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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? COMMUNITY SERVICE			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 THE FOUNDATION OPERATES THE FOOD BANK LOCATED IN SISTERS, OREGON (Grants \$ 61,306) If this amount includes foreign grants, check here . . . ☐		28a	
29 THE FOUNDATION CONDUCTS SPECIAL EVENTS TO RAISE MONEY FOR YOUTH ACTIVITIES AND COMMUNITY SERVICES IN SISTERS, OREGON (Grants \$ 38,254) If this amount includes foreign grants, check here . . . ☐		29a	35,412
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	99,560

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ JACK MCGILVARY Telephone no ▶ (541) 549-4274 PO BOX 1296 Located at ▶ SISTERS, OR ZIP + 4 ▶ 977591296		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-12-15 Date	
Paid Preparer's Use Only	JACK MCGILVARY Treasurer Type or print name and title			
	Preparer's signature	Kenneth Ribb CPA	Date	Check if self-employed ☒
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	RIBB ACCOUNTANCY PO BOX 321 SISTERS, OR 977590321			Phone no (541) 549-1301
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Name of the organization SISTERS KIWANIS COMMUNITY SERVICE FOUNDATION	Employer identification number 93-1070832
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—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	☐
b	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	☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	75,764	167,897	83,670	68,601	92,114	488,046
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	47,987	60,554	68,386	55,117	53,419	285,463
3Gross receipts from activities that are not an unrelated trade or business under section 513						0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5The value of services or facilities furnished by a governmental unit to the organization without charge						0
6Total. Add lines 1 through 5	123,751	228,451	152,056	123,718	145,533	773,509
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	27,000	14,031	28,377	13,000		82,408
bAmounts 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						0
cAdd lines 7a and 7b	27,000	14,031	28,377	13,000		82,408
8Public Support (Subtract line 7c from line 6)						691,101

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	123,751	228,451	152,056	123,718	145,533	773,509
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	576	3,819	7,715	4,561	3,030	19,701
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
cAdd lines 10a and 10b	576	3,819	7,715	4,561	3,030	19,701
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13Total support (Add lines 9, 10c, 11 and 12.)						793,210
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	87.130 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	86.010 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2.480 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.370 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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

Name of the organization
SISTERS KIWANIS COMMUNITY SERVICE
FOUNDATION

Employer identification number
93-1070832

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>SEES CANDIES</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	36,108	19,869	7,718	63,695	
	2	Less Charitable contributions	10,276			10,276	
3	Gross income (line 1 minus line 2)	25,832	19,869	7,718	53,419		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	14,533			14,533	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	2,789	13,804	5,171	21,764	
	10	Direct expense summary Add lines 4 through 9 in column (d)					36,297
	11	Net income summary Combine lines 3, column d, and line 10.					17,122

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: SISTERS KIWANIS COMMUNITY SERVICE
FOUNDATION

EIN: 93-1070832

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	COMMUNITY SERVICES
Donee's Name	CITY OF SISTERS
Donee's Address	PO BOX 39 SISTERS, OR 97759
Amount (FMV)	551
Purpose of Payment to Affiliate	
Relationship	NONE
Description	PLAQUE
Book Value	551
How BV Determined	COST
How FMV Determined	COST
Date of Gift	2009-11

Item No.	2
Class of Activity	YOUTH SERVICES
Donee's Name	KIWANIS CLUB OF REDMOND
Donee's Address	PO BOX 253 REDMOND, OR 97756
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	COMMUNITY SERVICES
Donee's Name	CENTRAL OREGON COUNCIL ON AGING
Donee's Address	1135 SW HIGHLAND AVE REDMOND, OR 97756
Amount (FMV)	120
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS KIWANIS
Donee's Address	PO BOX 1296 SISTERS, OR 97759
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	YOUTH SERVICES
Donee's Name	WOLFTREE
Donee's Address	215 NORTH CEDAR STREET SISTERS, OR 97759
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS HABITAT FOR HUMANITY
Donee's Address	PO BOX 238 SISTERS, OR 97759
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	COMMUNITY SERVICES
Donee's Name	OREGON STATE UNIVERSITY
Donee's Address	102 KERR ADMINISTRATION BLDG CORVALIS, OR 97331
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	COMMUNITY SERVICES
Donee's Name	DEVRY UNIVERSITY
Donee's Address	9755 SW BARNES RD PORTLAND, OR 97225
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	COMMUNITY SERVICES
Donee's Name	CORBAN COLLEGE & GRADUATE SCHOOL
Donee's Address	5000 DEER PARK DRIVE SE SALEM, OR 97317
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	COMMUNITY SERVICES
Donee's Name	VOLUNTEERS IN MEDICINE
Donee's Address	2300 NE NEFF BEND, OR 97701
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS PARK AND RECREATION DISTRICT
Donee's Address	PO BOX 2212 SISTERS, OR 97759
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	YOUTH SERVICES
Donee's Name	KIWANIS CLUB OF MADRAS
Donee's Address	PO BOX 65 MADRAS, OR 97741
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS GRADUATE RESOURCE ORANIZATION
Donee's Address	PO BOX 1546 SISTERS, OR 97759
Amount (FMV)	7,299
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	COMMUNITY SERVICES
Donee's Name	CITY OF SISTERS
Donee's Address	PO BOX 39 SISTERS, OR 97759
Amount (FMV)	2,656
Purpose of Payment to Affiliate	
Relationship	NONE
Description	FENCE
Book Value	2,656
How BV Determined	COST
How FMV Determined	COST
Date of Gift	2009-10

Item No.	15
Class of Activity	COMMUNITY SERVICES
Donee's Name	CALIFORNIA STATE UNIVERSITY SAN MARCOS
Donee's Address	333 S TWIN OAKS VALLEY RD SAN MARCOS, CA 92096
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	COMMUNITY SERVICES
Donee's Name	CENTRAL OREGON COMMUNITY COLLEGE
Donee's Address	2600 NW COLLEGE WAY BEND, OR 97701
Amount (FMV)	4,426
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS CHARTER ACADEMY OF FINE ARTS
Donee's Address	PO BOX 1176 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS PARENT TEACHER COMMUNITY
Donee's Address	PO BOX 3500 STE 170 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS SCHOOL DISTRICT
Donee's Address	611 E CASCADE SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS CHAMBER OF COMMERCE
Donee's Address	PO BOX 430 SISTERS, OR 97759
Amount (FMV)	550
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS SOCCER CLUB
Donee's Address	PO BOX 195 SISTERS, OR 97759
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	COMMUNITY SERVICES
Donee's Name	MY OWN TWO HANDS
Donee's Address	PO BOX 3500 3 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	COMMUNITY SERVICES
Donee's Name	OREGON ADAPTIVE SPORTS
Donee's Address	PO BOX 1737 BEND, OR 97759
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	COMMUNITY SERVICES
Donee's Name	DESCHUTES COUNTY
Donee's Address	1300 NE WALL STE STE 200 BEND, OR 97701
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS ROTARY CLUB
Donee's Address	PO BOX 1286 SISTERS, OR 97759
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	YOUTH SERVICES
Donee's Name	OREGON VOLLEYBALL ACADEMY
Donee's Address	PO BOX 8255 BEND, OR 97708
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS SCHOOLS FOUNDATION
Donee's Address	PO BOX 2155 SISTERS, OR 97759
Amount (FMV)	700
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	COMMUNITY SERVICES
Donee's Name	MARCH OF DIMES
Donee's Address	1220 SW MORRISON STE 510 PORTLAND, OR 97205
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS VETERANS OF FOREIGN WARS
Donee's Address	15715 PADDOCK GREEN SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS MIDDLE SCHOOL
Donee's Address	15200 MCKENZIE HWY SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	COMMUNITY SERVICES
Donee's Name	CITY OF SISTERS
Donee's Address	PO BOX 39 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	YOUTH SERVICES
Donee's Name	HISPANIC ENGLISH LEARNERS PROGRAM
Donee's Address	PO BOX 2177 BEND, OR 97709
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	COMMUNITY SERVICES
Donee's Name	THINK AGAIN PARENTS TAPS
Donee's Address	PO BOX 3500 113 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	COMMUNITY SERVICES
Donee's Name	DESCHUTES BASIN LAND TRUST
Donee's Address	210 NW IRVING AVE STE 102 BEND, OR 97701
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	COMMUNITY SERVICES
Donee's Name	WOMENS RESOURCE CENTER
Donee's Address	PO BOX 8693 BEND, OR 97708
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	COMMUNITY SERVICES
Donee's Name	TOGETHER FOR CHILDREN
Donee's Address	1029 NW 14TH BEND, OR 97701
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS CHRISTIAN ACADEMY
Donee's Address	15211 MCKINNEY BUTTE RD SISTERS, OR 97759
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS MIDDLE SCHOOL
Donee's Address	15200 MCKENZIE HWY SISTERS, OR 97759
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	COMMUNITY SERVICES
Donee's Name	AMERICAN CANCER SOCIETY
Donee's Address	2350 OAKMONT WAY STE 200 EUGENE, OR 97401
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	YOUTH SERVICES
Donee's Name	GIRL SCOUTS
Donee's Address	PO BOX 386 SISTERS, OR 97759
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	COMMUNITY SERVICES
Donee's Name	SISTERS CAMP SHERMAN RFD
Donee's Address	PO BOX 1509 SISTERS, OR 97759
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	YOUTH SERVICES
Donee's Name	KIWANIS CLUB OF BURNS
Donee's Address	PO BOX 66 BURNS, OR 97720
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	YOUTH SERVICES
Donee's Name	SMART READING
Donee's Address	520 NW WALL ST 218 BEND, OR 97701
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	YOUTH SERVICES
Donee's Name	SISTERS HIGH SCHOOL
Donee's Address	1700 W MCKINNEY BUTTE RD SISTERS, OR 97759
Amount (FMV)	2,350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	YOUTH SERVICES
Donee's Name	SOAR
Donee's Address	PO BOX 2215 SISTERS, OR 97759
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	YOUTH SERVICES
Donee's Name	MT HOOD KIWANIS CAMP
Donee's Address	9320 SW BARBUR BLVD STE 165 PORTLAND, OR 97219
Amount (FMV)	410
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	YCPO
Donee's Name	LITTLE CLOVERDALE PRESCHOOL
Donee's Address	PO BOX 1151 SISTERS, OR 97759
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	48
Class of Activity	COMMUNITY SERVICES
Donee's Name	LEUKEMIA & LYMPHOMA SOCIETY
Donee's Address	141 NW GREENWOOD 201 BEND, OR 97701
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	49
Class of Activity	HUMAN & SPIRITUAL
Donee's Name	HOSPICE OF REDMOND SISTERS
Donee's Address	732 SW 23RD REDMOND, OR 97756
Amount (FMV)	1,150
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	50
Class of Activity	YCPO
Donee's Name	HEALTHY BEGINNINGS
Donee's Address	1029 NW 14TH ST STE 102 BEND, OR 97701
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	51
Class of Activity	YCPO
Donee's Name	HEADSTART
Donee's Address	PO BOX 2215 SISTERS, OR 97759
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	52
Class of Activity	COMMUNITY SERVICES
Donee's Name	FAMILY ACCESS NETWORK
Donee's Address	525 E CASCADE AVE SISTERS, OR 97759
Amount (FMV)	1,750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	53
Class of Activity	YOUTH SERVICES
Donee's Name	CUB SCOUTS
Donee's Address	17075 HWY 126 SISTERS, OR 97759
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	54
Class of Activity	COMMUNITY SERVICES
Donee's Name	COBRA SAVING GRACE
Donee's Address	1425 NW KINGSTON AVE BEND, OR 97701
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	55
Class of Activity	YOUTH SERVICES
Donee's Name	BOY SCOUTS
Donee's Address	17330 BREEZY WAY BEND, OR 97701
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	56
Class of Activity	YCPO
Donee's Name	SISTERS ELEMENTARY SCHOOL
Donee's Address	611 E CASCADE AVE SISTERS, OR 97759
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	57
Class of Activity	YOUTH SERVICES
Donee's Name	RONALD MCDONALD HOUSE
Donee's Address	1700 NE PURCELL BLVD BEND, OR 97701
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: SISTERS KIWANIS COMMUNITY SERVICE
FOUNDATION

EIN: 93-1070832

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
SUPPLIES	1,072
PUBLIC RELATIONS	135
INVESTMENT FEES	1,770
FOOD BANK	57,854

Additional Data

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RON MOHLER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
DAVID HUNI PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
EARL SCHROEDER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
PAT WOOLLARD PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
MAY FAN PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
TAY ROBERTSON PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
JEANNE NOLANDER PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
GARY FRAZEE PO BOX 1296 SISTERS,OR 977591296	Director 1 00	0		
KERRY BOTT PO BOX 1296 SISTERS,OR 977591296	PRESIDENT ELECT 1 00	0		
BARBARA JOHNSON PO BOX 1296 SISTERS,OR 977591296	PAST PRESIDENT 1 00	0		
JAN FAILING PO BOX 1296 SISTERS,OR 977591296	Secretary 4 00	0		
JACK MCGILVARY PO BOX 1296 SISTERS,OR 977591296	Treasurer 7 00	0		
GRANT CYRUS PO BOX 1296 SISTERS,OR 977591296	President 5 00	0		