Form **990**

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)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See specific instructions

DESCHUTES CHILDREN'S FOUNDATION
1010 NW 14TH
BEND, OR 97701-2101

D Employer identification number: 93-1032896

E Telephone number: 541-388-3101

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site ► N/A

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If yes, enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No
(If no, attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

I Enter 4 digit group GEN ►

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

M Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 814,797

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	484,871		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash $ 372,976 noncash $ 111,895)			1d	484,871
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	139,581
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	3,330
5	Dividends and interest from securities			5	7,578
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ►)			7	-6,593
	(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory	8a	139,050		
b	Less cost or other basis and sales expenses	8b	102,684		
c	Gain or (loss) (attach schedule) STATEMENT 1	8c	36,366		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	36,366
9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ 27,780 of contributions reported on line 1a)	9a	46,480		
b	Less direct expenses other than fundraising expenses	9b	17,096		
c	Net income or (loss) from special events (subtract line 9b from line 9a) STATEMENT 2			9c	29,384
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	500
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	695,017
13	Program services (from line 44, column (B))			13	307,215
14	Management and general (from line 44, column (C))			14	54,404
15	Fundraising (from line 44, column (D))			15	62,584
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	424,203
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	270,814
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	668,566
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	939,380

REVENUE / EXPENSES / NET ASSETS

SCANNED OCT 10 02

RECEIVED
OCT 04 2002
049 IRS-OSC
OGDEN, UT

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash $ 105,715 non cash $)	22	105,715	105,715		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	115,586	11,559	46,234	57,793
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	2,694		2,694	
32 Legal fees	32				
33 Supplies	33	8,537	7,683	854	
34 Telephone	34				
35 Postage and shipping	35	982		982	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	2,452	1,226	1,226	
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	2,924	2,924		
42 Depreciation, depletion etc (attach schedule)	42	21,941	21,941		
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	163,372	156,167	2,414	4,791
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 43) **Organizations completing columns (B) - (D), carry these totals to lines 13 - 15**	44	424,203	307,215	54,404	62,584

Joint Costs Check ► ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ _____, **(ii)** the amount allocated to program services $ _____, **(iii)** the amount allocated to management and general $ _____, and **(iv)** the amount allocated to fundraising $

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ►

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a SEE STATEMENT 4

(Grants and allocations $) 307,215

b

(Grants and allocations $)

c

(Grants and allocations $)

d

(Grants and allocations $)

e Other program services (Grants and allocations $)

f **Total of Program Service Expenses** (should equal line 44, column (B), program services) ► 307,215

Part IV Balance Sheets (See instructions)

Note	Where required, attached schedules and amounts within the description column should be for end of year amounts only			(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing			47,900	45	36,748
	46 Savings and temporary cash investments			275,032	46	462,329
	47a Accounts receivable	47a	8,632			
	b Less allowance for doubtful accounts	47b			47c	8 632
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV				54	
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	576,359			
	b Less accumulated depreciation (attach schedule) STATEMENT 5	57b	125,550	435,197	57c	450,809
	58 Other assets (describe ►)			5 000	58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			763 129	59	958 518
LIABILITIES	60 Accounts payable and accrued expenses				60	16,574
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			91,999	64b	
	65 Other liabilities (describe ► SEE STATEMENT 6)			2,564	65	2 564
	66 **Total liabilities** (add lines 60 through 65)			94,563	66	19,138
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			442,659	67	572,111
	68 Temporarily restricted				68	
	69 Permanently restricted			225,907	69	367,269
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19 and column (B) **must** equal line 21)			668,566	73	939 380
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			763,129	74	958,518

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) _____ $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) _____ $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) _____ $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) _____ $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ► ☐ Yes ☒ No

If Yes, attach schedule – see instructions

Part VI Other Information (See specific instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b: N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301 7701 2 and 301 7701 3? If 'Yes,' complete Part IX	88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under Section 4911 ► 0 , Section 4912 ► 0 , Section 4955 ► 0			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ► 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ► 0			
90a	List the states with which a copy of this return is filed ► NONE			
b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0	
91	The books are in care of ► JAN LACHAPELLE Telephone number ► 541-388-3101 Located at ► 1029 NW 14TH, BEND OR ZIP + 4 ► 97701			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041*** – Check here ► ☐ N/A and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A	

Part VII Analysis of Income-Producing Activities (See instructions)

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a RENTS					139,581
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts				3,330	
96 Dividends & interest from securities				7,578	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income				-6,593	
100 Gain or (loss) from sales of assets other than inventory					36,366
101 Net income or (loss) from special events					29,384
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ADMINISTRATION FEES					500
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,315	205,831
105 **Total** (add line 104, columns (B), (D), and (E))				►	210,146

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	THE PURPOSE IS TO PROVIDE SERVICES TO CHILDREN RENT IS COLLECTED AT LESS THAN FAIR MARKET VALUE FROM OTHER NONPROFIT ORGANIZATIONS PROVIDING SERVICES FOR AT-RISK CHILDREN

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)*

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

Please ► [redacted] 9/30/02 Date

[redacted]ECUTIVE DIRECTOR

[redacted] Date Check if Preparer's SSN or PTIN (see

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information – (See separate instructions)

Supplementary Information – (see separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545-0047

2001

Name of the Organization: DESCHUTES CHILDREN'S FOUNDATION

Employer Identification Number: 93-1032896

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ►	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ►	0	

Part III **Statements About Activities** (See instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A **(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)**	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes,' must complete Part VI-B **and** attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify' to receive payments*

Part IV **Reason for Non-Private Foundation Status** (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ►	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	363,071	131,625	80,091	81,926	656,713
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	59,000	49,886	17,576	24,735	151,197
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,746	1,324	260	149	12,479
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	432,817	182,835	97,927	106,810	820,389
24 Line 23 minus line 17	373,817	132,949	80,351	82,075	669,192
25 Enter 1% of line 23	4,328	1,828	979	1,068	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ► 26a 13,384

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ► 26b 24,782

c Total support for Section 509(a)(1) test Enter line 24, column (e) ► 26c 669,192

d Add Amounts from column (e) for lines 18 12,479 19 _____ 22 _____ 26b 24,782 26d 37,261

e Public support (line 26c minus line 26d total) ► 26e 631,931

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f 94 43 %

27 Organizations described on line 12 N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person, prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person ' **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ 27c _____

d Add Line 27a total _____ and line 27b total _____ 27d _____

e Public support (line 27c total minus line 27d total) ► 27e _____

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► 27f _____

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V **Private School Questionnaire** (See instructions)
(To be completed Only by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ► **a** ☐ if the organization belongs to an affiliated group Check ► **b** ☐ if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44		
Caution *If there is an amount on either line 43 or line 44 you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2001	**(b)** 2000	**(c)** 1999	**(d)** 1998	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization
DESCHUTES CHILDREN'S FOUNDATION

Employer Identification Number
93-1032896

Organization type (check one)

Filers of	Section
Form 990 or 990 EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990 PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (**Note** *Only a Section 501(c)(7), (8) or (10) organization can check box(es) for both the general rule and a special rule — see instructions*)

General Rule —

[ ] For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

[X] For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year) ► $ _____

Caution *Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990 PF) but* ***must*** *check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of Organization: DESCHUTES CHILDREN'S FOUNDATION

Employer Identification Number: 93-1032896

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
2		$ 81,500	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is noncash contribution)
3		$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

Name of Organization: DESCHUTES CHILDREN'S FOUNDATION

Employer Identification Number: 93-1032896

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	EAST CAMPUS BUILDING	$ 81 500	1/01/01
		$	
		$	
		$	
		$	
		$	

Name of Organization: DESCHUTES CHILDREN'S FOUNDATION

Employer Identification Number: 93-1032896

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year** (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (enter this information once – see instructions) ► $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION	BUILDING
DATE ACQUIRED	4/01/1998
HOW ACQUIRED	PURCHASE
DATE SOLD	6/15/2001
TO WHOM SOLD	MARK RUST
GROSS SALES PRICE	139,050
COST OR OTHER BASIS	104,900
EXPENSES OF SALE	8,858
DEPRECIATION	11,074
GAIN (LOSS)	36,366

TOTAL GAIN (LOSS) OTHER ASSETS $ 36,366

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ 36,366

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
ART AUCTION	74,260	27,780	46,480	17,096	29,384
TOTALS	$ 74,260	$ 27,780	$ 46,480	$ 17,096	$ 29,384

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	4,791			4,791
BANK FEES	253		253	
BOARD MEETING EXPENSES	815		815	
DUES & SUBSCRIPTIONS	1,631	1,631		
EASTSIDE CAMPUS EXPENSE	58,090	58,090		
EVERY KID FUND EXPENSE	110	110		
INSURANCE	4,428	4,428		
JANITORIAL SERVICE	22,851	22,851		
MISCELLANEOUS	420		420	
OFFICE EXPENSE	5,533	4,980	553	
PURCHASED SERVICES	215		215	
RENT EXPENSE	9,375	9,375		
REPAIRS AND MAINTENANCE	15,285	15,285		
SAGEBRUSH CLASSIC EXPENSE	845	845		
SECURITY EXPENSE	288	288		
TAX & LICENSE	158		158	

STATEMENT 3 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
TRAINING SEMINARS	594	594		
UTILITIES	37,690	37,690		
TOTAL	$ 163,372	$ 156,167	$ 2,414	$ 4,791

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
TO ACQUIRE AND MAINTAIN FACILITIES TO HOUSE COMMUNITY PROGRAMS DEALING WITH AT-RISK CHILDREN AND FAMILIES IN DESCHUTES COUNTY, OREGON AND TO FINANCIALLY SUPPORT NEW AND EXISTING PROGRAMS THAT ARE CONSISTENT WITH GOALS OF ASSISTING THE AT-RISK CHILDREN, YOUTH AND FAMILIES IN THE COMMUNITY		307,215
	$ 0	$ 307,215

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
MISCELLANEOUS	$ 576,359	$ 125,550	$ 450,809
TOTAL	$ 576,359	$ 125,550	$ 450,809

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO OTHER GROUPS	$ 2,564
TOTAL	$ 2,564

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SHARON SMITH PO BOX 1151 BEND, OR 97709	DIRECTOR NONE	$ 0	$ 0	$ 0
WILLIAM BREWER 600 SW COLUMBIA, SUITE 2200 BEND, OR 97702	DIRECTOR NONE	0	0	0
KATHY DREW 2577 NE COURTNEY ST BEND, OR 97701	SECRETARY NONE	0	0	0
STEPHEN GREER 499 SW UPPER TERRACE DRIVE BEND, OR 97702	DIRECTOR NONE	0	0	0
LYNN JARVIS PO BOX 1151 BEND, OR 97709	DIRECTOR NONE	0	0	0
BOBBIE STROME 1195 NW WALL STREET #2 BEND, OR 97701	DIRECTOR NONE	0	0	0
KATHY EMERSON 145 SE SALMON AVE, SUITE A REDMOND, OR 97756	CHAIRMAN NONE	0	0	0
LAURA PINCKNEY 2669 TWIN KNOLLS DRIVE STE 101 BEND, OR 97701	DIRECTOR NONE	0	0	0
NANCY POPE SCHLANGEN 1004 NW FOXWOOD PL BEND, OR 97701	DIRECTOR NONE	0	0	0
BILL CARDWELL 902 NW GLENBROOKE BEND, OR 97701	VICE CHARIMAN NONE	0	0	0
LANCE VANSOOY 1783 SW FOREST RIDGE BEND, OR 97702	TREASURER NONE	0	0	0
RICK WIGHT 2458 NW HEMMINGWAY ST BEND, OR 97701	DIRECTOR NONE	0	0	0
	TOTAL	$ 0	$ 0	$ 0

PROGRAM DIRECTOR, JAN LACHAPELLE, WAS COMPENSATED $45,499
THROUGH AN EMPLOYEE-LEASING AGENCY

CLIENT 99998 DESCHUTES CHILDREN'S FOUNDATION 93-1032896

9/24/02 10 58AM

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990 PF																
1	BUILDING	1/01/91		200,000							200,000	66,224	S/L	30		6,667
2	LAND	1/01/91		100,000							100,000					0
3	SIGNAGE	6/01/91		1,070							1,070	1,070	S/L HY	7		0
4	WATER HEATER	9/01/91		308							308	139	S/L HY	20	05000	15
5	ENGINEERING PLANS	12/01/91		973							973	881	S/L HY	10	05000	49
6	ALTERNATIVE SCHOOL	9/01/92		53,452							53,452	14,701	S/L	30		1,782
7	IMPROVEMENTS	6/01/92		17,367							17,367	4,738	S/L	30		579
8	IMPROVEMENTS	7/01/93		7,542							7,542	1,804	S/L	30		251
9	ROOF REPAIR	2/01/94		5,900							5,900	1,362	S/L	30		197
10	REMODEL	7/01/94		6,545							6,545	1,417	S/L	30		218
11	CARPET	8/01/94		3,670							3,670	3,362	S/L HY	7	07140	262
12	COMPUTER	2/01/94		1,400							1,400	1,400	S/L HY	5		0
13	PRINTER	6/01/94		467							467	467	S/L HY	5		0
14	FAX AND PHONE	5/01/94		299							299	286	S/L HY	7	07140	13
15	IMPROVEMENTS	2/28/97		9							9		S/L	30		0
16	IMPROVEMENTS	4/05/97		154							154	19	S/L	30		5
17	IMPROVEMENTS	11/10/97		700							700	73	S/L	30		23
18	IMPROVEMENTS	12/08/97		1,000							1,000	102	S/L	30		33
19	BUILDING	4/01/98	6/15/01	104,900							104,900	9,617	S/L	30		1,457
20	OFFICE FURNITURE	11/01/99		2,205							2,205	686	200DB MQ	7	19680	434
21	IMPROVEMENTS	12/07/99		724							724	26	S/L	30		24
22	OFFICE EQUIPMENT	2/28/99		1,300							1,300	604	200DB MQ	7	15310	199
23	BECKY JOHNSON FURNITURE	12/13/99		11,762							11,762	3,660	200DB MQ	7	19680	2,315
24	MICROSPHERE TAPE BACKUP	3/10/00		235							235	24	S/L HY	5	20000	47
25	PODIUM	2/21/00		200							200	14	S/L HY	7	14290	29
26	JENNIFER L MILLER ARTWORK	2/21/00		235							235					0

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
27	WALL COVERINGS	2/21/00		794							794	57	S/L HY	7	14290	113
28	INTERIOR IDEAS FURNISHING	3/01/00		20,181							20,181	1,441	S/L HY	7	14290	2,884
29	CABINETS	3/05/00		415							415	30	S/L HY	7	14290	59
30	DESIGN CO RUGS	3/27/00		359							359	26	S/L HY	7	14290	51
31	BROTEK COMPUTER EQUIP	7/24/00		1,610							1,610	161	S/L HY	5	20000	322
32	15" MONITOR	9/14/00		140							140	14	S/L HY	5	20000	28
33	FAX MACHINE	4/28/00		185							185	19	S/L HY	5	20000	37
34	DENIM CHROME CHAIR	5/03/00		472							472	34	S/L HY	7	14290	67
35	ALDER TABLE	5/15/00		375							375	27	S/L HY	7	14290	54
36	MINI VOX ADDRESS SYSTEM	5/15/00		273							273	27	S/L HY	5	20000	55
37	RECEPTION OFFICE CHAIR	5/18/00		102							102	7	S/L HY	7	14290	15
38	8 CONFERENCE RM CHAIRS	5/18/00		472							472	34	S/L HY	7	14290	67
39	HOWARD MILLER CLOCK	6/14/00		145							145	15	S/L HY	5	20000	29
40	FURNISH COVERINGS	8/01/00		375							375	27	S/L HY	7	14290	54
41	SAND TOP RECEPTACLE	9/25/00		153							153	11	S/L HY	7	14290	22
42	LAPINE COPY MACHINE	9/14/00		450							450	45	S/L HY	5	20000	90
43	LAPINE PLAYGROUND	10/28/00		961							961	32	S/L HY	15	06670	64
44	REFRIGERATOR	9/12/01		414							414		S/L HY	5	10000	41
45	DEJA VU DESK	10/10/01		475							475		S/L HY	7	07140	34
46	DEJA VU MIRROR	10/10/01		150							150		S/L HY	7	07140	11
47	2 LAZYBOY CHAIRS	10/23/01		643							643		S/L HY	7	07140	46
48	TV/VCR BECKY JOHNSON	2/12/01		160							160		S/L HY	5	10000	16
49	BEND BIKE RACK	4/19/01		295							295		S/L HY	15	03330	10
50	INKJET PRINTER (BJ)	5/21/01		145							145		S/L HY	5	10000	15
51	LAPINE PLAYGROUND EQUIP	4/23/01		5,152							5,152		S/L HY	15	03330	172
52	EAST CAMPUS DISHWASHER	4/09/01		1,886							1,886		S/L HY	5	10000	189
53	WIGHT CONS REMODEL	9/30/01		12,059							12,059		S/L MM	39	00749	90
54	EAST CAMPUS BUILDING	1/01/01		110,000							110,000		S/L MM	39	02461	2,707

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
	TOTAL			681,258		0	0	0	0	0	681,258	114,683				21,941
	TOTAL DEPRECIATION			681,258		0	0	0	0	0	681,258	114,683				21,941
	GRAND TOTAL DEPRECIATION			681,258		0	0	0	0	0	681,258	114,683				21,941
	DEPRECIATION ASSETS SOLD			104,900		0	0	0	0	0	104,900	9,617				1,457
	DEPR REMAINING ASSETS			576,358		0	0	0	0	0	576,358	105,066				20,484

Form **8868**
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

► File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

Part I **Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

Note *Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only* ► [ ]

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions

Name of Exempt Organization	Employer Identification Number
DESCHUTES CHILDREN'S FOUNDATION	93-1032896

Number Street and Room or Suite Number If a P O Box see instructions
1010 NW 14TH

City Town or Post Office For a foreign address see instructions — State — ZIP Code
BEND, OR 97701-2101

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990 T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990 EZ	[ ] Form 990 T (trust other than above)	[ ] Form 6069
[ ] Form 990 PF	[ ] Form 1041 A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ► [ ]
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [X] calendar year 20 01 or

► [ ] tax year beginning _____, 20 ____, and ending _____, 20 ____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions — $ 0

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit — $ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions — $ 0

Signature and Verification

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 and that I am authorized to prepare this form

Signature ► Terri A Henson Title ► CPA Date ► 5/13/02

BAA For Paperwork Reduction Act Notice, see instructions Form **8868** (12 2000)

FEFZ0501L 11/27/01

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note: *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868*

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy

Type or Print	Name of Exempt Organization	Employer Identification Number
	DESCHUTES CHILDREN'S FOUNDATION	93-1032896
File by the extended due date for filing the return See instructions	Number Street, and Room or Suite Number If a P O Box, See Instructions 1010 NW 14TH	For IRS Use Only
	City, Town or Post Office State and ZIP Code For a Foreign Address See Instructions BEND, OR 97701-2101	

Check type of return to be filed (file a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990 T (Section 401(a) or 408(a) trust) [ ] Form 1041 A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990 PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does **not** have an office or place of business in the United States, check this box ► [ ]
- If this is for a **group return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ► [ ] If it is **part** of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until 11/15 , 20 02

5 For calendar year 2001 , or other tax year beginning _____ , 20 __ and ending _____ , 20 __

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO COMPLETE AND REVIEW SCHEDULES PERTINENT TO FILING AN ACCURATE RETURN

8a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ _____

b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $ _____

c **Balance due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 8/7/02

Notice to Applicant – To be Completed by the IRS

[ ] We **have** approved this application Please attach this form to the organization's return

[ ] We **have not** approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return

[ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested

[ ] Other _____

Director By _____ Date

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or Print	Name
	STEPHEN GREER & ASSOC , CPAS
	Number and Street (include suite, room, or apartment number) or a P O Box Number 499 SW UPPER TERRACE DRIVE
	City or Town, Province or State, and Country (including postal or ZIP code) BEND, OR 97702