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SCANNED NOV 0 4 2013

## 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)

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2012 calendar year, or tax year beginning JUL 1. 2012 and ending JUN 30. 2013 C Name of organization Check if applicable D Employer identification number SISTERS GRADUATE RESOURCE ORGANIZATION Name change 38-3775863 Doing Business As SISTERS GRO Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-PO BOX 1546 503-559-9788 Amended 113,140. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion SISTERS, OR 97759 H(a) Is this a group return ition pending Yes X No F Name and address of principal officer. KAREN HENSLEY for affiliates? H(b) Are all affiliates included? Yes PO BOX 1546, SISTERS, 97759 OR I Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No." attach a list (see instructions) J Website: ➤ WWW.SISTERSGRO.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 2008 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities FUNDRAISING FOR AND DISTRIBUTION Activities & Governance OF SCHOLARSHIPS TO GRADUATES OF THE SISTERS, OR HIGH SCHOOL SYSTEM. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 113,026. 106,367 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0 0. 114. 272 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 113,140.106,639 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 79,107. 81,350. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 24,516. 22,822. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 104.172. 103,623. 18 Total expenses Add lines 13-17 (must equal Part-IX, column 8,968. 19 Revenue less expenses Subtract line 18 from line 12 3,016. Assets or Balances **Beginning of Current Year End of Year** Š 132,605 141,573. 20 Total assets (Part X, line 16) 5 2013 0. 0. 21 Total liabilities (Part X, line 26) Net/ 132,605. 22 Net assets or fund balances Subtract line 21 Part II Signature Block OGDEN Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign KAREN LORD TREASURER Here Type or print name and title PTIN Check Print/Type preparer's name 16/8/13 P00541597 JOHN LA'GERE self-emptoyed Paid Firm's name JOHNSON, GLAZE & Firm's EIN 93-0802780 Preparer Firm's address 3085 RIVER ROAD N Use Only Phone no. (503) 390-7880 SALEM, OR 97303

X Yes

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May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			_
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		Х
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	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,	ļ		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<b>.</b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		^
d	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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
h	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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			
	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	1		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	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		X
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	<del>  -</del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	<del> </del>	X
ソロコ	Did the organization operate one of more hospital facilities (ii) res, complete schedule n		1	42

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20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	_		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, highest compensated employee, or disqualified			ļ
	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		<u> </u>	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		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	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1,7
	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	-	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34	1	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
	If "Yes," complete Schedule R, Part V, line 2	30		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	5,	<del>                                     </del>	<del>  *</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		990	(2012)

Par	t V	Check if Schedule O contains a response to any question in this Part V				_	
	•					Yes	No
1a	Enter t	he number reported in Box 3 of Form 1096 Enter ·0· if not applicable	1a	2			
b	Enter t	he number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the	e organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambl	ing) winnings to prize winners?			1c		
2a	Enter t	he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed fo	r the calendar year ending with or within the year covered by this return	2a	0			
b	If at lea	ast one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		}		1
За	Did the	e 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	author	ity over, a			
	fınancı	al account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes	," enter the name of the foreign country 🕨				i	
	See in:	structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Dıd an	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes	," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does t	he organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any co	intributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes	," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were n	ot tax deductible?			6b	ļ	
7	Organ	izations that may receive deductible contributions under section 170(c).			ļ	ĺ	
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	provided to the payor?	7a		X
b		," did the organization notify the donor of the value of the goods or services provided?			7b		ــــــ
С	Did the	e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file !	Form 8282?			7c	ļ	X
d		s," indicate the number of Forms 8282 filed during the year	7d				
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o	ontrac	et?	7e	-	ļ
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f	ļ	ļ
g		organization received a contribution of qualified intellectual property, did the organization file Fo			7 <u>g</u>	ļ	
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	<u> </u>	-
8	-	pring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations $  D $					
		ation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8	<del> </del>	ļ
9		soring organizations maintaining donor advised funds.					
а		e organization make any taxable distributions under section 4966?			9a		ļ
b	Did the	e organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	<b></b>
10		on 501(c)(7) organizations. Enter	ı	1			1
а		on fees and capital contributions included on Part VIII, line 12	10a		-	1	
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	-		
11		on 501(c)(12) organizations. Enter	l				
а		income from members or shareholders	11a		-		
b		income from other sources (Do not net amounts due or paid to other sources against					
		nts due or received from them)	11b	<u> </u>	40		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<b>,</b> 	12a	<del> </del>	├
		s," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	ł		
13		on 501(c)(29) qualified nonprofit health insurance issuers.			10-	<del> </del>	<del> </del>
а		organization licensed to issue qualified health plans in more than one state?			13a		<del>                                     </del>
		See the instructions for additional information the organization must report on Schedule O.					
b		the amount of reserves the organization is required to maintain by the states in which the	406	1			
	-	zation is licensed to issue qualified health plans	13b		1		
C		the amount of reserves on hand	13c	L_ <del></del>	14a	<del> </del>	Х
14a		e organization receive any payments for indoor tanning services during the tax year? s " has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedul</i>	۵.0		14b	<del> </del>	<del>  ^</del>
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Form **990** (2012)

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					LXJ
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	1a		9		
	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.	1			i	
þ	Enter the number of voting members included in line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p 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	ne direc	t 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 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a		ppoint	one or			
	more members of the governing body?			7a	ļ <u> </u>	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ar by th	e following:			
а	The governing body?			8a	X	
b	•			_8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0-4-1	9	-	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue	Code)			NI -
	D. I.I.			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	h4	- offiliates	10a	-	Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such organization have activities of such organization and procedures governing the activities of such organization in the procedure of the procedur	партег	s, aiiiiates,	10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ty hefo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ay Delo	re ming the form:	IIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120		
·	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approx	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'		•			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
	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 arrange	ment v	vith a	1	ļ	
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıo	n's			
	exempt status with respect to such arrangements?			16b	<u> </u>	
Sec	tion C. Disclosure					
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 (Sect	ion 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, a	nd fina	ncial	
	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 a	and rec	ords of the organiz	ation		
	ANN THOMPSON - 503-559-9788	_				
23200	PO BOX 471, SISTERS, OR 97759	-		r-	n <b>990</b>	/0045
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### 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

#### 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
- 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	(do		Pos		l than	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	offi	, unle	ss pe	rson	s bot or/trus	han	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	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	10.00								_	
PRESIDENT		X	_	X				0.	0.	0
(2) ANN THOMPSON	3.00	ļ								•
SECRETARY	2 00	X	<u> </u>	X				0.	0.	0
(3) KAREN LORD	3.00							0		0
TREASURER	1 00	X		X				0.	0.	0
(4) DAN SARACENO	1.00	X		х				0.	0.	0
DIRECTOR	1.00	^		Λ				0.	<u></u>	
(5) JOE HOSANG	1.00	x		х				0.	0.	0
DIRECTOR (6) DEE THOMPSON	1.00	7.	_							
DIRECTOR		X		x				0.	0.	0
(7) TAMI JONES	1.00									-
DIRECTOR		X		Х				0.	0.	0
(8) SUSANNA HARRISON	1.00									
DIRECTOR		X		X	<u> </u>	<u> </u>		0.	0.	0
(9) MELISSA NOVOTNY	1.00	-								•
DIRECTOR		╀				<del> </del>		0.	0.	0
		1								
		┼~	-	<del>                                     </del>						<del> </del>
		1						•		
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		_		<u>L</u> .		<u> </u>	<u> </u>			
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		+	+-		-	<del> </del>				
	<del></del>	-		1	1	}	i			

Form 990 (2012)

hours per box, unless person is both an compensation compens								(E)  Reportable  compensation  from related	1	Esti amo	(F) mated ount of			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		composition from from from from from from from from		n d
											-			
											-			
					_									
			_	_	_							_		
												·		
			-											
1b	Sub-total	<u> </u>				l	<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.	<u> </u>	0.			0.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wi	no r		0,000 of reportable		<del></del>		
	compensation from the organization						-			<u> </u>		,	/es	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3	Ì	х
4	For any individual listed on line 1a, is the si	um of reportab	le c							the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4	-	<u>X</u>
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedu	le J	for s	uch_	per	son				.,	5		<u>X</u>
1	Complete this table for your five highest co										pens	ation fro	om	
	the organization Report compensation for (A)					WILI1	OI W	/ILT II	(B)			(C)		
	Name and business	address	N	ON:	E				Description of	services		ompen	Sation	
2	Total number of independent contractors	_	not l	ımıte	d to		_	ste	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ization -					0					Form 9	<u> </u>	012)

Statement of Revenue   Check if Schedule O contains a response to any question in this Part VIII   (A)   (B)   Related or exempt function revenue   Related or exempt function revenue   (C)   (D)		000 (	2010) STOME	DC CDAD		IDCE ODCAN	T72MTON	30_377	5863 Page <b>9</b>
Total revenue  Total	Par	t VIII	Statement of Rever	nue	•		IZATION	<u> </u>	JOUS Fage C
Taylor State of State			Crieck ii Scriedale O Cont	ams a responsi	to any question in	(A)	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
2 a b b c c d d d d d d d d d d d d d d d d	and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d 1d 1e 1s, and ve 1f		113,026.			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$	Revenue	2 a b c d e f	All other program service reve						
С	Other Revenue	3 4 5 6 a b c d 7 a b c d 8 a b c 9 a b c 10 a b c	Investment income (including other similar amounts) Income from investment of ta Royalties  Gross rents Less. rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fund Gross income from gaming and Part IV, line 19 Less direct expenses Net income or (loss) from gain Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale Miscellaneous Revent	(i) Real  (i) Real  (i) Securities  (i) Securities  (ii) Securities  (iii) Securities  (ivities See   proceeds  (ii) Personal  (ii) Other  a b  Business Code	114.			114.	
, <u></u>		С							

113,140

114. Form **990** (2012)

0.

232009 12-10-12

e Total. Add lines 11a-11d

Total revenue. See instructions.

Pa	rt IX Statement of Functional Expense	es	CH OROMATEMI	101 30 31	73003 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons	se to any question in this			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	4,500.	4,500.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	76,850.	76,850.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	<del></del>			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	-			
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				Seiz a
C		1,000.		1,000.	
d	- · · · · · ·				
e		<del></del>			-,-
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	138.		138.	
10	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	1,826.	1,826.		
12 13	Office expenses	1,020.	1,020		
14	Information technology	330.	330.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				,
22	Depreciation, depletion, and amortization	744		744	<del></del>
23	Insurance	744.	<del>-</del>	744.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				1
	amount, list line 24e expenses on Schedule O)	10 000	10 000		
	ASPIRE PROGRAM	18,000.	18,000.	——— <del>—</del>	
b	SENIOR CELEBRATION AND	763.	763. 21.		
c d	PAYPAL	41.	41.	<del></del>	
a e	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	104,172.	102,290.	1,882.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2012)
Part X Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	69,354.	1	77,626
2	Savings and temporary cash investments	63,251.	2	63,947
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	a		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
1 -	Land, buildings, and equipment. cost or other			
.00	basis Complete Part VI of Schedule D 10a			
Ь		7	10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	132,605.	16	141,573
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,	<del>-</del>		···
22	key employees, highest compensated employees, and disqualified persons			
21 22	Complete Part II of Schedule L		22	
00	·		23	
23	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
24	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
-			25	
26	Schedule D  Total liabilities. Add lines 17 through 25	0.	26	
26	Organizations that follow SFAS 117 (ASC 958), check here		1-25	
3   07	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,672.	27	950
27	Temporarily restricted net assets	124,933.		140,62
28	• •	121/3331	29	
29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		23	<del></del>
2	and complete lines 30 through 34.		30	
30	Capital stock or trust principal, or current funds		31	
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equipment fund		32	
32	Retained earnings, endowment, accumulated income, or other funds	132,605.	33	141,57
33	Total net assets or fund balances	132,605.		141,57
34	Total liabilities and net assets/fund balances	132,003	<del>  54</del>	Form <b>990</b> (20

•					
	990 (2012) SISTERS GRADUATE RESOURCE ORGANIZATION	<u> 38-377</u>	<u>5863</u>	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u></u> _
		1 1		<b>.</b> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,1</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>72.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	2,6	<u>05.</u>
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8		<u>-</u>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14	<u>1,5</u>	<u>73.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<del></del>			<u> </u>
				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 Schedul	e O.			٠,,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				٠,,
þ	Were the organization's financial statements audited by an independent accountant?	_	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		İ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne 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 Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			•
	Act and OMB Circular A·133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-	3b	000	(2012)
			Form	990	(2012)

#### **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

Open to Public Inspection

Name of the organization

Employer identification number

		SISTERS	GRADUATE RE	SOURC	E ORG.	<u>ANIZA</u>	TION		3	8-3775	863	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions				
The organi			because it is (For lines 1									
1 🗔	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)								
з 🗔			tal service organization of	_	n section	170(b)(1)	(A)(iii).					
4	-	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,
· —	city, and state	_			•				•	,		
5	-		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in		
- —	=	(b)(1)(A)(ıv). (Comple	<del>-</del>	,	•	•	Ū					
6 🗀			ent or governmental unit	t described	d in sectio	n 170(b)(	1)(A)(v).					
	-	. •	eives a substantial part of					r from the	general	public desc	ribed i	n
	<del>-</del>	b)(1)(A)(vi). (Comple		o		g			3	<b>F</b>		
8 🗆	•		ection 170(b)(1)(A)(vi). (	(Complete	Part II )							
9 🗔	-		eives (1) more than 33 1			om contri	butions m	nembershi	o fees a	nd aross re	ceints	from
•	-	·	nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			x,		-0quou D	,o o.g.			.,	_
10 🔲			perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	1)_				
11	-	-	perated exclusively for th						v out the	purposes o	of one	or
, , , , , , , , , , , , , , , , , , ,	_	-	ations described in section									
			organization and comple				,		-/(-/-			
	a Type I	· · · · · · · · · · · · · · · · · · ·			nctionally i		d	TVP	e III - No	n-functional	ly integ	grated
е 🗆	• •	_	it the organization is not		•	-						_
•			han one or more publicly									
f		-	ten determination from t						. , ,			
•		rganization, check th					, ,,					
g		•	organization accepted an	nv aift or co	ontribution	from any	of the follo	owing pers	sons?			
9	•		rectly controls, either al			-				<b>',</b>	Yes	No
			upported organization?	J		•			•	11g(i)		
	•		n described in (i) above?							11g(ii)		
	• •	•	person described in (i) o		∍?					11g(iii)	1	
h	• •	•	about the supported or							<u></u>		
••		: <b>3</b>	,,		. ,							
/i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amoun	t of mo	netary
٠,,	anization	(11, 2114	(described on lines 1-9	in col. (i) lis	sted in your	organizat	tion in col.	organization (i) organiz	on in col. ed in the		port	
0.50			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	· ·	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	··											
							ļ					
										ł		
								<u> </u>	ļ			
	_											
Total				l			<u></u>					

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2012 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)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Gifts, grants, contributions, and	1-7			, ,					
	membership fees received (Do not									
	include any "unusual grants ")	63.101.	122,788.	78.873.	106.367.	113,026.	484,155.			
2	Tax revenues levied for the organ-	00/2021		, , , , , , , , ,						
_	ization's benefit and either paid to									
	or expended on its behalf									
2	The value of services or facilities						-			
3	furnished by a governmental unit to									
	the organization without charge									
		63,101.	122,788.	78,873.	106,367.	113,026.	484,155.			
	Total. Add lines 1 through 3	03,101.	122,700.	10,013.	100,307.	113,020.	404,133.			
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						484,155.			
Sec	ction B. Total Support	<u> </u>			<del>-</del>	<del></del>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	63,101.	122,788.	<u>78,873.</u>	106,367.	113,026.	484,155.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources		334.	851.	272.	114.	1,571.			
9	Net income from unrelated business									
_	activities, whether or not the									
	business is regularly carried on									
10	Other income Do not include gain	-		<del></del>						
10	or loss from the sale of capital									
	assets (Explain in Part IV)									
44	Total support. Add lines 7 through 10						485,726.			
12	Gross receipts from related activities	etc (see instructi	one)		l <del></del>	12	<u>,</u>			
	First five years. If the Form 990 is fo			d fourth or fifth to	ay year as a sectio					
13			s mat, second, time	2, 10uiti , 0; iiiti ti	ax year as a score	11 00 1(0)(0)				
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2012 (			olumn (fl)		14	99.68 %			
	Public support percentage for 2012 (			Oldffill (1))		15	99.61 %			
	33 1/3% support test - 2012. If the			line 13 and line	1/ ic 33 1/3% or r	<del></del>				
102					14 13 33 1/3/0 01 1	nore, check this be	<b>▶ X</b>			
	stop here. The organization qualifies				Line 15 to 22 1/20/	or mara abaak ti				
	33 1/3% support test - 2011. If the				111116 13 13 33 1737	o of more, check to	NIS 00 ×			
	and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
17a										
	and if the organization meets the "fac					rt IV how the orgai	nization			
	meets the "facts-and-circumstances"						▶∟			
t	10% -facts-and-circumstances tes									
	more, and if the organization meets t						9			
	organization meets the "facts-and-cir									
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns •			
					Scho	edule A (Form 990	or 990-EZ) 2012			

# Schedule A (Form 990 or 990-EZ) 2012 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 to
qualify under the tests listed below, please complete Part II )	

Se	ction A. Public Support	siow, pieddo com	pioto i dit ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						<u> </u>
	merchandise sold or services per-					]	
	formed, or facilities furnished in					1	
	any activity that is related to the organization's tax-exempt purpose			İ			
3	Gross receipts from activities that	<del>-</del> -	<u> </u>				
•	are not an unrelated trade or bus-				1	1	
	iness under section 513				1		
4		<del></del>	<del> </del>	<del></del> -	<del>                                     </del>	<del>                                     </del>	<del></del> -
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			1		1	
	furnished by a governmental unit to			1			
	the organization without charge						<u> </u>
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	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						
,	Add lines 7a and 7b	······································	1				
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			J		<u></u>	
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	• • • • • •	(a) 2006	(B) 2009	(6) 2010	(a) 2011	(e) 2012	(I) TOTAL
	Amounts from line 6  Gross income from interest,		<del>                                     </del>			<del> </del>	L <del></del>
108	dividends, payments received on	1					
	securities loans, rents, royalties	1					
	and income from similar sources		<u> </u>	ļ	<del> </del>		
ŀ	Unrelated business taxable income	ı					
	(less section 511 taxes) from businesses					+	
	acquired after June 30, 1975						
	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		1		<del> </del>	<u> </u>	
	or loss from the sale of capital					1	
12	assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fol	the execution	'a first seepend the	d fourth or fifth t	2x voor ee e eest		intron
14	•	the organization	s iirst, second, trii	ra, tourtri, or main t	ax year as a sect	ion 50 r(c)(5) organiz	ation,
<u></u>	check this box and stop here	in Cunnort De	raantaga				
	ction C. Computation of Publ			1 (6)	<del></del>		
	Public support percentage for 2012 (			column (1))		15	<u>%</u>
16						16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	· · · · · · · · · · · · · · · · · · ·					18	%
19:	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organ	zation	<b>▶</b> L
ı	33 1/3% support tests - 2011. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualifies	as a publicly sup	ported organization	▶□
20							<b></b>
	22 12 04 12				-	hedule A (Form 99	0 or 990-E7) 2012

#### **SCHEDULE D**

(Form 990)

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

		ESOURCE ORGANIZATION	38-3775863
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	29	
2	Aggregate contributions to (during year)	97,816.	
3	Aggregate grants from (during year)	76,850.	
4	Aggregate value at end of year	139,363.	
5	Did the organization inform all donors and donor advisors in	\ <u></u>	nds
•	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
-	for charitable purposes and not for the benefit of the donor of	- <del>-</del>	-
	impermissible private benefit?		X Yes No
Pai		ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		,
•	Preservation of land for public use (e.g., recreation or e	· — — · · · · · · · · · · · · · · · · ·	ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	1 reservation of a contined i	notone structure
2	Complete lines 2a through 2d if the organization held a quali	find appearation contribution in the form of a	enconstan appearant on the last
2		ned conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a			2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic sti	aucture included in (a)	2c
C		• •	20
d	Number of conservation easements included in (c) acquired	after 6/17/00, and not on a historic structure	2d
_	listed in the National Register	James de Automorphode or terminated by the oran	<del></del>
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anzation during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
٠	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 of the	Yes No
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and expense state	
3	include, if applicable, the text of the footnote to the organization		
	-	tion's intericial statements that describes the o	rganization 3 accounting for
Pai	conservation easements  t III   Organizations Maintaining Collections of	f Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art
Ia	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		,, peans co.,,,co, p. c., co,, a.,,
h	If the organization elected, as permitted under SFAS 116 (A)		halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance or public si	ervice, 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	and the state of t	
2	If the organization received or held works of art, historical tre		i, provide
	the following amounts required to be reported under SFAS 1	i to (ASC 958) relating to these items	▶ ¢
a	Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
b	Assets included in Form 990, Part X		<b>*</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		GRADUATE 1						Page 2
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Pari	t XIII	
5	During the year, did the organization solicit o				ar assets	_	-	
	to be sold to raise funds rather than to be ma						Yes	No_
Far	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	5 Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par		land for openhalis store					
ıa	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	is or other assets no	it included		7 v	
	on Form 990, Part X?		llevine teble				Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table				Amount	
_	Beginning balance				10		Amount	
	Additions during the year				1c 1d			
	Distributions during the year				1e			
e f	Ending balance				1f			
) Da	Did the organization include an amount on Fe	orm 990 Part X line	212				Yes	□ No
	If "Yes," explain the arrangement in Part XIII			provided in Part XIII	I		03	
Par	· · · · · · · · · · · · · · · · · · ·							
		(a) Current year	(b) Prior year	(c) Two years back	1	years back	(e) Four	years back
1a	Beginning of year balance	120,933.	122,355,	105,326,	† <b>`</b>	57,567.	<u> </u>	
b	Contributions	97,816.	77,685,	76,501.		12 459		57,567.
c	Net investment earnings, gains, and losses	3,,020,			T			
d	Grants or scholarships	93,350	79,107,	59,472.		64,700,		
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses	2,536,					_	
g	End of year balance	122,863.	120,933,	122,355.		105,326.		57,567.
2	Provide the estimated percentage of the curl	rent year end balanc	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment	1.75	%					
b	Permanent endowment >	%						
c	Temporarily restricted endowment ▶9	<u>8.25</u> %						
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	_	
	by.							Yes No
	(i) unrelated organizations						3a(ı)	X
	(II) related organizations						3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				_3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	<del></del>				. 1		
	Description of property	(a) Cost or o basis (investing	1	' '	Accumulate epreciation	- 1	(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other					_   -		
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0(c))				0.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See  (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	of-year market value
Financial derivatives	(b) Book Value	(0) 11100100	Taladion Cook of one	or your market valou
2) Closely-held equity interests				
3) Other		-	<del></del>	
(A)	_		-	
(B)		-		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			····	
Part VIII Investments - Program Related. Se		ne 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation. Cost or end	-of-year market value
(1)			<del>-</del>	
(2)				
(3)				
(4)			<u> </u>	
(5)		<del></del>	<del></del>	<del></del>
(6)	······································			
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9) (10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
<del></del>	Description			(b) Book value
(1)				<del> </del>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	•			
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities. See Form 990, Part X,	ine 25	# N D = 1		<del> </del>
1. (a) Description of liability		(b) Book value	-	
(1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·	-	
(2)	<del></del> -	· <u>-</u>	-{	
(3)			-{	
(4)			-	
(5)		<del></del>	-	
(6)	<del></del>	<del></del> ,	-	
(7) (8)			-	
(0)			-	
(9)			╡	
(9)				
(10)		<u> </u>	-	
(10) (11)	e 25)		-	
(10)		e organization's financi	al statements that rep	orts the organization's

	dule D (Form 990) 2012 SISTERS GRADUATE RESOURCE ORGANIZATION  † XI   Reconciliation of Revenue per Audited Financial Statements With Revenue per R	38-3775863 Page 4
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:	
a	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII )	
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	
b	Other (Describe in Part XIII )	
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 Determine
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
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 2d	
d	Other (Describe in Part XIII )  2d	20
e	Add lines 2a through 2d Subtract line 2e from line 1	2e 3
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1	3
a	Investment expenses not included on Form 990, Part VIII, line 7b	
a h	Other (Describe in Part XIII )  4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	rt XIII 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, Part IV, lines 1	b and 2b; Part V, line 4, Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat RT V, LINE 4: THE ORGANIZATION WILL USE THE TERM ENDOWMEN	
PR	OVIDE SCHOLARSHIP MONIES WITHIN THE NEXT FEW YEARS. SOME	OF THE
RE	CIPIENTS RECEIVE SCHOLARSHIPS TO BE PAID OUT OVER THE COUR	SE OF THEIR
CO:	LLEGE ENROLLMENT.	
		Schedule D (Form 990) 2012

% ⊠ Schedule 1 (Form 990) (2012) Employer identification number 38-3775863 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance ☐ Yes 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 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed SISTERS GRADUATE RESOURCE ORGANIZATION (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part II Part I

Page 2 (f) Description of non-cash assistance 38-3775863 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (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 (d) Amount of non-cash assistance ં SISTERS GRADUATE RESOURCE ORGANIZATION 76,850, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) SCHOLARSHIPS Part III

Schedule I (Form 990) (2012)

25

232 102 12-18-12

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
SISTERS GRADUATE RESOURCE ORGANIZATION

Employer identification number 38-3775863

DIDITION CITED THE DOCTOR CHARACTER TO CO. TO CO.
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 DRAFT 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 LIKELY THAT BOARD
MEMBERS WOULD BE AWARE OF OTHER BOARD MEMBERS WHO MIGHT HAVE A CONFLICT.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL INFORMATION IS ALSO
AVAILABLE TO THE PUBLIC ON THE GUIDESTAR WEBSITE.