

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



Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	A F	or the	2011 calendar year, or tax year beginning J	UL 1, 2011 and	ending J	UN 30, 2012	2
	Вс	heck if	C Name of organization			D Employer identif	ication number
	aţ	pplicable					
		Addres					
	X	Name change	Doing Business As SISTERS GRO			38-3	3775863
		Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numb	er
		Termin	PO BOX 1546			503-	-559-9788
		Ameno	City or town, state or country, and ZIP + 4			G Gross receipts \$	106,639.
		Application	SISTERS, OR 97759			H(a) Is this a group	return
		pendin	F Name and address of principal officer:KAR	EN HENSLEY		for affiliates?	Yes X No
			PO BOX 1546, SISTERS, O	R 97759		H(b) Are all affiliates in	ncluded? Yes No
		ax-exe	empt status: X 501(c)(3) 501(c)()		or 527	If "No," attach	a list. (see instructions)
	Jν	Vebsit	e: ► WWW.SISTERSGRO.COM		·	H(c) Group exempti	on number 🕨
	K F	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 2008	M State of legal domicile: OR
	Pa	ırt I	Summary				
	a	1	Briefly describe the organization's mission or most	significant activities. FUND	RAISIN	IG FOR AND I	DISTRIBUTION_
	ŝ		OF SCHOLARSHIPS TO GRADUA	TES OF THE SIST	ERS, C	R HIGH SCHO	OOL SYSTEM.
	rne	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	e than 25% of its net a	assets.
	ove	3	Number of voting members of the governing body	(Part VI, line 1a)		3	
	ଔ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	10
<i>e</i> \circ	es	5	Total number of individuals employed in calendar y	rear 2011 (Part V, line 2a)		. 5	
	viti	6	Total number of volunteers (estimate if necessary)			. <u> 6</u>	
	Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		78	
1		b	Net unrelated business taxable income from Form	990-T, line 34	· · · · · · · · · · · · · · · · · · ·		0.
					<u> </u>	Prior Year	Current Year
<u>, [</u>	ē	8	Contributions and grants (Part VIII, line 1h)		<u> </u>	78,873	
	Revenue	9	Program service revenue (Part VIII, line 2g)			0	
7		10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		851	
í. Š		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		26,256	
\Rightarrow		12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		105,980	
ငပ		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		59,472	
E 37,		14	Benefits paid to or for members (Part IX, column (A	.), line 4)	· · · _	0	
Š	es	I	Salanes, other compensation, employee benefits (• • •	<u> </u>	0	
	Expenses	ł .	Professional fundraising fees (Part IX, column (A),	Contraction of the Contraction o	<u> </u>	0	0.
	×	I	Total fundraising expenses (Part IX, column (D), lin		17/2		
	ш	I	Other expenses (Part IX, column (A), lines 11a-11d			29,480	
			Total expenses. Add lines 13-17 (must equal Part I	X, column (A) dine 25)	🗀	<u> 기의 88,952</u>	
			Revenue less expenses Subtract line 18 from line	12 8 NOV 0		17,028	
	is or				Be	eginning of Current Year	
	Sse	20	Total assets (Part X, line 16)	· Ogde	M TIFE	129,589	
	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		101 31	100 500	
		•	Net assets or fund balances. Subtract line 21 from	line 20		129,589	132,605.
		art II	Signature Block				
			Ities of perjury, I declare that I have examined this return,				my knowledge and belief, it is
	true,	, correc	t, and complete. Declaration of preparer (other than office	y) is based on all information of wi	nich prepare		
			Signature of officer	<u> </u>		Date	usurer
	Sign					11/2	100
	Her	e	KAREN LORD, TREASURER Type or print name and title	_		11/02	116
			<u> </u>	D		Date Check	PTIN
	Paid		Print/Type preparer's name	Preparer's signature			— ;
		oarer J	LORI GRANT	theria. Thant,	<u> </u>		
	•	Only	Firm's name JOHNSON, GLAZE & Firm's address 3085 RIVER ROAD			Firm's EIN	93-0802780
	UBE	Unity	SALEM, OR 97303	TA .		Dhono no	(503) 390-7880
	Mar	, the II		wo2 (con instructions)		Phone no.	
			S discuss this return with the preparer shown about 12 LHA For Paperwork Reduction Act Notice		000		X Yes No Form 990 (2011)
	1320	01 01-2	3-12 LITA FOI Paper WORK NEGUCION ACT NOTE	e, see uie separate mstructi	UI 13.		1 2011 222 (2011)

	990 (2011) SISTERS GRADUATE RESOURCE ORGANIZATION 38-37/5863 Page 2
rai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission. SISTERS GRADUATE RESOURCE ORGANIZATION IS DEDICATED TO THE GROWTH TO
	THE SISTERS COMMUNITY'S FUTURE BY CHAMPIONING POST HIGH SCHOOL
	EDUCATION THROUGH SCHOLARSHIPS AND GRADUATE SUPPORT PROGRAMS.
	EDUCATION IMMODEL DENOMINED THE GRADUITE BUTTONT IMMODELLE.
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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$
	SCHOLARSHIPS
4b	(Code) (Expenses \$
	SENIOR CELEBRATION
4c	(Code) (Expenses \$
	ASPIRE PROGRAM PROVIDES FUNDING FOR THE ASPIRE PROGRAM AT SISTERS HIGH
	SCHOOL TO ASSIST STUDENTS IN THE FULFILLMENT OF THEIR COLLEGE
	ASPIRATIONS.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 99,793.
	Form 990 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	·		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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_	_X_	<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8		X
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_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		77	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	۔ مما		v
L		11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	440		x
	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's displaced in acceptance of consolidated invarious statements for the tax year include a roomlete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	i	x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15	l	X
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, Parts III and IV	16		X
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	<u> </u>	Х
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		X
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	L	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Г	OOA.	(2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	<u>X</u>	
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	i i		
	Schedule J	23		<u>X</u>
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		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u> _
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ŀ	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?	24		- V
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^ -
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	256		X_
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		х
27	If "Yes," complete Schedule R, Part V, line 2	36	\vdash	 ^ -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	 ^
38		38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2011)

Form 990 (2011) SISTERS GRADUATE RESOURCE ORGANIZATION 38-3775863 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a 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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		_X_
b	If "Yes," enter the name of the foreign country:			
	See instructions for 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	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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		<u> X</u>
þ	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).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
D	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?	70		х
А	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
140	Enter the amount of reserves on hand Did the organization reserve any payments for index tenning converse during the tay year?	4.6 -		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>U</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	gan .	(2011)
		1 01111		(4011)

132005 01-23-12

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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
•	statements available to the public during the tax year.	,. .		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	iion: 🗩		
	ANN THOMPSON - 503-559-9788			
13200	PO BOX 471, SISTERS, OR 97759			

01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check mote box, unless person officer and a direct			tion nore than one son is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN HENSLEY PRESIDENT	10.00	X		x				0.	0.	0.
(2) ANN THOMPSON SECRETARY	3.00			х				0.	0.	0.
(3) KAREN LORD TREASURER	3.00	x		х				0.	0.	0.
(4) DAN SARACENO EX-OFFICIO	1.00	x		х				0.	0.	0.
(5) MARCY EDWARDS VICE CHAIR	1.00	x		x				0.	0.	0.
(6) ANGELA WARD DIRECTOR	1.00	x		х				0.	0.	0.
(7) DEE THOMPSON DIRECTOR (8) TAMI JONES	1.00	x		x				0.	0.	0.
DIRECTOR (9) SUSANNA HARNSON	1.00	x		х				0.	0.	0.
EX-OFFICIO (10) JOE HOSANG	1.00	x	<u> </u>	x				0.	0.	0.
EX-OFFICIO	1.00	X		x			_	0.	0.	0.
						_				
				_			_			
				Ц.			Ц	<u> </u>	<u> </u>	1

132007 01-23-12

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but	not limited to those	listed above) who received more than	

Pai	rt VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	C	Fundraising events	1c	1,260.				1
	d	Related organizations	1d					
	e	Government grants (contribut	tions) 1e					
	f	All other contributions, gifts, gran						
들		similar amounts not included abo	ve 1f	105,107.				
<u>5</u> 2	9		1a-1f \$		106 267			
0 8	h	Total. Add lines 1a-1f		D O - d -	106,367.			
	٥.			Business Code				
Program Service Revenue	2 a					1		
Ser	b c							
E S	d				· · · · · · · · · · · · · · · · · · ·			
ğ	e	***************************************						
4	f	All other program service reve	enue					
		Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		🕨	272.			272.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties						
		_	(i) Real	(ii) Personal				
	6 a		ļ					
i	b	Less. rental expenses						
	c C							
	d 7 a	Gross amount from sales of	(i) Securities	(ii) Other				
-	, u	assets other than inventory	(y Goodinios	(1) 0 11 101				
	b	Less: cost or other basis				İ		
- 1		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)				_		
<u>a</u>	8 a	Gross income from fundraising						
Other Revenue		including \$1,2						
è		contributions reported on line	e 1c) See					
Ē	_	Part IV, line 18	a	0.				
ᅗ		Less: direct expenses	b American accidenta	0.	0.			
		Net income or (loss) from fund Gross income from gaming a	-		0.		<u> </u>	
	9 4	Part IV, line 19	_					
	b	Less. direct expenses	a					
		Net income or (loss) from gan	****	•				
		Gross sales of inventory, less	-		-			
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	ne	Business Code				
	11 a							
	b							
	c			<u> </u>	· · · · · · · · · · · · · · · · · · ·	 		+
		All other revenue				-		+
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.		🏲	106,639.	0.	0	272.
13200	19	i viai i evenue. See manuchons.			100,009.	<u> </u>		Form 990 (2011)
01-23	- 14							\2011,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respons include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to governments and			35	
	anizations in the United States. See Part IV, line 21				
-	ints and other assistance to individuals in		·		<u> </u>
the	United States. See Part IV, line 22	79,107.	79,107.		
3 Gra	ints and other assistance to governments,	•	•		
orga	anizations, and individuals outside the				
Unit	ted States See Part IV, lines 15 and 16				
4 Ben	nefits paid to or for members				
5 Con	mpensation of current officers, directors,				
trus	stees, and key employees				
6 Com	npensation not included above, to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
7 Oth	er salanes and wages .				
8 Pens	sion plan accruals and contributions (include				
section	ion 401(k) and section 403(b) employer contributions)				
9 Oth	ner employee benefits				
10 Pay	roll taxes				
11 Fee	es for services (non-employees)·	•			
a Mar	nagement _				
b Leg	gal				
c Acc	counting	875.		875.	
d Lob	obying				
e Prof	fessional fundraising services. See Part IV, line 17 📙				
f Inve	estment management fees				
g Oth	ner	20,000.	20,000.		
12 Adv	vertising and promotion				
13 Offi	ice expenses	50.		50.	
14 Info	ormation technology				
15 Roy	yalties				
16 Occ	cupancy .				
17 Trav	vel				
18 Pay	yments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
19 Cor	nferences, conventions, and meetings			. =	
	erest				
21 Pay	ments to affiliates				
22 Dep	preciation, depletion, and amortization				
23 Inst	urance	744.		744.	
abov 24e	er expenses. Itemize expenses not covered ive. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A) punt, list line 24e expenses on Schedule 0.)				
	NDRAISING	1,911.			1,911
	ENIOR CELEBRATION EXPE	686.	686.		
	JSINESS EXPENSES	138.		138.	
	JES	60.		60.	
	other expenses	52.		52.	
	al functional expenses. Add lines 1 through 24e	103,623.	99,793.	1,919.	1,911
	nt costs. Complete this line only if the organization				, -
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
	ck here if following SOP 98-2 (ASC 958-720)				

SISTERS GRADUATE RESOURCE ORGANIZATION

Form 990 (2011)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	35,532.	1	69,354.
2	Savings and temporary cash investments	94,057.	2	63,251.
3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · · ·
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		Î	
į –	employees, and highest compensated employees. Complete Part II			
ŀ	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
-	Land, buildings, and equipment: cost or other		-	
IVa	basis. Complete Part VI of Schedule D 10a			
_	Less: accumulated depreciation 10b		10c	
	Investments - publicly traded securities		11	
11	Investments - publicly traded securities Investments - other securities See Part IV, line 11		12	
12	·			
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	129,589.	15	132,605
16	Total assets. Add lines 1 through 15 (must equal line 34)	149,309.	16	134,003
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key 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 (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	 	25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here X and complete			
}	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	7,234.	27	7,672
28	Temporarily restricted net assets	122,355.	28	124,933
29	Permanently restricted net assets		_29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117, check here			
<u> </u>	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	129,589.	33	132,605
	Total liabilities and net assets/fund balances	129,589.	34	132,605

-om	990 (2011) SISTERS GRADUATE RESOURCE ORGANIZATION	38-3775	863	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	106	5,6	<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	103	3,6	23.
3	Revenue less expenses Subtract line 2 from line 1	3	3	3,0	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129	, 5	89.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	132	2,6	05.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	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 Sched	ule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of	on a	i		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			j	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singi	e Audit			
	Act and OMB Circular A-133?		_3a	ŀ	_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		_3b		
			Form 9	990 (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Inspection

Name of the organization

Employer identification number

Part I	Reason		ity Status (All organiz					ructions	30	5-3//50	503	—	
			because it is: (For lines 1									_	
1	7	church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	7	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗀	A hospital or	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 🗀	A medical res	search organization	operated in conjunction	with a hosp	ortal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital's	s name,		
	city, and stat	:e										_	
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). (Compl	ete Part II.)										
6 📙	_	ate, or local governm	nent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).						
7 LX	-	-	ceives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic descr	ibed in		
_	7	(b)(1)(A)(vi). (Comple											
8 _	¬		section 170(b)(1)(A)(vi).		-								
9	_		ceives: (1) more than 33 1							-	-		
		•	nctions - subject to certa	•	•	•			• •	-		ıt	
			taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	itter June 30), 1975.		
	- 1	509(a)(2). (Complet				\	5004-14						
10	¬	-	perated exclusively to te		=			-	مطاحة المرامي				
11	_ •	•	perated exclusively for the				•						
			ations described in section and complete and complete in the c				.). See Sec	ilon sost	a)(3). One	CK LITE DOX	uiai		
	a Type	· · · · · ·	Type II		e III - Func		enrated		а	Type III - O	ther		
e 🗆	¬ ''		at the organization is not			•	J	more disc					
е	_ ,	•	than one or more publicly		•	•	•						
f		-	tten determination from t		_				/(u)(· / o · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(- /(-/-		
•	_	rganization, check t				po 1, 1, po	., 0. 1, p.				Γ-	٦	
g	• • •	•	organization accepted ar	nv aift or co	ontribution	from anv	of the follo	owina pers	sons?				
9	-		directly controls, either al								Yes No	_	
	• • • • • • • • • • • • • • • • • • • •		supported organization?	Ū				`,		11g(i)		_	
		- ·	n described in (i) above?		•		· · ·		•	11g(ii)		_	
	• • • •		a person described in (i) o		?				_	11g(iii)		_	
h	Provide the f	following information	about the supported or	ganization((s).				-			_	
		-											
(i) Naı	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) is	the	(vii) Am	ount of	_	
	rganization	(,	organization (described on lines 1-9	in col. (i) listed in your governing document?		organization in col.		Largenizetian in cal. I		(vii) Amount of support			
			above or IRC section			(i) of you	r support?	U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No			_	
												_	
			-		ļ			 					
	· · · · · · · · · · · · · · · · · · ·				-		ļ		\vdash			—	
	<u>-</u>		<u> </u>				-	 	+ +			—	
_										· · · · · · ·			
[otal													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 SISTERS GRADUATE RESOURCE ORGANIZATION 38-3775863 Page 2

Part II | Support Schedule for Organizations Described in Sections 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.)

Sec	ction A. Public Support			·-·			
Cale	ndar 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						
	ınclude any "unusual grants.")		63,101.	122,788.	78,873.	106,367.	371,129.
2	Tax revenues levied for the organ-						
	zation'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		63,101.	122,788.	78,873.	106,367.	371,129.
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)						
	Public support. Subtract line 5 from line 4						371,129.
Sec	ction B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		63,101.	122,788.	78,873.	106,367.	<u>371,129.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			334.	851.	272.	1,457.
9	Net income from unrelated business					!	
	activities, whether or not the						
	business is regularly carried on _				- <u>-</u> -		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						372,586.
12	Gross receipts from related activities,	, etc. (see instructie	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
80	organization, check this box and storection C. Computation of Publ	here	roontago				
	_					T T	00 (1 %
	Public support percentage for 2011 (• • • • • • • • • • • • • • • • • • • •	•	column (t))		14	99.61 %
	Public support percentage from 2010				14:-004/00/	15	<u>%</u>
108	33 1/3% support test - 2011. If the c	-			14 IS 33 1/3% OF II	nore, cneck this bo	▶ 🗶
	stop here. The organization qualifies		_				
C	33 1/3% support test - 2010. If the c				IIIIe 15 IS 33 1/3%	or more, cneck tr	nis box
47-	and stop here. The organization qual	•	•		. 10 100 105		. PL
1/8	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fact			•	•	rt iv now the organ	iization
p.	meets the "facts-and-circumstances"	•	•	. , , , ,	•	 17a and line 45 :-	- L
C	10% -facts-and-circumstances tes	-				·	
	more, and if the organization meets the organization meets the "facts-and-circ		•		•		`
1Ω	Private foundation. If the organization		-	•			
<u> 10</u>	Treate louridation. If the organization	an did not check a	DON OIT MILE TO, TO	<u>u, 100, 11a, 01 110</u>		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 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 t	0
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar 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 per-					,	
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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	-			-		
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons		 		1	<u> </u>	
t	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			ļ			-
(Add lines 7a and 7b			ļ	 	ļ	ļ
	Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>	1	<u> </u>
Se	ction B. Total Support	•	,		- 	T	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						ļ
10a	Gross income from interest,			1			
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						<u> </u>
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carned on]				1	
12	Other income. Do not include gain			_		1	
	or loss from the sale of capital	ĺ					
12	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	1	1	
	First five years. If the Form 990 is fo	r the organization	le firet eacond thi	rd fourth or fifth	lay year as a secti	nn 501(c)/3) organ	ızatıon
1-4	check this box and stop here	i ine organization	o mot, second, till	ra, rourer, or mer	ian your as a scott	on do nono, organ	_
Se	ction C. Computation of Pub	lic Support Pe	ercentage		·-		
	Public support percentage for 2011			column (f))		15	
	Public support percentage from 2010		•			16	%
	ction D. Computation of Inve			· · · · · · ·			
	Investment income percentage for 2					17	%
						18	
	Investment income percentage from			on line 14 and lin	a 15 ie mara than		
198	a 33 1/3% support tests - 2011. If the						17 13 110t
	more than 33 1/3%, check this box a	-	-				► L
•	33 1/3% support tests - 2010. If the						
~~	line 18 is not more than 33 1/3%, ch		-				"···· [
	Private foundation. If the organization	on did not check a	DOX OF INE 14, 19	a, or 190, check			90 or 990-EZ) 201
1220	123 01-24-12				~	прина и грогт ч	ne : //r vne lett / 1 '/f 11'

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SISTERS GRADUATE RESOURCE ORGANIZATION

Employer identification number

38-3775863 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 11 Total number at end of year 98,500. 2 Aggregate contributions to (during year) 79,107. Aggregate grants from (during year) 3 114,477. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

		GRADUATE F				3775863 Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	easures, or Oth	er Similar As	sets (continued)
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that are a	significant use of	its collection items
	(check all that apply).					
а	Public exhibition	d	Loan or exch	nange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's col	lections and explain	how they further th	ne organization's exe	empt purpose in F	Part XIV.
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	ar assets	
_	to be sold to raise funds rather than to be mai	intained as part of th	ne organization's co	llection?		Yes No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organization	n answered "Yes" to	Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Part	X, line 21.				
1a	Is the organization an agent, trustee, custodia	ın or other ıntermed	ary for contribution	s or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a					
		•	•			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	_
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?			Yes No
b	If "Yes," explain the arrangement in Part XIV.					
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" to For	m 990, Part IV, line	10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	122,355.	105,326.	57,567.		
b	Contributions	77,685,	76,501.	112,459.	57,56	57.
С	Net investment earnings, gains, and losses		,	•	,	
d	Grants or scholarships	79 107.	59.472,	64,700.		
е	Other expenditures for facilities		•	•		
	and programs					
f	Administrative expenses				-	
q	End of year balance	120,933,	122,355.	105,326.	57,56	57.
2	Provide the estimated percentage of the curre					
а	Board designated or quasi-endowment	3.00	%	,,		
b	Permanent endowment	%	-			
c	Temporarily restricted endowment ▶ 97					
	The percentages in lines 2a, 2b, and 2c shoul					
За	Are there endowment funds not in the posses		tion that are held a	nd administered for	the organization	
-	by:	5			<u> </u>	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations			• •		3b
4	Describe in Part XIV the intended uses of the	•	•			
Par	t VI Land, Buildings, and Equipme					
·	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulated	(d) Book value
		basis (investm	1 , ,		epreciation	• •
	Land	1				
b	Buildings					
c	Leasehold improvements			-		
d	Equipment					
	Other					
	Add lines 1a through 1e (Column (d) must ed	rual Form 990 Part	X column (R) line 1	0(c))	>	0.

Schedule D (Form 990) 2011

SISTERS GRADUATE RESOURCE ORGANIZATION

38-3775863 Page 3

Schedule D (Form 990) 2011

<u>Sche</u>	dule D (Form 990) 2011 SISTERS GRADUATE RESOURCE O			<u>38-3775863</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	icial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recovenes of prior year grants	2c			
đ	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
C	Other losses	2c]	
d	Other (Describe in Part XIV)	_2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a and 4; P	art IV, lines 1	b and 2b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete this part to pr	ovide any ad	ditional information.	
<u>PA</u>	RT V, LINE 4: THE ORGANIZATION WILL USE TH	<u>IE TERM EI</u>	NDOWMEN	T FUNDS TO	
PRO	OVIDE SCHOLARSHIP MONIES WITHIN THE NEXT FE	W YEARS.	SOME	OF THE	
RE	CIPIENTS RECEIVE SCHOLARSHIPS TO BE PAID OU	TOVER T	HE COUR	SE OF THEIR	3
CO	LLEGE ENROLLMENT.				

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE I (Form 990)

OMB No 1545-0047	2011	Open to Public

Open to Public Inspection	Employer identification number 38-3775863		e selection Yes X No		Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	on of (h) Purpose of grant stance or assistance				:	Schedule I (Form 990) (2011)								
			assistance, and the		d "Yes" to Form 99	(g) Description of the control of th													
art IV, line 21 or 22			rty for the grants or		ganization answered	(f) Method of valuation (book FMV, appraisal other)													
" to Form 990, Pai m 990.	Z		le grantees' eligibil	ne grantees' eligibi ted States	he grantees' eligibi ted States	he grantees' eligib	the grantees' eligib	the grantees' eligib	the grantees' eligib	the grantees' eligib nted States	the grantees' eligib	ted States	Complete if the org	(e) Amount of non-cash assistance					
on answered "Yes" to Fo ► Attach to Form 990.	ORGANIZATION		ts or assistance, th	it funds in the Unit	he United States.	(d) Amount of cash grant				the line 1 table									
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	RESOURCE OR		e amount of the grant	itoring the use of gran	d Organizations in the	(c) IRC section of applicable				rganizations listed in t	tions for Form 990.								
Comp	GRADUATE F	and Assistance	to substantiate th stance?	ocedures for mon	Governments an	(b) EIN				and government o	is listed in the line t, see the Instruct								
	SISTERS	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	d Other Assistance to	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (b) EIN (c) IRC section (d) Amount of or government (d) Amount of or government (e) EIN (a) Description of or government (f) Method (g) Description of or government (h) Method (g) Description of (g) Description o				Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.								
Department of the Treasury Internal Revenue Service	Name of the organization	Part I General In	1 Does the organiz criteria used to a	2 Describe in Part	Part II Grants an	1 (a) Name and ad or gov				l	3 Enter total numb LHA For Paperwork								

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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 (d) Amount of non-cash assistance 히 79,107 25 (c) Amount of cash grant 35 (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS 132102 01-27-12 Part IV Part III

Page 2

38-3775863

SISTERS GRADUATE RESOURCE ORGANIZATION

Schedule I (Form 990) (2011)

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization SISTERS GRADUATE RESOURCE ORGANIZATION	Employer identification number 38-3775863
FORM 990, PART VI, SECTION B, LINE 11: PROCESS TO REVIEW	THE FORM 990:
THE FORM 990 WAS PREPARED BY A CPA. UPON COMPLETION A D	RAFT WAS CIRCULATED
TO BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD HAS A	CONFLICT OF
INTEREST POLICY AND THE BOARD MEMBERS WILL ABSTAIN FROM	ANY VOTE THAT
PRESENTS A CONFLICT. THE COMMUNITY IS SMALL AND IT IS L	IKELY THAT BOARD
MEMBERS WOULD BE AWARE OF OTHER BOARD MEMBERS WHO MIGHT	HAVE A CONFLICT.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMEN	TS AND CONFLICT OF
INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL I	NFORMATION IS ALSO
AVAILABLE TO THE PUBLIC ON THE GUIDESTAR WEBSITE.	- -