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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: KENYA KEYS. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 5314 TUALATA CT. City or town, state or country, and ZIP + 4: LAKE OSWEGO, OR 97035

D Employer identification number: 27-1907027. E Telephone number: (503) 431-2353. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.kenyakeys.org

J Tax-Exempt status (check only one): [X] 501(c)(3) [] 501(c) () (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 144,705

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 141,862 and total expenses is 171,019.

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	82,867	22	54,842
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,000	24	
25 Total assets	83,867	25	54,842
26 Total liabilities (describe in Schedule O)	1,753	26	1,885
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,114	27	52,957

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this 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?

KENYA KEYS IS AN ALL-VOLUNTEER ORGANIZATION WHOSE PRIMARY FOCUS IS TO PROVIDE EDUCATIONAL OPPORTUNITIES TO IMPOVERISHED COMMUNITIES IN THE EASTERN PART OF KENYA KENYA KEYS WORKS PREDOMINANTLY WITH THE DURUMA CULTURE KENYA KEYS BELIEVES THAT EDUCATION IS THE LIGHT OF THE WORLD ITS PRIMARY SERVICE AREA IS THE TARU SUB-LOCATION, IN THE SAMBURU DIVISION, IN THE KINANGO DISTRICT, OF THE COAST PROVINCE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 162,256

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		No
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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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
--	-----	----

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47		No
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48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		No
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		No
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b If "Yes," was the related organization a section 527 organization?

49b		No
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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				

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		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 Here	***** Signature of officer	2012-05-21 Date		
	BRENT HAYES Chairman Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ LESLIE CLARK	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMYTH & CLARK PC 827 NE OREGON ST STE 240 PORTLAND, OR 972322172			EIN ▶
				Phone no ▶ (503) 234-8874

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
KENYA KEYS

Employer identification number

27-1907027

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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				150,566	140,901	291,467
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3				150,566	140,901	291,467
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)						0
6 Public Support. Subtract line 5 from line 4						291,467

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4				150,566	140,901	291,467
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						0
11 Total support (Add lines 7 through 10)						291,467
12 Gross receipts from related activities, etc (See instructions)					12	690

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 2011 (line 6 column (f) divided by line 11 column (f))	14	0 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010.** 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—2011.** 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—2010.** 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 III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
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 the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KENYA KEYS

Employer identification number

27-1907027

Identifier	Return Reference	Explanation
Form 990-EZ, Part V, Line 33	Activities Not Previously Reported to the IRS	GLOBAL CLASSROOM PROGRAM FIVE U S SCHOOLS ARE NOW CONNECTED TO SCHOOLS IN KENYA PROVIDING DYNAMIC AND INTERACTIVE SUPPORT FOR INTERCULTURAL EDUCATION, LEARNING AND SUPPORT, AND FUNDRAISING FOR SCHOOL CLASSROOMS, LATRINES, DESKS, BOOKS, ETC
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	MISCELLANEOUS PAYABLE - Beginning \$0 MISCELLANEOUS PAYABLE - Ending \$97
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	SW VISA CREDIT CARD PAYABLE - Beginning \$1753 SW VISA CREDIT CARD PAYABLE - Ending \$1788
Form 990-EZ, Part II, Line 24 1	Other Assets 1	LOAN RECEIVABLE-OFFICER - Beginning \$1000 LOAN RECEIVABLE-OFFICER - Ending \$0
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	TAXES & LICENSES \$83
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	EDUCATIONAL PRESENTATION \$155
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	PAYPAL FEES \$222
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	BANK CHARGES \$279
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	MEETINGS , WORKSHOPS \$369
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	PHOTOS, PRINTING, PROMOTION \$1073
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1485
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1913
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$2606
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$133
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity ASSISTANCE TO KENYA Donee's Name KENYA KEYS (KENYA) Donee's Address TARU TOWN, SAMBURU DIVISION COAST PROVINCE KENYA, Cash Amount Given \$160785

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 27-1907027
Name: KENYA KEYS

Form 990-EZ, Special Condition Description:

Special Condition Description

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

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 GENERAL IN-SERVICE AREA FUNDS ARE PROVIDED FOR GENERAL ADMINISTRATIVE EXPENSES IN SUPPORTING EDUCATIONAL SPONSORSHIP AND EDUCATIONAL PROJECTS IN KENYA DELIVERY OF OVER 250 GIRLS SANITARY KITS (Grants \$ 1,132) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	28a	1,132
<p>29 NDOHIVYO SPECIAL NEEDS SCHOOL 50 INDIVIDUALS AND 9 OREGON HIGH SCHOOLS ARE SPONSORING 33 OF 70 STUDENTS AND THE DORM MOTHER AND THE SCHOOL GROUNDSKEEPER PARTNERING WITH THE MOMBASA ROTARY CLUB IS YIELDING GOOD RESULTS (Grants \$ 14,224) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	29a	14,224
<p>30 LEADERSHIP, TRAINING, AND SUPPORT ESTABLISHED A PARTNERSHIP WITH KENYAN MENTORSHIP AND CAREER COUNSELING PROGRAM (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	30a	1,522
<p>PRESENTATIONS OVER 20 PUBLIC EDUCATIONAL PRESENTATIONS WERE GIVEN TO HIGH SCHOOLS, ELEMENTARY AND MIDDLE SCHOOLS, CHURCH GROUPS, AND ROTARY CLUBS, IN UTAH, OREGON, AND CALIFORNIA TO PROMOTE UNDERSTANDING OF POVERTY ISSUES AND THE VALUE OF EDUCATION (Grants \$ 1,245) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		
<p>IN-COUNTRY VISITS 19 COLLEGE GRADUATE INTERNS SERVED AND RESIDED IN KENYA FOR PERIODS RANGING FROM A FEW DAYS TO FIVE WEEKS THEY PARTICIPATED, TAUGHT SCHOOL, INTERVIEWED AND EVALUATED SPONSORED STUDENTS, ASSESSED PROGRAMS AND PROJECT EFFECTIVENESS OUR FIRST HIGH SCHOOL INTERN GROUP (5 GIRLS) SUCCESSFULLY INTERNEED FOR ONE WEEK FOCUSED ON GIRL'S EMPOWERMENT AND EDUCATION (Grants \$ 338) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		
<p>GLOBAL CLASSROOM PROGRAM FIVE U S SCHOOLS ARE NOW CONNECTED TO SCHOOLS IN KENYA PROVIDING DYNAMIC AND INTERACTIVE SUPPORT FOR INTERCULTURAL EDUCATION, LEARNING AND SUPPORT, AND FUNDRAISING FOR SCHOOL CLASSROOMS, LATRINES, DESKS, BOOKS, ETC (Grants \$ 1,804) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		1,765
<p>SCHOOL INFRASTRUCTURE PROGRAM COMPLETION OF GIRLS DORMITORY FOR 80 GIRLS, ADDED ONE PRIMARY SCHOOL LIBRARY, ENLARGED FOUR EXISTING LIBRARIES WITH HUNDREDS OF BOOKS AND FOUR LAPTOPS PROVIDED PRIMARY AND HIGH SCHOOL TEACHING AIDS AND SCHOOL SUPPLIES (Grants \$ 72,127) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		72,127
<p>STUDENT SPONSORSHIP PROGRAM AS OF DECEMBER 2011 THERE WERE 1) 156 ACTIVELY SPONSORED STUDENTS(105 MALE, 51 FEMALE) 2) 124 SECONDARY SCHOOL STUDENTS (78 MALE, 46 FEMALE), AND 3) 32 COLLEGE/POLY TECH/TRADE SCHOOL, AND UNIVERSITY STUDENTS (MALE 27, FEMALE 5) TOTAL SPONSORS 157 INDIVIDUALS, 47 FAMILIES, 14 OTHER GROUPS (SCHOOLS, ROTARY CLUBS, ETC) (Grants \$ 72,062) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		71,913

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
ROSLYN WILSON 10980 SW MATZEN DR WILSONVILLE,OR 97070	SPNSR COORDNTR 10 00	0		
JACOB SHIMKUS 19653 RIVER RUNDR LAKE OSWEGO,OR 97034	ASSOC DIRECTOR 8 00	0		
ALICIA RICHARDSON 2275 PARLEYS TERRACE SALT LAKE CITY,UT 84109	ASSOC DIRECTOR 5 00	0		
ALISKA KILGORE 1721 HORNE AVE SALT LAKE CITY,UT 84106	ASSOC DIRECTOR 5 00	0		
BILL SELF 2646 NE HAMBLET ST PORTLAND,OR 97212	ASSOC DIRECTOR 20 00	0		
JOSEPH MWENGEA TARU TOWN SAMBURU DIVISION COAST PROVINCE KE	IN-COUNTRY DIR 30 00	0		
DEBORAH SHIMKUS 19653 RIVER RUN DR LAKE OSWEGO,OR 97034	Director 10 00	0		
GAIL ZIMMERMAN 4976 GALEN LAKE OSWEGO,OR 97035	Director 1 00	0		
ANDREA LAMPERT 5440 SW WESTGATE DR 300 PORTLAND,OR 97221	Director 1 00	0		
DAVE MCCULLOCH 17688 UPPER CHERY LN LAKE OSWEGO,OR 97034	VICE CHAIRMAN 1 00	0		
BRENT HAYES 5314 TUALATA CT LAKE OSWEGO,OR 97035	Chairman 40 00	0		
RINDA HAYES 5314 TUALATA CT LAKE OSWEGO,OR 97035	Executive Direc 40 00	0		