

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

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

A For the 2002 calendar year, or tax year beginning , 2002, and ending

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
instruc-
tionsDESCHUTES 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)

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

I Enter 4 digit GEN ▶

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

G Web site ▶ N/A

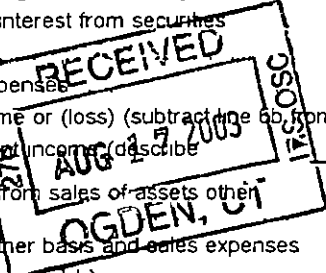
J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 476,236

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	297,488	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 282,106 noncash \$ 15,382.)	1d	297,488	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	133,276	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	7,059	
5	Dividends and interest from securities	5	8,300	
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	-47,519	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d				
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ 42,366 of contributions reported on line 1a)	9a	76,132	
b	Less direct expenses other than fundraising expenses	9b	45,992	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	30,140	
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	1,500	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	430,244	
13	Program services (from line 44, column (B))	13	236,905	
14	Management and general (from line 44, column (C))	14	58,199	
15	Fundraising (from line 44, column (D))	15	68,915	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	364,019	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	66,225	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	939,380	
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	1,005,605.	

SCANNED AUG 28 03

EXPENSES
ASSETS

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 \$ 105,892 non cash \$)	22	105,892	105,892		
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	126,780	12,678	50,712	63,390
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	2,400		2,400	
32 Legal fees	32				
33 Supplies	33	5,486	4,937	549	
34 Telephone	34				
35 Postage and shipping	35	1,490		1,490	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,924	962	962	
39 Travel	39	2,260	2,260		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	20,456	20,456		
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	97,331	89,720	2,086	5,525
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	364,019	236,905	58,199	68,915

Joint Costs Check ☐ if you are following SOP 98.2Are 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 and 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 3	
(Grants and allocations \$)	236,905
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)	236,905

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year	
45 Cash – non interest bearing		36,748	45	21,009.	
46 Savings and temporary cash investments		462,329	46	562,417	
ASSETS	47 a Accounts receivable	1,070			
	b Less allowance for doubtful accounts				
		8,632	47 c	1,070	
	48 a Pledges receivable				
	b Less allowance for doubtful accounts				
			48 c		
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a Other notes & loans receivable (attach sch)				
	b Less allowance for doubtful accounts				
52 Inventories for sale or use			52		
53 Prepaid expenses and deferred charges			53	1,355.	
54 Investments – securities (attach schedule)	☐ Cost ☐ FMV		54		
55 a Investments – land, buildings, & equipment basis					
b Less accumulated depreciation (attach schedule)			55 c		
56 Investments – other (attach schedule)			56		
57 a Land, buildings, and equipment basis	581,200				
b Less accumulated depreciation (attach schedule)	146,006				
58 Other assets (describe ▶ SEE STATEMENT 4)	450,809	57 c	435,194		
59 Total assets (add lines 45 through 58) (must equal line 74)	958,518	58			
LIABILITIES	60 Accounts payable and accrued expenses	16,574	59	1,021,045	
	61 Grants payable		60	12,875	
	62 Deferred revenue		61		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		62		
	64 a Tax exempt bond liabilities (attach schedule)		63		
	b Mortgages and other notes payable (attach schedule)		64 a		
	65 Other liabilities (describe ▶ SEE STATEMENT 5)	2,564	64 b		
	66 Total liabilities (add lines 60 through 65)	19,138	65	2,565	
NET ASSETS OR FUND BALANCES	67 Unrestricted	572,111	66	15,440	
	68 Temporarily restricted		67	553,151	
	69 Permanently restricted	367,269	68		
	70 Capital stock, trust principal, or current funds		69	452,454	
	71 Paid in or capital surplus, or land, building, and equipment fund		70		
	72 Retained earnings, endowment, accumulated income, or other funds		71		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	939,380.	72		
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	958,518	73	1,005,605	
			74	1,021,045	

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
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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)

[illegible]

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

Part VI Other Information (See 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		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		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
80b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is ☐ exempt or ☐ nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions.	81a	0
81b Did the organization file Form 1120-POL for this year?		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?		X
82b 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?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		N/A
85c Dues, assessments, and similar amounts from members	85c	N/A
85d Section 162(e) lobbying and political expenditures	85d	N/A
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h 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
86a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b 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 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b 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
90a List the states with which a copy of this return is filed <u>OREGON</u>		
90b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	4
91 The books are in care of <u>JAN LACHAPELLE</u> Telephone number <u>541-388-3101</u> Located at <u>1029 NW 14TH, BEND, OR</u> ZIP + 4 <u>97701</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a RENTS					133,276
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			14	7,059	
96 Dividends & interest from securities			14	8,300	
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			14	-47,519	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					30,140
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ADMINISTRATION FEES					1,500
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-32,160.	164,916
105 Total (add line 104, columns (B), (D), and (E))					132,756

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.

Date

8/15/03

EXECUTIVE DIRECTOR

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)

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

OMB No 1545-0047

2002

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 and deferred compensation	(e) Expense account and other allowances
JANICE E LACHAPELLE 62636 ERICKSON RD	EXEC DIRECTOR 45	52,000	6,586	0
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)

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

- 4 Do you have a section 403(b) annuity plan for your employees?

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	484,871	363,071	131,625	80,091	1,059,658
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	74,260	59,000	49,886	17,576	200,722
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	10,908	10,746	1,324	260	23,238
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	570,039	432,817	182,835	97,927	1,283,618
24 Line 23 minus line 17	495,779	373,817	132,949	80,351	1,082,896
25 Enter 1% of line 23	5,700	4,328	1,828	979	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 21,658
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 68,076
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 1,082,896
d Add: Amounts from column (e) for lines 18 23,238 19 26b 68,076.					26d 91,314
e Public support (line 26c minus line 26d total)					26e 991,582
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.57 %
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: (2001) (2000) (1999) (1998)					
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: (2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines 15 16 17 20 and line 27b total					27c
d Add: Line 27a 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 1998 through 2001, 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

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

Yes No

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?

32 a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d

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?

33 a

b Admissions policies?

33 b

c Employment of faculty or administrative staff?

33 c

d Scholarships or other financial assistance?

33 d

e Educational policies?

33 e

f Use of facilities?

33 f

g Athletic programs?

33 g

h Other extracurricular activities?

33 h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34 a

b Has the organization's right to such aid ever been revoked or suspended?

34 b

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 401 through 405 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 —		
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	
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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

- 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

Yes	No	Amount

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STATEMENT 1
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	118,498	42,366	76,132	45,992	30,140
TOTAL	<u>\$ 118,498</u>	<u>\$ 42,366</u>	<u>\$ 76,132</u>	<u>\$ 45,992</u>	<u>\$ 30,140</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	5,525			5,525
BANK FEES	42		42	
BOARD MEETING EXPENSES	292		292	
DUES & SUBSCRIPTIONS	2,698	2,698		
EASTSIDE CAMPUS EXPENSE	1,402	1,402		
EVERY KID FUND EXPENSE	880	880		
INSURANCE	3,576	3,576		
JANITORIAL SERVICE	21,972	21,972		
MISCELLANEOUS	226		226	
OFFICE EXPENSE	5,987	5,388	599	
OFFICERS/DIRECTORS INSURANCE	927		927	
RENT EXPENSE	9,741	9,741		
REPAIRS AND MAINTENANCE	10,678	10,678		
SAGEBRUSH CLASSIC EXPENSE	268	268		
SECURITY EXPENSE	384	384		
TRAINING SEMINARS	818	818		
UTILITIES	31,915	31,915		
TOTAL	<u>\$ 97,331</u>	<u>\$ 89,720</u>	<u>\$ 2,086</u>	<u>\$ 5,525</u>

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
TO 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		236,905
	<u>\$ 0</u>	<u>\$ 236,905</u>

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STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
MISCELLANEOUS	\$ 581,200	\$ 146,006	\$ 435,194
TOTAL	<u>\$ 581,200</u>	<u>\$ 146,006</u>	<u>\$ 435,194.</u>

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO OTHER GROUPS	\$ 2,564.
ROUNDING	1.
TOTAL	<u>\$ 2,565.</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SHARON SMITH 591 SW MILL VIEW WAY BEND, OR 97702	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 591 SW MILL VIEW WAY BEND, OR 97702	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 DRIVE REDMOND, OR 97756	VICE CHAIRMAN NONE	0	0	0

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STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAURA PINCKNEY 2669 TWIN KNOLLS DRIVE STE 101 BEND, OR 97701	DIRECTOR NONE	\$ 0	\$ 0	\$ 0
NANCY POPE SCHLANGEN 1004 FOXWOOD BEND, OR 97701	DIRECTOR NONE	0	0	0
BILL CARDWELL 902 NW GLENBROOKE BEND, OR 97701	CHAIRMAN NONE	0	0	0
LANCE VANSOORY 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

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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	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
1	BUILDING	1/01/91		200,000							200,000	72,891	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	154	S/L	HY	20	05000
5	ENGINEERING PLANS	12/01/91		973							973	930	S/L	HY	10	0
6	ALTERNATIVE SCHOOL	9/01/92		53,452							53,452	16,483	S/L	30		1,782
7	IMPROVEMENTS	6/01/92		17,367							17,367	5,317	S/L	30		579
8	IMPROVEMENTS	7/01/93		7,542							7,542	2,055	S/L	30		251
9	ROOF REPAIR	2/01/94		5,900							5,900	1,559	S/L	30		197
10	REMODEL	7/01/94		6,545							6,545	1,635	S/L	30		218
11	CARPET	8/01/94		3,670							3,670	3,624	S/L	HY	7	0
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	299	S/L	HY	7	0
15	IMPROVEMENTS	2/28/97		9							9		S/L	30		0
16	IMPROVEMENTS	4/05/97		154							154	24	S/L	30		5
17	IMPROVEMENTS	11/10/97		700							700	96	S/L	30		23
18	IMPROVEMENTS	12/08/97		1,000							1,000	135	S/L	30		33
19	OFFICE FURNITURE	11/01/99		2,205							2,205	1 120	200DB	MO	7	14060
20	IMPROVEMENTS	12/07/99		724							724	50	S/L	30		24
21	OFFICE EQUIPMENT	2/28/99		1,300							1,300	803	200DB	MO	7	10930
22	BECKY JOHNSON FURNITURE	12/13/99		11,762							11,762	5,975	200DB	MO	7	14060
23	MICROSPHERE TAPE BACKUP	3/10/00		235							235	71	S/L	HY	5	20000
24	PODIUM	2/21/00		200							200	43	S/L	HY	7	14290
25	JENNIFER L MILLER ARTWORK	2/21/00		235							235					0

FORM 990/990 PF

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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	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR	
26	WALL COVERINGS	2/21/00		794							794		170	S/L	HY 7	14290	113
27	INTERIOR IDEAS FURNISHING	3/01/00		20,181							20,181		4,325	S/L	HY 7	14290	2,884
28	CABINETS	3/05/00		415							415		89	S/L	HY 7	14290	59
29	DESIGN CO RUGS	3/27/00		359							359		77	S/L	HY 7	14290	51
30	BROTEK COMPUTER EQUIP	7/24/00		1,610							1,610		483	S/L	HY 5	20000	322
31	15" MONITOR	9/14/00		140							140		42	S/L	HY 5	20000	28
32	FAX MACHINE	4/28/00		185							185		56	S/L	HY 5	20000	37
33	DENIM CHROME CHAIR	5/03/00		472							472		101	S/L	HY 7	14290	67
34	ALDER TABLE	5/15/00		375							375		81	S/L	HY 7	14290	54
35	MINI VOX ADDRESS SYSTEM	5/15/00		273							273		82	S/L	HY 5	20000	55
36	RECEPTION OFFICE CHAIR	5/18/00		102							102		22	S/L	HY 7	14290	15
37	8 CONFERENCE RM CHAIRS	5/18/00		472							472		101	S/L	HY 7	14290	67
38	HOWARD MILLER CLOCK	6/14/00		145							145		44	S/L	HY 5	20000	29
39	FURNISH COVERINGS	8/01/00		375							375		81	S/L	HY 7	14290	54
40	SAND TOP RECEPTACLE	9/25/00		153							153		33	S/L	HY 7	14290	22
41	LAPINE COPY MACHINE	9/14/00		450							450		135	S/L	HY 5	20000	90
42	LAPINE PLAYGROUND	10/28/00		961							961		96	S/L	HY 15	06670	64
43	REFRIGERATOR	9/12/01		414							414		41	S/L	HY 5	20000	83
44	DEJA VU DESK	10/10/01		475							475		34	S/L	HY 7	14290	68
45	DEJA VU MIRROR	10/10/01		150							150		11	S/L	HY 7	14290	21
46	2 LAZYBOY CHAIRS	10/23/01		643							643		46	S/L	HY 7	14290	92
47	TV/VCR BECKY JOHNSON	2/12/01		160							160		16	S/L	HY 5	20000	32
48	BEND BIKE RACK	4/19/01		295							295		10	S/L	HY 15	06670	20
49	INKJET PRINTER (BJ)	5/21/01		145							145		15	S/L	HY 5	20000	29
50	LAPINE PLAYGROUND EQUIP	4/23/01		5,152							5,152		172	S/L	HY 15	06670	344
51	EAST CAMPUS DISHWASHER	4/09/01		1,886							1,886		189	S/L	HY 5	20000	377
52	WIGHT CONS REMODEL	9/30/01		12,059							12,059		90	S/L	MM 39	02564	309

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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	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
53	EAST CAMPUS BUILDING	1/01/01		110,000							110,000	2,707	S/L	MM	39 02564	2,820
54	SCANNER	1/09/02		109							109		S/L	HY	5 10000	11
55	TV/VCR ROSIE BAREIS	1/10/02		100							100		S/L	HY	5 10000	10
56	TV STAND & SAFETY BELT	1/16/02		302							302		S/L	HY	5 10000	30
57	PRINTER	4/24/02		195							195		S/L	HY	5 10000	20
58	VACUUM ROSIE BAREIS	6/24/02		325							325		S/L	HY	5 10000	33
59	INTEL D845GLLYL COMPUTER	8/21/02		603							603		S/L	HY	5 10000	60
60	2 SURGE PROTECTORS	8/23/02		232							232		S/L	HY	5 10000	23
61	OVERHEAD PROJECTOR	11/04/02		150							150		S/L	HY	5 10000	15
62	SOLAR PARKING LOT LIGHTS	4/12/02		2,140							2,140		S/L	HY	15 03330	71
63	DOORS COBRA HOUSE	12/12/02		685							685		S/L	MM	39 00107	1
TOTAL																20,456
TOTAL DEPRECIATION																20,456
GRAND TOTAL DEPRECIATION																20,456

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- 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)

- | | | |
|--|--|------------------------------------|
| ☒ 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 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 20 02 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 ▶ Shirley L. Wansler Title ▶ CPA Date ▶ 5/13/2003
BAA For Paperwork Reduction Act Notice, see instructions. Form 8868 (12-2000)