | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII.   |     |          |            |
| •        | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   |     |          |            |
| •        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  |     |          |            |
| •        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. |     |          |            |
| 12       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.   | 12  |          | 1          |
|          | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  |     |          |            |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  | ļ        | 1          |
| 14a<br>h |  | 14a |          | <u> </u>   |
|          | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  | 14b |          | 1          |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.   | 15  |          | 1          |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  | 16  |          | 1          |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |          | 1          |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |          | 1          |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.   | 19  |          | 1          |
| 20       | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20  |          |            |

| Pai    | Checklist of Hequired Schedules (continued)   |            |     |          |
|--------|---|------------|-----|----------|
|        |   |            | Yes | No       |
| 21     | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | 1        |
| 22     | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         | 1   |          |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                          | 23         |     | 1        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a        |     | 1        |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     | 1        |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c        |     | 1        |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     | ✓        |
|        | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | 1        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I           | 25b        |     | 1        |
| 26     | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II  | 26         |     | 1        |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.               | 27         |     | 1        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |     |          |
| a<br>b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |     | <b>√</b> |
| С      | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |     | 1        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         |     | <b>\</b> |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30         |     | ✓        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | <b>\</b> |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32         |     | <b>√</b> |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | <b>\</b> |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34         |     | <b>√</b> |
| 35     | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35         |     | ✓        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.   | 36         |     | 1        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.   |            |     | -        |
|        | Part VI   | 37         |     |          |
| 38<br> | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38         | 1   |          |
|        |   |            |     |          |

| Pal     | Statements Regarding Other INS Fillings and Tax Compliance   |           |     |    |
|---------|--|-----------|-----|----|
|         |  |           | Yes | No |
| 1a      | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   |           |     |    |
|         | U.S. Information Returns. Enter -0- if not applicable  |           |     |    |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |           |     |    |
| C       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c        | ✓   |    |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0  |           |     |    |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b_       |     |    |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)   |           |     |    |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a        |     | 1  |
| ь       | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b        |     |    |
|         | 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)? | 4a        |     | 1  |
| b       | 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.  |           |     |    |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a        |     | ✓  |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b        |     | 1  |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding  |           |     |    |
|         | Prohibited Tax Shelter Transaction?  | 5c        |     |    |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | 6a        |     | ✓  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b        |     |    |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |           |     |    |
| а       |  | i         |     |    |
|         | and services provided to the payor?  | 7a        |     | 1  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b        |     |    |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c        |     | 1  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |           |     |    |
| е       | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e        |     | 1  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f        |     | 1  |
| g       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g        |     |    |
| h       | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7h        | ✓   |    |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |           |     |    |
|         | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  |           |     |    |
| 9       |  | 8         |     |    |
| э<br>a  | Sponsoring organizations maintaining donor advised funds.  | 00        | ŀ   |    |
| b       | Did the organization make any taxable distributions under section 4966?  | 9a<br>9b  | -   |    |
| 10      | Section 501(c)(7) organizations. Enter:  | <i>50</i> |     |    |
| a       | Initiation fees and capital contributions included on Part VIII, line 12   |           |     |    |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |           | Ì   |    |
| 11      | Section 501(c)(12) organizations. Enter:   | ļ         |     |    |
|         | Gross income from members or shareholders  |           |     |    |
|         | Gross income from other sources (Do not net amounts due or paid to other sources against   | ŀ         |     |    |
|         | amounts due or received from them.)  |           | Į   |    |
| 2a<br>b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12a       |     | _  |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec  | tion A. Governing Body and Management  |         |          |             |
|------|--|---------|----------|-------------|
|      |  | ,       | Yes      | No          |
| 1a   | Enter the number of voting members of the governing body   | l       |          |             |
| b    | Enter the number of voting members that are independent  |         |          |             |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |         |          |             |
|      | any other officer, director, trustee, or key employee?   | 2       |          | <u>✓</u>    |
| 3    | Did the organization delegate control over management duties customanly performed by or under the direct   |         | 1        |             |
|      | supervision of officers, directors or trustees, or key employees to a management company or other person? .  | 3       |          | <b>√</b>    |
| 4    | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4       |          | <b>√</b>    |
| 5    | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5       |          | <b>✓</b>    |
| 6    | Does the organization have members or stockholders?  | 6       |          |             |
| 7a   | Does the organization have members, stockholders, or other persons who may elect one or more members   |         |          | ,           |
|      | of the governing body?   | 7a      |          | <b>√</b>    |
| b    | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b      |          | <b>✓</b>    |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during   |         |          |             |
|      | the year by the following:   |         | ,        |             |
|      | The governing body?  | 8a      | <u>√</u> |             |
| þ    |  | 8b      |          |             |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  |         |          | ,           |
| _    | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9a      |          | _✓_         |
|      | tion B. Policies (This Section B requests information about policies not required by the Inte  | mai     |          |             |
| nev  | enue Goue.)  |         |          |             |
|      |  | 40-     | Yes      | No /        |
|      | Does the organization have local chapters, branches, or affiliates?  | 10a     |          |             |
| b    | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,  | 406     | ./       |             |
|      | affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b     | <u> </u> |             |
| 11   | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the   | 11      | ./       |             |
| 44.6 | form?  | - ' '   | <u> </u> | $\vdash$    |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 12a     |          |             |
|      | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 124     |          | <del></del> |
| D    | Are officers, directors or trustees, and key employees required to disclose annually interests that could give   | 12b     | 1        |             |
|      | rise to conflicts?   | 120     |          |             |
| С    | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c     | 1        |             |
| 13   | Constitution of the Consti | 13      |          | <b>/</b>    |
| 14   | Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  | 14      |          | <u> </u>    |
| 15   | Did the process for determining compensation of the following persons include a review and approval by   |         |          | <u> </u>    |
| 13   | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |          |             |
| а    | The organization's CEO, Executive Director, or top management official   | 15a     |          |             |
| h    | Other officers or key employees of the organization  | 15b     |          |             |
| -    | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |         |          |             |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |         |          |             |
|      | with a taxable entity during the year?   | 16a     |          | ✓           |
| h    | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate  |         |          |             |
| -    | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard   |         |          |             |
|      | the organization's exempt status with respect to such arrangements?  | 16b     |          |             |
| Sec  | tion C. Disclosure   |         |          |             |
| 17   | List the states with which a copy of this Form 990 is required to be filed ▶ Oregon  |         |          |             |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c  | :)(3)s  | onlv)    |             |
|      | available for public inspection. Indicate how you make these available. Check all that apply.  | ,,-,-   |          |             |
|      | ☐ Own website ☐ Another's website ☑ Upon request   |         |          |             |
| 19   | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict  | of inte | erest    |             |
|      | policy, and financial statements available to the public.  |         |          |             |
| 20   | State the name, physical address, and telephone number of the person who possesses the books and reco  | rds of  | f the    |             |
|      | organization: ► Ann Thompson, PO Box 471, Sisters, OR 97759  |         |          | <b>-</b>    |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| ☑ Check this box if the organization did not co |                              | any c                             | curre                |         |                | cer, a                       | irec   |   |  |  |
|---|------------------------------|-----------------------------------|----------------------|---------|----------------|------------------------------|--------|---|--|--|
| (A)   | (B)                          | ١                                 |                      | •       | C)             |                              |        | (D)   | (E)  | (F)  |
| Name and Title                                  | Average<br>hours per<br>week | Individual trustee<br>or director | nstitutional trustee | Officer | a Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Karen Hensley<br>President                      | 10                           | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Ann Thompson Secretary                          | 3                            | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Karen J Lord<br>Treasurer                       | 3                            | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Laurie Adams<br>Vice Chair                      | 1                            | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Dan Saraceno Director                           | 1                            | <b>✓</b>                          |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Robert Macauley Director                        | 1                            | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Brenda Smith Director                           | 1                            | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
| Marcy Edwards Director                          | 1                            | 1                                 |                      | 1       |                |                              |        | 0   | 0  | 0  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |
|   |                              | }                                 |                      |         |                |                              |        |   |  |  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |
|   |                              |                                   |                      |         |                |                              |        |   |  |  |

| Pai | t VII Section A. Officers, Directors, Tru  |                              | / Emp                             |                       |              |              |                              |            |   |  |      |                           |   |                       |
|-----|--|------------------------------|-----------------------------------|-----------------------|--------------|--------------|------------------------------|------------|---|--|------|---------------------------|---|-----------------------|
|     | (A)  | (B)                          | (C) Position (check all that ap   |                       |              |              |                              |            | (D)   | (E)<br>Reportable  |      | (F)<br>Estimate           |   |                       |
|     | Name and title   | Average<br>hours per<br>week | Individual trustee<br>or director | institutional trustee | Officer      | Key employee | Highest compensated employee | Former     | Reportable compensation from the organization (W-2/1099-MISC) | reportation compensation from related organization (W-2/1099-MIS | s    | comp<br>fr<br>org.<br>and | nount of other pensation the anization relate anization | of<br>son<br>on<br>on |
|     |  |                              |                                   |                       |              |              |                              |            | -   |  |      |                           |   |                       |
|     |  |                              |                                   |                       |              |              |                              |            |   |  |      |                           |   |                       |
|     |  | -                            |                                   |                       |              |              |                              |            |   | <del></del>  |      |                           |   |                       |
|     |  | <del></del>                  |                                   |                       |              |              |                              |            |   | <del></del>  |      |                           |   |                       |
|     |  |                              |                                   |                       |              |              |                              |            |   |  |      |                           |   |                       |
|     |  |                              |                                   |                       | <u> </u>     |              |                              |            |   |  |      |                           |   |                       |
|     |  | <u>-</u> -                   |                                   |                       |              |              |                              |            |   |  |      |                           |   |                       |
|     |  |                              |                                   | ļ<br>                 | -            |              |                              |            |   |  |      |                           |   |                       |
|     |  | <del> </del>                 |                                   |                       |              |              |                              |            |   |  |      |                           |   |                       |
|     |  |                              |                                   |                       | $\vdash$     |              |                              |            |   |  |      |                           |   |                       |
|     |  |                              |                                   |                       |              |              |                              |            |   | ·····  |      |                           |   |                       |
|     |  |                              |                                   | † <del>-</del>        |              |              |                              |            |   |  |      |                           |   |                       |
|     |  |                              |                                   |                       |              |              |                              |            |   |  |      |                           |   |                       |
| 1b  | Total  |                              |                                   | ٠.                    | <del>.</del> |              |                              | <u> </u>   | 0   | 7-7-7  | 0    |                           |   | 0                     |
| 2   | Total number of individuals (including but reportable compensation from the organization)            |                              | to th                             | ose                   | list         | ed a         | above                        | ) wł       | no received mo  | ore than \$10  | 0,00 | 0 in                      |   |                       |
|     |  |                              |                                   |                       |              |              |                              |            |   |  |      |                           | Yes   | No                    |
| 3   | Did the organization list any former office employee on line 1a? If "Yes," complete S                | er, director<br>chedule J    | or tr                             | uste<br><i>ich</i>    | e, I<br>indi | cey<br>ividu |                              |            | e, or highest o   |  |      | 3                         |   | ✓                     |
| 4   | For any individual listed on line 1a, is the sthe organization and related organizations individual. |                              |                                   |                       |              |              |                              |            |   |  |      | 4                         |   | ✓                     |
| 5   | Did any person listed on line 1a receive services rendered to the organization? If "                 | or accrue<br>Yes." comi      | com                               | pen<br>Sch            | sati<br>edu  | on i         | from a<br>for s              | any<br>uch | unrelated org   | anization for  | .    | 5                         |   | <b>✓</b>              |
| Se  | ction B. Independent Contractors   |                              |                                   |                       |              |              |                              |            | F   |  |      |                           |   | <u> </u>              |
| 1   | Complete this table for your five highest compensation from the organization.                        | ompensate                    | ed ind                            | epe                   | ende         | ent o        | contra                       | cto        | rs that receive   | d more than  | \$10 | 0,000                     | ) of  |                       |
|     | (A)<br>Name and business add   | tress                        |                                   |                       |              |              |                              |            | (B)<br>Description of s                                       | ervices  | (    | (C<br>Compe               | )<br>nsation  |                       |
|     |  |                              |                                   |                       |              | _            |                              |            | ·····   |  |      |                           |   | _                     |
|     |  |                              |                                   |                       |              |              |                              | _          | <del></del>   |  |      |                           |   |                       |
| 2   | Total number of independent contractors (i   | ncluding b                   | ut no                             | t lim                 | ited         | l to         | those                        | liste      | ed above) who   | received   |      |                           |   | 0                     |
|     | more than \$100,000 in compensation from   | the organ                    | nizatio                           | n Þ                   | • 1          |              |                              |            | ·   |  |      |                           |   |                       |

| Total revenue Protection of Control Co | Part     | VIII | Statement of Reve                                    | enue               |                |             |                                       |  |   |
|--|----------|------|--|--------------------|----------------|-------------|---------------------------------------|--|---|
| Table   Tabl   |          | _    |  |                    |                |             | Related or<br>exempt<br>function      | Unrelated business                     | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Business Code    2a  | ints     | 1a   | Federated campaigns .                                |                    |                |             | TOTOLIGO                              | ······································ | 312, 010, 01  |
| Business Code    2a  | 200      | b    | Membership dues                                      | · · ·              |                |             |                                       |  |   |
| Business Code    2a  | ag Eg    | С    | Fundraising events                                   | · · ·              |                |             |                                       |  |   |
| Business Code    2a  | 윤道       | d    | Related organizations .                              | • • •              |                |             |                                       | ļ                                      | ļ   |
| Business Code   Business Cod   | ä Ë      | е    | Government grants (contribu                          | rtions). 1e        |                |             |                                       |  |   |
| Business Code   Business Cod   | 는 H      | f    | All other contributions, gifts, gra                  | ints,              |                |             |                                       |  |   |
| Business Code    2a  | 혈        |      |  |                    |                |             |                                       |  |   |
| Business Code   Business Cod   | a b      | g    | Noncash contributions included i                     | in lines 1a-1f: \$ | 117            |             |                                       |  |   |
| 22 b b d d d d d d d d d d d d d d d d d   | <u> </u> | h    | Total. Add lines 1a-1f .                             | <u> </u>           | <del></del>    | 122788      |                                       |  |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  6 Gross income from fundraising events (not including \$  | 92       |      |  |                    | Business Code  |             |                                       | Ì                                      |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  6 Gross income from fundraising events (not including \$  | 9        | 2a   |  | •••••              |                |             |                                       |  |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  6 Gross income from fundraising events (not including \$  | æ        | b    |  |                    |                | <del></del> |                                       | ļ                                      | ļ   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  6 Gross income from fundraising events (not including \$  | Š        | С    |  |                    | <u> </u>       |             |                                       |  |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  c Gain or (loss) d Net gain or (loss)  b Less: direct expenses c Renta income from fundraising events (not including \$   | Ser      | d    |  |                    |                |             |                                       |  |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  6 Gross income from fundraising events (not including \$  | Ę        | е    |  |                    |                |             |                                       |  |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  c Gain or (loss) d Net gain or (loss)  b Less: direct expenses c Renta income from fundraising events (not including \$   | E B      | f    |  | revenue .          |                |             |                                       |  |   |
| other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  | <u>₹</u> | g    | Total. Add lines 2a-2f .                             | <u>.</u>           | <u> </u>       |             |                                       | <u> </u>                               |   |
| (i) Personal   (ii) Personal   (ii) Personal   (iii) Pe   |          | 4    | other similar amounts) . Income from investment of t |                    | ▶ d proceeds ▶ | 334         |                                       |  | 334   |
| 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Not rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Not gain or (loss) d Not gain or (loss)  8a Gross income from fundraising events (not including \$   |          | 5    | Royalties  | <del></del>        |                |             |                                       |  |   |
| b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  |          |      |  | (i) Real           | (ii) Personal  | ļ           |                                       |  |   |
| C Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  5a Gross income from fundraising events (not including \$  |          | 6a   | Gross Rents  |                    |                |             |                                       |  |   |
| d Net rental income or (loss).   7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss)   d Net gain or (loss)   events (not including \$   |          | Ь    | Less: rental expenses                                |                    |                |             |                                       |  |   |
| Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b C Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11a b  d All other revenue e Total. Add lines 11a-11d  ■  |          | C    |  |                    |                | ļ           | ,                                     |  | 1   |
| The closs alruthin time saes to assets other than inventory  b Less: cost or other basis and sales expenses .  c Gain or (loss) .  d Net gain or (loss) .  see Gross income from fundraising events (not including \$  |          | d    | Net rental income or (loss                           | s)                 | <u> </u>       |             |                                       |  |   |
| b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .  8a Gross income from fundraising events (not including \$  |          | 7a   |  | (i) Securities     | (ii) Other     |             |                                       |  |   |
| C Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$   |          | Ь    | Less: cost or other basis                            |                    |                |             |                                       |  |   |
| d Net gain or (loss)   |          | ے ا  | -  |                    |                | 1           |                                       | 1                                      |   |
| b Less: direct expenses  |          |      |  |                    | >              |             |                                       | Ī                                      |   |
| b Less: direct expenses b  |          | 8a   | events (not including \$ of contributions reported   | on line 1c).       |                |             |                                       |  |   |
| 9a Gross income from gaming activities. See Part IV, line 19   | ĕ        | h    |  | _                  |                |             |                                       |  | [   |
| See Part IV, line 19   | 8        | C    | Net income or (loss) from                            | fundraising e      |                |             |                                       | <br>                                   |   |
| b Less: direct expenses b c Net income or (loss) from gaming activities >  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory >  Miscellaneous Revenue Business Code  11a   |          | 9a   |  |                    |                |             |                                       |  |   |
| 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory >  Miscellaneous Revenue Business Code  11a  |          | b    | Less: direct expenses Net income or (loss) from      | b<br>gaming activ  |                |             |                                       |  |   |
| b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶   |          | 1    | Gross sales of inven-                                | tory, less         |                |             |                                       |  |   |
| C Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a  b  C  |          | h    |  |                    |                |             |                                       |  |   |
| Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d   |          |      |  |                    |                |             |                                       | ľ                                      | İ   |
| 11a  |          | ┝┻   |  |                    |                |             | · · · · · · · · · · · · · · · · · · · |  |   |
| b  |          | 44-  | <del></del>  |                    | 323.233 0008   |             |                                       | ł                                      | 1   |
| d All other revenue  |          | Ι.   |  |                    |                |             |                                       | <del></del>                            | <del> </del>  |
| d All other revenue  |          | •    |  |                    |                |             |                                       | <del> </del>                           | <del> </del>  |
| e Total. Add lines 11a-11d   |          | C    |  |                    |                |             | <del></del>                           | <del> </del>                           | <del>                                     </del>              |
|  |          |      |  |                    | L              |             |                                       | <del> </del>                           | ļ <u>-</u>  |
|  |          |      |  |                    |                | 123122      |                                       |  | 334   |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|          | All other organizations must complete col   | umn (A) but are not   |                                    |                                     |                                |
|----------|---|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
|          | not include amounts reported on lines 6b,<br>, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 64700                 | 64700                              |                                     |                                |
| 2        | Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                    |                                     |                                |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                      |                       |                                    |                                     |                                |
| 4        | Benefits paid to or for members   |                       |                                    |                                     |                                |
| 5        | Compensation of current officers, directors, trustees, and key employees  |                       |                                    |                                     |                                |
| 6<br>7   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |                       |                                    |                                     |                                |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                    |                                     |                                |
| 9        | Other employee benefits   |                       |                                    |                                     |                                |
| 10       | Payroll taxes   |                       |                                    |                                     |                                |
| 11       | Fees for services (non-employees):  |                       |                                    |                                     |                                |
|          | Management  | 1                     | ì                                  |                                     |                                |
|          | Legal   |                       |                                    |                                     |                                |
|          |   |                       |                                    |                                     |                                |
|          | Accounting  |                       |                                    |                                     | <del></del>                    |
|          | Lobbying  |                       | · · · · · ·                        |                                     |                                |
|          | Professional fundraising services. See Part IV, line 17   |                       |                                    |                                     |                                |
| f        | 3   | 1779                  | 1779                               |                                     |                                |
|          | Other   | 1779                  | 1779                               | <del></del>                         |                                |
| 12       | Advertising and promotion   | 1000                  | 1000                               |                                     | <del></del>                    |
| 13       | Office expenses   | 1098                  | 1098                               |                                     |                                |
| 14       | Information technology  |                       |                                    |                                     |                                |
| 15       | Royalties   |                       |                                    |                                     |                                |
| 16       | Occupancy   |                       |                                    |                                     |                                |
| 17       | Travel  |                       |                                    |                                     |                                |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                    |                                     |                                |
| 19       | Conferences, conventions, and meetings .  | 124                   | 124                                |                                     |                                |
| 20       | Interest  |                       |                                    |                                     |                                |
| 21       | Payments to affiliates  |                       |                                    |                                     |                                |
| 22       | Depreciation, depletion, and amortization .   |                       |                                    |                                     |                                |
| 23       | Insurance   | 744                   |                                    | 744                                 |                                |
| 24       | Other expenses. Itemize expenses not  |                       |                                    |                                     |                                |
|          | covered above. (Expenses grouped together<br>and labeled miscellaneous may not exceed<br>5% of total expenses shown on line 25 below.)        |                       |                                    |                                     |                                |
| а        | Senior celebration  | 463                   | 463                                | <del></del>                         |                                |
| b        | Eundraining   | 2406                  |                                    |                                     | 2406                           |
| _        | Missollaneaus   | 103                   |                                    | 103                                 | 2400                           |
| c<br>C   | ***************************************   | ,,,,                  |                                    | 100                                 | <del></del>                    |
| d        |   | <del></del>           |                                    | <del></del>                         |                                |
| e        | All all all   | <del>        </del>   |                                    |                                     |                                |
| f<br>25  | All other expenses  | 71417                 | 68164                              | 047                                 | 0460                           |
| 25<br>26 | Joint costs. Check here ► if following  | / 141/                | 00104                              | 847                                 | 2406                           |
|          | SOP 98-2. Complete this line only if the  | ļ                     |                                    | Į                                   |                                |
|          | organization reported in column (B) joint costs   |                       | ļ                                  |                                     |                                |
|          | from a combined educational campaign and  | ļ                     |                                    |                                     |                                |
|          | fundraising solicitation  |                       |                                    |                                     |                                |

| Рa  | rt X | Balance Sheet   |                          | <del></del> |                    |
|---|------|---|--------------------------|-------------|--------------------|
|   |      |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|   | 1    | Cash—non-interest-bearing   |                          | _1_         |                    |
|   | 2    | Savings and temporary cash investments  | 60856                    | _2          | 112561             |
|   | 3    | Pledges and grants receivable, net  |                          | 3           |                    |
|   | 4    | Accounts receivable, net  |                          | 4           |                    |
|   | 5    | Receivables from current and former officers, directors, trustees, key                                    |                          |             |                    |
| Assets 100 111 121 131 141 151 161 161 161 161 161 161 161 161 16 | _    | employees, and highest compensated employees. Complete Part II of   |                          |             |                    |
|   |      | Schedule L  |                          | 5           |                    |
|   | 6    | Receivables from other disqualified persons (as defined under section                                     |                          |             |                    |
|   |      | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete                                      |                          |             |                    |
|   |      | Part II of Schedule L   |                          | 6           |                    |
| - 1   | 7    | Notes and loans receivable, net   |                          | 7           |                    |
| SSe   | 8    | Inventories for sale or use   |                          | 8           |                    |
| As  | 9    | Prepaid expenses and deferred charges   |                          | 9           |                    |
|   | 10a  | Land, buildings, and equipment: cost or 10a   |                          |             |                    |
|   |      | other basis. Complete Part VI of Schedule D   |                          |             |                    |
|   | ь    | Less: accumulated depreciation 10b  |                          | 10c         |                    |
|   | 11   | Investments—publicly traded securities  |                          | 11          |                    |
|   | 12   | Investments—other securities. See Part IV, line 11  |                          | 12          |                    |
|   | 13   | Investments—program-related. See Part IV, line 11   |                          | 13          |                    |
|   | 14   | Intangible assets   |                          | 14          |                    |
|   | 15   | Other assets. See Part IV, line 11  |                          | 15          |                    |
|   | 16   | Total assets. Add lines 1 through 15 (must equal line 34)   | 60856                    | 16          | 112561             |
|   | 17   | Accounts payable and accrued expenses   |                          | 17          |                    |
|   | 18   | Grants payable  |                          | 18          |                    |
|   | 19   | Deferred revenue  |                          | 19          |                    |
|   | 20   | Tax-exempt bond liabilities   |                          | 20          |                    |
| 8   | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D                                     |                          | 21          |                    |
| ties  | 22   | Payables to current and former officers, directors, trustees, key   |                          |             |                    |
| ap  |      | employees, highest compensated employees, and disqualified  |                          |             |                    |
| ⊐   |      | persons. Complete Part II of Schedule L   |                          | 22          |                    |
|   | 23   | Secured mortgages and notes payable to unrelated third parties  | _                        | 23          |                    |
|   | 24   | Unsecured notes and loans payable to unrelated third parties  |                          | 24          |                    |
|   | 25   | Other liabilities. Complete Part X of Schedule D  |                          | 25          |                    |
|   | 26   | Total liabilities. Add lines 17 through 25  | 0                        | 26          | 0                  |
| nces  |      | Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. |                          |             |                    |
| 퍨   | 27   | Unrestricted net assets   |                          | 27          |                    |
| Ba  | 28   | Temporarily restricted net assets   |                          | 28          |                    |
| פ   | 29   | Permanently restricted net assets   |                          | 29          |                    |
| or Fund Bala  |      | Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.               |                          |             |                    |
| \$  | 30   | Capital stock or trust principal, or current funds  |                          | 30          |                    |
| Se  | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31          |                    |
| As  | 32   | Retained earnings, endowment, accumulated income, or other funds  | 60856                    | 32          | 112561             |
| Net Assets  | 33   | Total net assets or fund balances   | 60856                    |             | 112561             |
| ¥   |      |   |                          |             |                    |

| Pai | t XI Financial Statements and Reporting  |    |     |    |  |
|-----|--|----|-----|----|--|
|     |  |    | Yes | No |  |
| 1   | Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗎 Other                                       |    |     |    |  |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in          |    | Í   |    |  |
|     | Schedule O.  |    | - [ |    |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant? 2a             |    |     |    |  |
| b   | Were the organization's financial statements audited by an independent accountant?                             |    |     |    |  |
| C   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of |    |     |    |  |
|     | the audit, review, or compilation of its financial statements and selection of an independent accountant?      | 2c |     |    |  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in  |    |     |    |  |
|     | Schedule O.  | ÌÌ | i   |    |  |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were    |    |     |    |  |
|     | issued on a consolidated basis, separate basis, or both:   |    |     |    |  |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                                   |    |     |    |  |
| 3а  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in    |    |     |    |  |
|     | the Single Audit Act and OMB Circular A-133?   | 3a |     | ✓  |  |
| þ   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |    |     |    |  |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       | 3b |     |    |  |

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** 38 3775863 **Sisters Graduate Resource Organization** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % 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 33/4 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 D 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? . . . . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. above or IRC section (i) organized in the governing document? col. (i) of your (see instructions)) support? US? Yes Yes No Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 63101 63101 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on rts behalf The value of services or facilities furnished by a governmental unit to the organization without charge 63101 63101 Total. Add lines 1 through 3 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 51400 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 11701 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 63101 63101 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Λ 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 63101 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Z Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) %\_ 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . % 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. 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 . . . . . . . . . . 10%-facts-and-circumstances test-2008. 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

|          | Support Schedule for Orga<br>(Complete only if you checke  |                  |  |                   | 1)(2)                                 |              |                                  |
|----------|--|------------------|--|-------------------|---------------------------------------|--------------|----------------------------------|
|          | tion A. Public Support   |                  |  |                   |                                       |              |                                  |
| Ca       | llendar year (or fiscal year beginning in)   | (a) 2005         | <b>(b)</b> 2006                                  | (c) 2007          | (d) 2008                              | (e) 200s     | 9 (f) Total                      |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                  |  |                   |                                       |              |                                  |
| 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 |                  |  |                   |                                       |              |                                  |
| 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  |                  |  |                   |                                       | ļ<br>        |                                  |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                  |  |                   |                                       | .,           |                                  |
| 6        | Total. Add lines 1 through 5   | <br>             |  | <br>              | ļ                                     |              |                                  |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons .   |                  |  |                   |                                       |              |                                  |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the  |                  |  |                   |                                       |              |                                  |
| _        | amount on line 13 for the year   |                  | <del>                                     </del> |                   | <del> </del>                          | <del> </del> |                                  |
| 8        | Public support (Subtract line 7c from line 6)  |                  |  |                   |                                       |              |                                  |
| Sec      | tion B. Total Support  |                  |  |                   |                                       |              |                                  |
| C        | alendar year (or fiscal year beginning in)   | (a) 2005         | <b>(b)</b> 2006                                  | (c) 2007          | (d) 2008                              | (e) 200      | 9 <b>(f)</b> Total               |
| 9<br>10a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                       |                  |  |                   |                                       |              |                                  |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                  |  |                   |                                       |              |                                  |
| _        | Add lines 10a and 10b  |                  | <u> </u>   |                   |                                       | <u> </u>     |                                  |
| 11       | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                  |  |                   |                                       |              |                                  |
| 12       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                  |  |                   |                                       |              |                                  |
| 13       | Total support. (Add lines 9, 10c, 11, and 12.)   |                  |  |                   |                                       |              |                                  |
| 14       | First five years. If the Form 990 is for organization, check this box and stop   | here             | <u> </u>   |                   |                                       |              |                                  |
|          | tion C. Computation of Public Su   | <del></del>      |  |                   | · · · · · · · · · · · · · · · · · · · | T 1          |                                  |
| 15<br>16 | Public support percentage for 2009 (lir<br>Public support percentage from 2008 9   |                  |  | ne 13, column     | (т))                                  | 15           | %                                |
|          | tion D. Computation of Investmen   |                  |  | · · · · ·         | <del></del>                           | 16           | %_                               |
| 17       | Investment income percentage for 200   |                  |  | d by line 13 o    | olumn (fi)                            | 17           | %                                |
| 18       | Investment income percentage from 20   |                  |  |                   |                                       | 18           | %                                |
| 19a      | 33% % support tests—2009. If the org 17 is not more than 33% %, check this b   | anization did n  | ot check the b                                   | ox on line 14, a  | and line 15 is as a publicly          | more than 3  | 33% %, and line organization ▶ □ |
| b        | 331/3 % support tests - 2008. If the organine 18 is not more than 331/3 %, check this  | nization did not | check a box or                                   | n line 14 or line | 19a, and line 1                       | l6 is more t | han 331/3 %, and                 |

| Schedule A (Fo | orm 990 or 990-l          | EZ) 2009            |   |                              |   |                                       | _                                       |   |                                 |                                     | Page 4        |
|----------------|---------------------------|---------------------|---|------------------------------|---|---------------------------------------|---|---|---------------------------------|-------------------------------------|---------------|
| Part IV        | Suppleme<br>Part II, line | ntal Info<br>17a or | ormatio<br>17b; and                     | n. Complet<br>d Part III, li | te this<br>ne 12                        | part to<br>Provide                    | provide the any other                   | e explanat<br>additiona                 | ions required<br>I information. | by Part II, lin-<br>See instruction | e 10;<br>ons. |
|                |                           | ·                   |   |                              |   |                                       |   |   |                                 |                                     |               |
|                |                           | <del>-</del>        |   |                              |   |                                       |   |   |                                 |                                     |               |
|                |                           |                     |   |                              |   |                                       | •••••                                   |   |                                 |                                     |               |
|                |                           |                     | ·- <b>-</b>                             |                              |   | •                                     | •••••                                   |   |                                 |                                     |               |
|                |                           |                     |   |                              |   |                                       | <del>-</del>                            |   |                                 |                                     |               |
|                |                           | <del>-</del>        |   |                              | · • • • • • • • • • • • • • • • • • • • |                                       | · · · · · · · · · · · · · · · · · · ·   |   |                                 |                                     |               |
|                |                           |                     |   |                              | •••••                                   |                                       | • |   |                                 | <b></b>                             |               |
| <b></b>        |                           | ·                   |   |                              |   | · · · · · · · · · · · · · · · · · · · | <b></b>                                 | · • • • • • • • • • • • • • • • • • • • |                                 |                                     |               |
| -,             |                           |                     | <b></b>                                 |                              |   | ••••                                  |   |   |                                 |                                     |               |
|                |                           | ·                   |   |                              |   |                                       |   |   |                                 |                                     |               |
|                |                           |                     |   |                              | •••••                                   |                                       | · · · · · · · · · · · · · · · · · · ·   | · • • • • • • • • • • • • • • • • • • • | ·                               |                                     |               |
|                |                           |                     |   |                              |   |                                       |   |   |                                 |                                     |               |
|                |                           |                     | • |                              |   |                                       | • | •                                       |                                 |                                     |               |
| _,             |                           |                     |   |                              |   |                                       |   |   |                                 |                                     |               |
| -,             |                           |                     |   |                              |   | •                                     |   |   |                                 |                                     |               |
|                |                           |                     |   |                              |   |                                       |   |   |                                 |                                     |               |
| _,             |                           |                     |   | **********                   | <b></b>                                 | •••••                                 |   |   |                                 |                                     |               |
| _,             |                           |                     | ·                                       |                              |   |                                       |   |   |                                 |                                     |               |
|                |                           | ·                   |   |                              | ·                                       |                                       |   |   |                                 |                                     |               |
|                |                           |                     |   |                              |   |                                       |   |   |                                 |                                     |               |
|                |                           |                     |   |                              |   | <b></b>                               |   | ·                                       |                                 |                                     |               |
|                |                           | •••••               | ·                                       | ••••                         |   |                                       |   |   |                                 |                                     |               |
|                |                           |                     |   | <del>-</del>                 | · · · · · · · · · · · · · · · · · · ·   |                                       |   |   |                                 |                                     |               |
|                |                           |                     |   |                              |   |                                       | ••••••••••                              |   |                                 |                                     |               |
|                | ••••                      |                     |   |                              |   | •••••                                 |   | ·····                                   |                                 |                                     |               |
|                |                           |                     | • |                              |   |                                       |   |   |                                 |                                     |               |

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

| Sist | ers Graduate Resource Organization  |  |   | 38                          | 3775863                                     |
|------|---|--|---|-----------------------------|---|
|      | Organizations Maintaining Do  | nor Advised Funds or O                       | ther Similar Fu                           | ınds or A                   | ccounts. Complete if                        |
|      | the organization answered "Yes  | " to Form 990, Part IV, lir                  | ne 6.                                     |                             | <u> </u>                                    |
|      |   | (a) Donor advised fur                        | nds                                       | (b) Fur                     | nds and other accounts                      |
| 1    | Total number at end of year   | 12   |   |                             | <del></del>                                 |
| 2    | Aggregate contributions to (during year)  | 42,187                                       |   |                             |   |
| 3    | Aggregate grants from (during year) .   | 56,700                                       |   |                             |   |
| 4    | Aggregate value at end of year  | 37,326                                       |   |                             |   |
| 5    | Did the organization inform all donors and funds are the organization's property, subj  |  |   |                             |   |
| 6    | Did the organization inform all grantees, do used only for charitable purposes and not  | for the benefit of the donor                 | n writing that gran<br>or donor advisor   | nt funds ca<br>, or for any | an be<br>y other                            |
|      | purpose conferring impermissible private b  |  | · · · · · ·                               | <u> </u>                    | ✓ Yes 🗌 No                                  |
| Pa   | t II Conservation Easements. Comp   | olete if the organization an                 | swered "Yes" to                           | Form 990                    | 0, Part IV, line 7.                         |
| 1    | Purpose(s) of conservation easements held   | •  | all that apply).                          |                             |   |
|      | Preservation of land for public use (e.g.   | ., recreation or pleasure)                   |   |                             | ically important land area                  |
|      | Protection of natural habitat   |  | □ Preservation                            | of a certifi                | ied historic structure                      |
| 2    | ☐ Preservation of open space Complete lines 2a through 2d if the organiz  | ation hold a qualified agree                 | ماند والسام ممرام                         | : 46 6                      | of a annualism                              |
| 2    | easement on the last day of the tax year.   | ation neiu a quaineu consei                  | valion contributio                        | on in the lo                | mi or a conservation                        |
|      |   |  |   |                             | Held at the End of the Tax Yea              |
| a    | Total number of conservation easements .  |  |   | 2a                          |   |
| b    | Total acreage restricted by conservation ea   |  |   |                             |   |
| С    | Number of conservation easements on a conservation  |  |   |                             |   |
| d    | Number of conservation easements include  |  |   |                             |   |
| 3    | Number of conservation easements modifithe tax year ▶   | ed, transferred, released, ex                | dinguished, or ter                        | minated b                   | y the organization during                   |
| 4    | Number of states where property subject t   | o conservation easement is                   | located ▶                                 |                             |   |
| 5    | Does the organization have a written policy   |  | • •                                       | •                           | ~ — —                                       |
| 6    | violations, and enforcement of the conserv  |  |   |                             |   |
| 0    | Staff and volunteer hours devoted to monr   |  |   |                             |   |
| 7    | Amount of expenses incurred in monitoring  \$ \infty \\$  | g, inspecting, and enforcing                 | conservation eas                          | sements du                  | uring the year                              |
| 8    | Does each conservation easement reported $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?   |  |   |                             |   |
| 9    | In Part XIV, describe how the organization balance sheet, and include, if applicable, to  | he text of the footnote to th                | nents in its revenu<br>e organization's f | ue and exp                  | ense statement, and atements that describes |
|      | the organization's accounting for conserva  |  |   |                             |   |
| Par  | t III Organizations Maintaining Colle<br>Complete if the organization answ  | vered "Yes" to Form 990, I                   | Part IV, line 8.                          | ther Simi                   | ilar Assets.                                |
| 1a   | If the organization elected, as permitted un art, historical treasures, or other similar asseprovide, in Part XIV, the text of the footnot                            | ets held for public exhibition.              | education, or res                         | earch in fur                | rtherance of public service                 |
| b    | If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the provided in Form 990, Part V | held for public exhibition, e<br>nese items: | ducation, or rese                         | arch in furl                | therance of public service                  |
|      | (ii) Assets included in Form 990, Part X .  | ,  |   | !                           | <b>\$</b>                                   |
| 2    | If the organization received or held works  |  |   |                             |   |
| a    | following amounts required to be reported   | under SFAS 116 relating to                   | these items:                              |                             |   |
|      | Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X   |  |   |                             | <b>\$</b>                                   |

|      | -   |
|------|-----|
| Dana | - 2 |
|      |     |

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass  3 Using the organization's acquisition, accession, and other records, check any of the following that are a sign collection items (check all that apply):  a Public exhibition  b Scholarly research  Control of the control o | gnificant use of its |
|--|----------------------|
| collection items (check all that apply):  a Public exhibition  b Scholarly research  d Loan or exchange programs  e Other  |                      |
| b Scholarly research e Other   |                      |
|  |                      |
| - Decreased in factive appropriate   | mpt purpose in       |
| c 📙 Preservation for future generations  | mpt purpose in       |
| 4 Provide a description of the organization's collections and explain how they further the organization's exer<br>Part XIV.  |                      |
| During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  | Yes No               |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form IV, line 9, or reported an amount on Form 990, Part X, line 21.   | m 990, Part          |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  | Yes No               |
| b If "Yes," explain the arrangement in Part XIV and complete the following table:  |                      |
| Am   | nount                |
| c Beginning balance  |                      |
| d Additions during the year ,  |                      |
| e Distributions during the year  | <del></del>          |
| f Ending balance , , , , ,   |                      |
| 2a Did the organization include an amount on Form 990, Part X, line 21?  | ∐ Yes ∐ No           |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV,  | , line 10.           |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back  | (e) Four years back  |
| 1a Beginning of year balance ,   |                      |
| b Contributions  |                      |
| c Net investment earnings, gains, and losses   |                      |
| d Grants or scholarships . , 64700   |                      |
| e Other expenditures for facilities and programs   |                      |
| f Administrative expenses g End of year balance  |                      |
| 2 Provide the estimated percentage of the year end balance held as:  | <del>/</del>         |
| a Board designated or quasi-endowment ▶  |                      |
| b Permanent endowment ▶  |                      |
| c Term endowment ▶   |                      |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the  |                      |
| organization by:   | Yes No               |
| (i) unrelated organizations  | 3a(i) ✓              |
| (ii) related organizations   | 3a(ii) ✓             |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  | 3b                   |
| 4 Describe in Part XIV the intended uses of the organization's endowment funds.  |                      |
| Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.   |                      |
| Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (investment) basis (other) depreciation  | (d) Book value       |
| 1a Land  | ·                    |
| b Buildings  | <del> </del>         |
| c Leasehold improvements   |                      |
| d Equipment  |                      |
| e Other  |                      |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶  |                      |

| chedule D (Fo                         | Investments—Other Securit  | ine See Form QQO Part Y                 | line 12                                       | Page                                   |
|---------------------------------------|--|---|---|--|
| Part VII                              | <del></del>  |   | (c) Method of valua                           | tion:                                  |
| (a) D                                 | escription of security or category<br>(including name of security) | (b) Book value                          | Cost or end-of-year man                       | ket value                              |
| inancial de                           | rivatives  |   |   |  |
| Closely-held                          | l equity interests   |   |   |  |
| Other                                 |  | • |   |  |
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| otal (Column (t                       | n) must equal Form 990, Part X, col. (B) line 12.)                 |   | · · · · · · · · · · · · · · · · · · ·         | · · · · · · · · · · · · · · · · · · ·  |
| Part VIII                             | Investments-Program Rela   | ated. See Form 990, Part X,             | line 13.                                      |  |
|                                       | Description of investment type                                     | (b) Book value                          | (c) Method of value<br>Cost or end-of-year ma |  |
|                                       |  | <del></del>                             |   | ······································ |
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|                                       | n) must equal Form 990, Part X, col. (B) line 13.)                 |   |   |  |
| Part IX                               | Other Assets. See Form 990,  |   |   |  |
|                                       |  | (a) Description                         |   | (b) Book value                         |
| · · · · · · · · · · · · · · · · · · · |  |   |   |  |
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| otal. (Colum                          | nn (b) must equal Form 990, Part X, c                              | col. (B) line 15.)                      |   |  |
| Part X                                | Other Liabilities. See Form 99                                     |   | <del></del>                                   |  |
|                                       | (a) Description of liability                                       | (b) Amount                              |   |  |
| ederal inco                           | me taxes   |   |   |  |
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior penod adjustments Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Total revenue, gains, and other support per audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b  4c   |             |
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| Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year. Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior penod adjustments  Other (Describe in Part XIV.)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Total revenue, gains, and other support per audited Financial Statements With Revenue per Financial revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)   | leturn      |
| Excess or (deficit) for the year. Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior penod adjustments  Other (Describe in Part XIV.)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Total revenue, gains, and other support per audited Financial Statements With Revenue per Foundation of Revenue per Audited Financial Statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  | leturn      |
| Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV.)  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  10  I XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12: but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  | leturn      |
| Donated services and use of facilities   | eturn       |
| Investment expenses Prior period adjustments Other (Describe in Part XIV.) Other (Describe in Part XIV.)  Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  IN  Reconciliation of Revenue per Audited Financial Statements With Revenue per F  Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments Donated services and use of facilities Pecoveries of prior year grants Other (Describe in Part XIV.)  Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12; but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)   | leturn      |
| Prior penod adjustments 7  Other (Describe in Part XIV.) 8  Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Total revenue, gains, and other support per audited financial statements With Revenue per Fotal revenue, gains, and other support per audited financial statements 1  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments 2a  Donated services and use of facilities 2b  Recoveries of prior year grants 2c  Other (Describe in Part XIV.) 2d  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.) 4a  Other (Describe in Part XIV.)   | leturn      |
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| Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  10  1 XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  | Return      |
| Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10  IXII Reconciliation of Revenue per Audited Financial Statements With Revenue per F  Total revenue, gains, and other support per audited financial statements 1  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments 2a  Donated services and use of facilities 2b  Recoveries of prior year grants 2c  Other (Describe in Part XIV.)  Add lines 2a through 2d 2e  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.) 4b   | leturn      |
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| Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)   |             |
| Donated services and use of facilities   |             |
| Recoveries of prior year grants  |             |
| Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  |             |
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| Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIV.)   |             |
| Other (Describe in Part XIV.)  |             |
| Carlos (Decombe in Factory)  |             |
| Add lines 4a and 4b  |             |
| Total sevenue Add lines 2 and 4a (This must equal form 200 Bart I have 40.)  |             |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | Deture      |
|  | neturn      |
| Total expenses and losses per audited financial statements   |             |
| Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  |             |
| Defiated delivious data des of facilities  |             |
| The your dejustments   |             |
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| Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information  inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa   |             |

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Publi Inspection eation number

| Sisters Graduate Resource Organization  | nization   |   |   |   |   | 38  | 3775863                               |
|---|--|---|---|---|---|---|---------------------------------------|
| Part I General Information on Grants and Assist   | on Grants and  | Assistance  |   |   |   |   |                                       |
| <ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee</li> <li>the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> | in records to subsaward the grants o                       | tantiate the amour rassistance?                   | nt of the grants or as<br>ne use of grant funds     | sistance, the grantee in the United States. | the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and tance?  Contoring the use of grant funds in the United States.  | ts or assistance, an                      | d Ves 🗆 No                            |
| Part II Grants and Other Assistance to Governments and Organizations in the Form 990, Part IV, line 21, for any recipient that received more than \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed  | sistance to Gov<br>9 21, for any reci<br>I-1 (Form 990) if | ernments and pient that received additional space | Organizations in the ded more than \$5,00 is needed | ne United States. (30). Check this box      | ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use ional space is needed | ization answered<br>ceived more than      | *Yes" to<br>\$5,000. Use              |
| 1 (a) Name and address of organization or government  | (b) EIN  | (c) IRC section<br>if applicable                  | (d) Amount of cash grant                            | (e) Amount of non-cash assistance           | (f) Method of valuation<br>(book, FMV, appraisal,<br>other)   | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |  |   |   |   |   |   |                                       |
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| 2 Enter total number of section 501(c)(3) and government on 3 Enter total number of other organizations   | 11(c)(3) and governr                                       | nent organizations                                |   |   |   |   |                                       |

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

Applicants must provide proof of status as a student or graduate of Sisters High School to be eligible for consideration. (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Grant funds are paid directly to qualified educational institutions in the name of the eligible student, following receipt of proof of student enrollment. (e) Method of valuation (book, FMV, apprasal, other) (d) Amount of non-cash assistance 64,700 (c) Amount of cash grant (b) Number of recipients ຊ (a) Type of grant or assistance Scholarships Part IV Part III

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

3775863

2009 Open to Public

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

**Sisters Graduate Resource Organization** 

Employer identification number

38

| Form 990, Page 6, Part VI, Section B, Question 11A, Process to review the Form 990:  |
|--|
| The Form 990 was prepared by the Treasurer (who is a CPA). Upon completion a draft was circulated to board members   |
| for review and comment prior to filling.   |
| Tot review and comment prior to ming.  |
|  |
| Question 11C, the Board has a conflict of interest policy and board members will abstain from any vote that  |
| and the second state of the second state of the second sec |
| presents a conflict. The community is small and it is likely that board members would be aware of other board  |
| members who might have a conflict.   |
|  |
| Section C, Question 19: Governing documents and conflict of interest policy are available upon request. Financial  |
| Section 6, question 13. governing documents and commet of interest policy are available upon request. I mancial  |
| information is also available to the public on the Guidestar website.  |
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