Form 990

, Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service(77)

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

Α	For t	he 2007 calen	dar year,	or tax year beg	innıng		, 20	07, and	endin	9	_		<u> </u>	
В	Check	eck ir applicable							loyer Ider	ntification Numbe	r			
	Ad	Address change Please use IRS label DESCHUTES CHILDREN'S FOUNDATION 9						93	-1032	2896				
	Iname change or type. on office of or						E Tele	phone nu	mber					
	In	ıtıal return	See specific	BEND, OR	9//01-2	:101							8-3101	
	Пте	ermination	Instruc- tions.								F Acco	ounting rod:	Cash	Accrual
	Ar	mended return										Other (sp	ecify)	
		pplication pending	• Section	on 501(c)(3) or	anizations	and 494	7(a)(1) nonexem	ıpt	H and	are not applic	able to se	ection 527	organizations	_
			charit	table trusts mu	st attach a	complet	ed Schedule A	•	H (a)	Is this a group	p return fo	or affiliate	s? Yes	X No
_		> 37 / 3	(Form	1 990 or 990-EZ	. <i>)</i> .				H (b)	If 'Yes,' enter	number of	affiliates	• _	
G	Web	site:► N/A							H (c)	Are all affiliat			Yes	☐ No
J	Organization type (If 'No,' attach a list													
	(check only one) ► X 501(c) 3 ◄ (insert no) 4947(a)(1) or 527 H (d) Is this a separate return the organization is not a 509(a)(3) supporting organization and its						-		X No					
ĸ							ig organizatior ar not required, bu		 	Group Exe				IV NO
	orga	nization choos	ses to file	a return, be su	re to file a	complete	return	CH WIE	m				ation is not requi	red
1	Gross	s receints Ad	d lines 6h	, 8b, 9b, and 10)h to line 1	2▶ 1 0	04 206		'''				0, 990-EZ, or 990-	
	rt l						ssets or Fun	d Bala	nces					
	1			ants, and simila				u Daia	1005	(000 111	0 111011	要3 章	10.7	
	-			advised funds	a dinodino	10001400	•	1:				转制		
				not included on	line 1a\			11	+	315	799.			
	1	•		(not included on	•			10	+	313,	, , , , , .	结		
		•		ons (grants) (no	•	on line 1	a)	10	+	2	000.			
	e	Total (add lines la through Id) (c		, ,	799. nonc		a)		4			1 e	317	7,799.
	2					_	contracts (from	, Part VII	line (331		2		1,540.
	3	-		assessments	Verificate			E VIII	IIIIC .	,S)		3	133	1,540.
	4	•		d temporary ca	sh investme	ノゴガ	EIVED	,				4	1.81	795.
	5		•	from securities	1 1	спіз	3	31				5	101	<u>., 155.</u>
	-	Gross rents	iu ii iterest	nom securities	8	APR (o s 2008 19	ء ا	.					
			ovnoncoc		-	(3) (3)		/ I 🗀						
		Less rental :		oss) Subtract	line Sh fron	എഹ്ല		=	<u> </u>			6c		
_	7	Other investr					EIV, OI				`	7		
REVENUE				•			(A) Securities		T	(B) Othe		沙亚州		
Ĕ	8a	Gross amour than inventoi		les of assets ot	her		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8:	<u> </u>	(=) ==				
Ñ	۱ ہ		•	sis and sales ex	nancac			81	<u> </u>			[33]		
E	l	: Gain or (loss) (a			(periodo			8						
200	l	, , ,		nbine line 8c, c	olumns (A)	and (B)		1 0.	<u> </u>			8d		
2008	9 "				, ,		nount is from gam	u na , che	ck hei	e ▶「	7			
	_	Gross revenu				,	of contribution			_	J			
0 0		reported on I	line 1b)	J			-	9	a	360,	072.			
	b	Less: direct	expenses	other than fund	Iraising exp	enses		91	o		205.	MIS		
PR	С	: Net income d	or (loss) fr	om special eve	nts. Subtra	ict line 91	b from line 9a		Sta	tement	1	9с	141	867.
◁	10a	Gross sales	of invento	ry, less returns	and allowa	ances		10:	a					
ם ה	b	Less cost of	goods so	ld				101	o					
Ž	C	: Gross profit or (loss) from s	ales of inventory (a	ttach schedule) Subtract	line 10b from line 10)a				10c		
Z	11	Other revenu	ie (from P	art VII, line 103	3)							11		
3	12	Total revenu	e.Add line	es 1e, 2, 3, 4, 5	, 6c, 7, 8d,	9c, 10c,	and 11					12	786	5,001.
SHEST STANKED	13	Program ser	vices (fror	m line 44, colun	nn (B))							13	237	7,207.
X	14	Management	t and gene	eral (from line 4	4, column	(C))						14	62	2,587.
E	15	_		44, column (D)								15	80	835.
S	16	Payments to	affiliates	(attach schedu	e)							16		
Š	17	Total expens	es. Add I	nes 16 and 44,	column (A))						17_),629.
A	18	·		the year Subtr								18	405	372.
N S E E T S	19	Net assets o	r fund bala	ances at beginr	ning of year	r (from lii	ne 73, column (A	<i>\</i>))				19	4,604	1,204.
ŤĒ	20							20						
Š	21	Net assets o	r fund bala	ances at end of	year Com	ibine line	s 18, 19, and 20)				21	5,009	9,576.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0109L 12/27/07

Partill 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 \$ee instruct)

Do	o 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
	Grants paid from donor advised					
	funds (attach sch) (cash Ś					
	(cash \$)					
	If this amount includes					
f	foreign grants, check here	22 a				
	Other grants and allocations (att sch)					
	(cash \$)					
	f this amount includes					
	foreign grants, check here	22 b				
23	Specific assistance to individuals					
((attach schedule)	23				
	Benefits paid to or for members	_				
	(attach schedule)	24				2. 意识的认识的证据。
	Compensation of current officers, directors, key employees, etc listed					
1	n Part V-A	25 a	73,146.	23,027.	22,203.	27,916.
	Compensation of former officers,					
	directors, key employees, etc. listed n Part V-B	25 b	0.	0.	0.	0.
	Compensation and other distributions, not ncluded above, to disqualified persons (as					
C	defined under section 4958(f)(1)) and persons					
	described in section 1958(c)(3)(B).	25 c	0.	0.	0.	0.
	Salaries and wages of employees not			_ _:_		
20 1	ncluded on lines 25a, b, and c	26	58 <u>,</u> 566.	18,437.	17,777.	22,352.
27 F	Pension plan contributions not					
1	ncluded on lines 25a, b, and c	27		·	76-1	
28 E	Employee benefits not included on					
	ines 25a - 27	28	18,536.	10 000	2 004	4 670
	Payroll taxes Professional fundraising fees	29 30	10,530.	10,980.	2,884.	4,672.
	Accounting fees	31				
	egal fees	32				
33 9	Supplies	33	5,011.	4,379.	288.	344.
34 7	Геlephone	34			-	
	Postage and shipping	35		-11		· · · · · · · · · · · · · · · · · · ·
	Occupancy -	36	54,576.	53,764.	812.	
	Equipment rental and maintenance	37	14,904.	14,841.	41.	22.
	Printing and publications Travel	38	1,387. 1,680.	64.	509.	814.
	oravei Conferences, conventions, and meetings	39 40	1,000.		840.	840.
	nterest	41				
	Depreciation, depletion, etc (attach schedule)	42	30,363.	30,363.		
43 (Other expenses not covered above (itemize)					
a S	See_Statement_2	43a	122,460.	81,352.	17,233.	23,875.
b _		43b				
c_		43c				
d_ e		43d 43e		-		
f -		43e				
' _ g		43g				
	Cotal functional expenses Add lines 22a					
	otal functional expenses Add lines 22a hrough 43g (Organizations completing columns B) - (D), carry these totals to lines 13 - 15)	44	380,629.	237,207.	62,587.	80,835.
	Costs. Check ► If you are following					
	y joint costs from a combined education ,' enter (i) the aggregate amount of these				•	► Yes X No
\$			osts \$ to Management and ger		mount allocated to Progr	am services amount allocated
	draising \$, and (iv) the	amount anocated

Partill Statement of Program Service Accomplishments (See the Instructions.)

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.

		, , , , , , , , , , , , , , , , , , ,	<u> </u>	
at is the organization's prim	ary exempt purpose? ►			Program Service Expense
organizations must describe nts served, publications issu ions and 4947(a)(1) nonexe	e their exempt purpose achieve ued, etc. Discuss achievements mpt charitable trusts must also	ments in a clear and concise manner S that are not measurable (Section 501(enter the amount of grants and allocati	tate the number o c)(3) and (4) organ ons to others)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a See Statement 3				
	- -	. 		
(Grants and allocations) If this amount includes foreign grants,	check here ▶	237,207.
				257,207.
		·		
				
		 		
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	
				
				
		; , , , 		
) If this amount includes foreign grants,		
d	- -			
				
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	
e Other program services			_	
	\$) If this amount includes foreign grants,		1

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Form **990** (2007)

Page 3

T _a a	RULY	Balance Sneets (See the Instructions)					
Not	e: V	Vhere required, attached schedules and amounts within olumn should be for end-of-year amounts only	n the de	escription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			1,180,393.	45	61,210.
	46	Savings and temporary cash investments			1,087,855.	46	2,849,761.
	47 a	Accounts receivable	47 a	509,050.			
	b	Less: allowance for doubtful accounts	47b		992,423.	47c	509,050.
				NAME OF STREET	-		
	48a	Pledges receivable	48a				
		Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, director employees (attach schedule)		50 a			
Δ.	b	Receivables from other disqualified persons (as definand persons described in section 4958(c)(3)(B) (attack)	ed und	er section 4958(f)(1)) dule)		50ь	
ASSETS	51 a	Other notes and loans receivable (attach schedule).	51 a	_			
T S	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			419.	53	1,781.
	54a	Investments – publicly-traded securities		Cost FMV		54a	
		Investments – other securities (attach sch)		Cost FMV		54b	
	55 a	Investments – land, buildings, & equipment: basis	55a		-		
	b	Less accumulated depreciation (attach schedule)	55 b			55c	
	56	Investments - other (attach schedule)				56	
		Land, buildings, and equipment: basis	57a	2,034,677.		- 60	
	b Less: accumulated depreciation (attach schedule) Statement 4 57b 2				1,370,178.	57 c	1,764,040.
		Other assets, including program-related investments			· · · · · · · · · · · · · · · · · · ·		
		(describe ►		Y		58	
	59	Total assets (must equal line 74). Add lines 45 through	 gh 58		4,631,268.	59	5,185,842.
	60	Accounts payable and accrued expenses			24,499.	60	161,416.
	61	Grants payable			· · ·	61	
Ļ	62	Deferred revenue				62	
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
Ţ	64a	Tax-exempt bond liabilities (attach schedule)		Ì		64a	
Ĭ	b	Mortgages and other notes payable (attach schedule)				64b	
I E S	65	Other liabilities (describe See Statement	5)	2,565.	65	14,850.
	66	Total liabilities. Add lines 60 through 65			27,064.	66	176,266.
	Orga	anizations that follow SFAS 117, check here► X a	nd com	plete lines 67		300	· ·
F F	_	through 69 and lines 73 and 74.		·		2 · 3	
	67	Unrestricted			880,281.	67	1,930,424.
S	68	Temporarily restricted			3,397,784.	68	2,741,956.
ASSETS	69	Permanently restricted			326,139.	69	337,196.
O R	Orga	anizations that do not follow SFAS 117, check here►		and complete lines			
		70 through 74.					
F 020	70	Capital stock, trust principal, or current funds		70			
	71	Paid-in or capital surplus, or land, building, and equip		71			
Ä	72	Retained earnings, endowment, accumulated income		72			
BALAZCES	73	Total net assets or fund balances Add lines 67 through 72 (Column (A) must equal line 19 and column (B) m	r lines 70 through	4,604,204.		5,009,576.	
_ S	74	Total liabilities and net assets/fund balancesAdd line	•	· · · · · · · · · · · · · · · · · · ·	4,631,268.	74	5,185,842.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.)(See the instructions)

Total expenses (Part I, line 17). Add linesc and d

380,629.

(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 plans	(E) Expense account and other allowances
JANICE E. EGGLESTON	Executive Direc	71,016.	2,130.	0.
1010 N.W. 14TH STREET	45.00			
BEND, OR 97701-2101				
SEE ATTACHED		0.	0.	0.
1010 NW 14TH STREET	4.00			
BEND, OR 97701-2101				
	_[
	-			
	4			
	_			
DAA	TEEA0105L 0	9/02/07		
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Form 990 (2007) DESCHUTES CHILDREN'S I	OUNDATION		93-1032	896 Page 6
RartiV-A Current Officers, Directors, Tru	stees, and Key En	n <mark>ployees</mark> (continue	ed)	Yes No
75a Enter the total number of officers, directors, and trustees p b Are any officers, directors, trustees, or key emisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throughentifies the individuals and explains the relationship.	ployees listed in Form insated professional and igh family or business i	990, Part V-A, or highed other independent cor	est compensated employ ntractors listed in Sched	yees lule 75b X
c Do any officers, directors, trustees, or key emilisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the If 'Yes,' attach a statement that includes the instructions.	nsated professional and n any other organizatio ne definition of 'related	d other independent cor ns, whether tax exempt organization'	ntractors listed in Sched	lule TOWN TOWN
d Does the organization have a written conflict of		i the matructions.		75d X
Part V-B Former Officers, Directors, Tru		nlovees That Pece	ived Compensatio	
Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or kev emp	lovee received compen-	sation or other benefits	(described below)
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None	· · · · · · · · · · · · · · · · · · ·			
	. 			
Part VI Other Information (See the Inst	ructions)			Yes No
76 Did the organization make a change in its acti	nange	3		76 X
77 Were any changes made in the organizing or in if 'Yes,' attach a conformed copy of the change	es.			77 X
78a Did the organization have unrelated business b If 'Yes,' has it filed a tax return on Form 990-T	-) or more during the ye	ar covered by this return	78b N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	action during the		79 X
80a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ation) through common ganization?	80a X
b If 'Yes,' enter the name of the organization ► 81a Enter direct and indirect political expenditures	and characters. (See line 81 instruction		xempt or nonexer	mpt. 0.
b Did the organization file Form 1120-POI for the	c vear?			01 L V

Form 990 (2007)

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Form 990 (2007) DESCHUTES CHILDREN'S FOUNDATION	93	3-1032896	Page 7
学Rantivit Other Information (continued)			Yes No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge or	at 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		83a	
b Dia the organization comply with the disclosure requirements relating toquid pro quo contribu	itions?	83b	 - - - - - - - - - -
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 c not tax deductible?	ontributions or gi	ifts were 84b	N/A
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		85 a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N/A
If 'Yes' was answered to either 85a or85b, do not complete 85c through 85h below unless th waiver for proxy tax owed for the prior year.	1 1		
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 N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85f	N/A 85c	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line85f to its reason	nable estimate of		
dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on		85h	N/A
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 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation or pa 701-2 and 301 7	artnership, 701-3?	X
b At any time during the year, did the organization, directly or indirectly, own a controlled enti section 512(b)(13)? If 'Yes,' complete Part XI	ty within the mea	aning of 88b	X
89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year u		.	
section 4911 ► 0. , section 4912 ► 0. , section 4		0.	
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 exceeduring the year or did it become aware of an excess benefit transaction from a prior year? I explaining each transaction	ss benefit transad f 'Yes,' attach a s	ction statement 89£	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during year under sections 4912, 4955, and 4958	the	0.	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	-	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibite			
f All organizations Did the organization acquire a direct or indirect interest in any applicable in	nsurance contrac	ct? 89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold the year?	Did the supporting at any time	ng during	X
90a List the states with which a copy of this return is filed OR			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		901	0
91a The books are in care of ► JAN EGGLESTON Telephone not Located at ► 1010 N.W. 14TH STREET BEND OR		4 ► <u>97701-2</u> 2	101
b At any time during the calendar year, did the organization have an interest in or a signature	or other authorit	ty over a	Yes No
b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other	financial account)? 91 k	X
If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.		- -	
BAA		For	m 990 (2007)

	90 (2007) DESCHUTES CHILDREN		rion		93-1032	896	Page 8
	VI Other Information (continu						Yes No
	any time during the calendar year, di		on maintain an office	outside of the U	Inited States?	91c	<u> </u>
	'Yes,' enter the name of the foreign co					:	
	ection 4947(a)(1) nonexempt charitable					N/A	
	nd enter the amount of tax-exempt into				▶ 92		N/A
Part \	VII Analysis of Income-Producing						
		Unrelated I	business income	Excluded by se	ection 512, 513, or 514	(E	Ξ)
	nter gross amounts unless se indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related o	or exempt
	Program service revenue PROGRAM REVENUE					1	44,540.
				<u> </u>			
d_							
e_	Medicare/Medicaid payments						
	Fees & contracts from government agencies						
_	Membership dues and assessments						-
	Interest on savings & temporary cash invmnts				_	1	81,795.
	Dividends & interest from securities		-				02/1301
	Net rental income or (loss) from real estate	かずだれがりみが	建设工作		沙震震震 (1957年)	· ()	三人员
	debt-financed property						
	not debt-financed property						
	Net rental income or (loss) from pers prop						
99	Other investment income						
100	Gain or (loss) from sales of assets other than inventory						
	Net income or (loss) from special events			3	141,867.		
102	Gross profit or (loss) from sales of inventory						
103	Other revenue a	息對為影響。有影響	二类物质工业中的	·····································	州州大学	是海州州	美人 化 例 1
b							
c_							
ď							
e							
	Subtotal (add columns (B), (D), and (E))	SECRETAL SECTION OF THE PERSON		经验证证 证的	141,867.		26,335.
	Total (add line 104, columns (B), (D),				► <u></u>	4	68,202.
	ine 105 plus line 1e, Part I, should equ						
	/III Relationship of Activities t						
Line N	Explain how each activity for which of the organization's exempt purp	ch income is rep oses (other than	orted in column (E) on by providing funds	of Part VII contri for such purpose	buted importantly to thes).	e accomplis	hment
<u>93a</u>	THE PURPOSE IS TO PRO		_				
	COLLECTED AT LESS THA		UE FROM OTHER	NON-PROFI	T ORGANIZATION	S PROVI	DING
	SERVICES FOR AT-RISK	CHILDREN.					
Dort	IV Information Beganding Tox	rabla Cubaidi	aries and Distan	anded Entitie	c (Coo the instru	otiona)	
Fart	IX* Information Regarding Tax				· ·	· -	
	(A)	(B)	(C	•)	(D)	(E	-)
	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage o ownership inter	rest	activities	Total income		of-year sets
N/A		-	%				
			8				
			% %				<u> </u>
€ D3 41	X Information Regarding Tra	nefere Acco	<u> </u>	nal Renefit (Contracte (Son th	e ınstructi	ione)
	d the organization, during the year, receive any fi					Yes	X No
	id the organization, during the year, receive any n	· · · · · ·		· ·		Yes	X No
	e: If 'Yes' to (b), file Form 8870 and Fo			. u porcoriai boi			

Gilli	artico described	in design to asove.						
Please	Under penalties of true, correct, and co	er penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my, correct, and complete Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge 3/27						
Sign Here	Signature of officer Date JANEGELESTON, EXECUTIVE DIRECTOR Type or print name and title							
Paid Pre-	Preparer's signature	STUART D. KATTER M. O. A.	Date 3-21-08	Check if self-employed ► X	Preparer's SSN or PTIN (See General Instruction X) N/A			
parer's Use	Firm's name (or yours if self-employed),	KERKOCH KATTER & NELSON, LLP 45 NW HAWTHORNE AVE		EIN ► N/A				
Only	address, and ZIP + 4	BEND, OR 97701-2900		Phone no ► (5	41) 382-3468			

OR 97701-2900

Only BAA

Form 990 (2007)

Phone no ► (541)

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 4947(a)(1) Nonexempt Charitable Trust

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

Supplementary Information— (See separate instructions.)

2007

OMB No 1545-0047

Employer identification number Name of the organization 93-1032896 DESCHUTES CHILDREN'S FOUNDATION Part Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (b) Title and average (c) Compensation (d) Contributions (e) Expense account and other (a) Name and address of each to employee benefit plans and deferred employee paid more than \$50,000 hours per week allowances devoted to position compensation None Total number of other employees paid over \$50,000 Part II - A 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 Part II 🚝 🕮 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Sche	edule A (Form 990 or, 990-EZ) 2007 DESCHUTES CHILDREN'S FOUNDATION 93	-1032896	<u>-</u> -	Page 2
Pai	Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any 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 i of Part VI-B.)	attempt 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 lobbying activities.	10.5		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with an substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, of taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)	with any	· 安置	
ā	a Sale, exchange, or leasing of property?	2	а	X
ŀ	Lending of money or other extension of credit?	2	ь	X
Ó	Furnishing of goods, services, or facilities?	2	с	X
C	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	d	X
(e Transfer of any part of its income or assets?	2	е	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3	a	X
ı	Did the organization have a section 403(b) annuity plan for its employees?	3	b	<u>x</u>
•	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	_ 3	С	x
•	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	_ 3	d	X
4:	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' comple 4f and 4g	te lines	а	X
i	b Did the organization make any taxable distributions under section 4966?	4	ь N	A
•	c Did the organization make a distribution to a donor, donor advisor, or related person?	4	c N	I/A
•	d Enter the total number of donor advised funds owned at the end of the tax year	-		N/A
•	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-		N/A
1	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advise funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	ed ►	<u>-</u>	0
,	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax yea	. ▶		0.

Par	Reason for Non-Private	Foundation Status (S	See instructions.)		_					
cert	ify that the organization is not a private	foundation because it is: (Please check only ONE appl	icable box.)						
5	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 op and state ►	erated in conjunction with	a hospital. Section 170(b)(1)(A)(III)Ente	er the hospital	's name, city,				
10	An organization operated for the be (Also complete the Support Schedu	enefit of a college or universite in Part IV-A.)	rsity owned or operated by	a governme	ntal unit. Sect	aion 170(b)(1)(A)(iv)				
11 a	1a X 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	1b 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 upport Schedule in Part IV-A.)									
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization >									
	Type I Type II	_	nally Integrated	Type III-						
	Provide th	e following information al	bout the supported organia	ation≰ See ı	nstructions.)					
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support				
	·			Yes	No					
				-						
ota					•	0.				
14	An organization organized and ope	rated to test for public cafe	ety Section 500/a)//) (Sec	nstructions	:)					
BAA	organization organized and ope	rated to test for public salt	5.6 5000001 503(a)(4) (See			990 or 990-EZ) 2007				

Schedule A (Form 990 or 990-EZ) 2007 DESCHUTES CHILDREN'S FOUNDATION Page 4 Partiva 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 (e) Total **(b)** 2005 (c) 2004 Calendar year (or fiscal year (a) 2006 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 1,113,090 308,269 3,322,658. 1,147,720 753,579. 0. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 157,874. 178,191 260,950 829,937. 232,922. charitable, etc, purpose Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired 108,649. by the organzation after June 30, 1975 54,591 17,256 21,144 15,658 19 Net income from unrelated business 0. activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of 0. čapital assets 1,435,233. 928,709. 1,312,425. 584,877 4,261,244. Total of lines 15 through 22 Line 23 minus line 17 202 311 770 835 134 234 323.927 3.431.307

-	LING 23 MINUS MINE 17	1,202,3		000.1	1,134,234.	323,		0,301,007.
25	Enter 1% of line 23	14,35	52. 9,	287.	13,124.	5,8	849.	多种的基础和
26	Organizations described on line	s 10 or 11: a	Enter 2% of amou	nt in colu	mn (e), line 24		26 a	68,626.
ł	Prepare a list for your records to show the supported organization) whose total gifts f	e name of and amount for 2003 through 2006	t contributed by each per exceeded the amount sh	son (other t	han a governmental unit or publ 26a Do not file this list with vo	icly ur	1000	
	return. Enter the total of all these excess		onococo uno amoranton	••••		>	26b	
•	Total support for section 509(a)(l) test: Enter line	24, column (e)			>	26c	3,431,307.
•	d Add: Amounts from column (e) fo	or lines: 18	108,64	19. 1)		1	The state of
		22		2	6b		26d	108,649.
•	Public support (line 26c minus lir	ne 26d total)	_	<u>.</u>		•	26e	3,322,658.
1	Public support percentage (line	26e (numerator)	divided by line 26c	(denomi	nator))	>	26f	96.83 %
77	Organizations described on line	12: N / A						

bFor 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 11b, as well as individuals. **Po 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:

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

(2006) (2005	5)	(2004)	(2003)		
c Add: Amounts from column (e) for line	es 15	16			
17	20	21		27 c	
d Add. Line 27a total	and lir	ne 27b total		27d	
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					ALC: WHE
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 1	8, column (e) (nume	erator) divided by line 27f (denom	ninator))	27h	%

such amounts for each year:

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

Page 5

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 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? 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, 30 and scholarships? 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 31 makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? 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? 32 c 32 d d Copies of all material used by the organization or on its behalf to solicit contributions? 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: 33a a Students' rights or privileges? 33b b Admissions policies? 33c c Employment of faculty or administrative staff? 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 34b **b** Has the organization's right to such aid ever been revoked or suspended? 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.

Page 6 Part VIA Lobbying Expenditures by Electing Public Charities (To be completed ONLY by an eligible organization that filed Form 5768) N/A if you checked 'a' and 'limited control' provisions apply If the organization belongs to an affiliated group Check ► Check ► a (a) **Limits on Lobbying Expenditures** Affiliated group To be completed totals for all electing (The term 'expenditures' means amounts paid or incurred) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 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 \$100,000 plus 15% of the excess over \$500,000 Over \$500,000 but not over \$1,000,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36

4 -Year Averaging Period Under Section 501(h)

44

(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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total		
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))				数数			
47	Total lobbying expenditures							
48	Grassroots non- taxable amount							
49	Grassroots ceiling amount (150% of line 48(e))		松高神。					
50	Grassroots lobbying expenditures							

Part VI-B Lobbying Activity by Nonelecting Public Charities

44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

(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:

- b Paid staff or management (Include compensation in expenses reported on linesc 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 linesc through h.)
 - If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

	Yes	No	Amount
			<u> </u>
	-		
		A.C.	
11	20		

Schedule A (Form 990 or 990-EZ) 2007

BAA

Partwill Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did th	e reporting organization Code (other than section	directly or in n 501(c)(3) o	ndirectly engage in any of the following or in section 527, related	ng with any other organization descri ing to political organizations?	bed in secti	on 50	1(c)
	-		o a noncharitable exempt organization			Yes	No
(i)Ca		_			51a (i)		X
• • •	ther assets				a (ii)		X
• •	transactions						
		ets with a no	oncharitable exempt organization		b (i)		Х
	urchases of assets from				b (II)		Х
• •	ental of facilities, equipm		· =		b (iii)		Х
` '_	eimbursement arrangeme				b (iv)		X
• •	oans or loan guarantees	J. 11.0			b (v)		X
		r memhershi	ip or fundraising solicitations		b (vi)		Х
			sts, other assets, or paid employees		C		X
d If the the go any tr	answer to any of the abo oods, other assets, or ser ransaction or sharing arra	ove is 'Yes,' rvices given angement, st	complete the following schedule. Co by the reporting organization. If the how in column (d) the value of the go	umn (b) should always show the fair organization received less than fair n oods, other assets, or services receiv		ue of	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, an			ts
N/A					-		
-1/ 41		·	<u> </u>			-	
		 					
							
_					-		
		1					
							
		_		. ===			
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		_					
			<u></u>				
		_					
		1					
descr	e organization directly or libed in section 501(c) of s,' complete the following	the Code (o	filiated with, or related to, one or more than section 501(c)(3)) or in sec	tion 52/7	► ☐ Ye	s X	No
(a) Name of organization			(b) Type of organization	(c) Description of relati	onship		
N/A							
	<u></u>						
							
	- · · - · · · · · · · · · · · · ·						
	-						
	·						
		·					

2007	Federal Statements	Page 1
Client 1520 DESCHUTES CHILDREN'S FOUNDATION		
3/20/08 Statement 1 Form 990, Part I, Line 9 Net Income (Loss) from Spe	cial Events	12:17PM
Special Events SAGEBRUSH CLASSIC AND	Less Less Less Direct Gross Expenses Contri- Gross Direct Expenses Contri- Gross	Net Income (Loss) 141,867.
Statement 2 Form 990, Part II, Line 43 Other Expenses	Total \$ 360,072. \$ 0. \$ 360,072. \$ 218,205. \$	141,867.
ADVERTISING BANK CHARGES BOOKKEEPING DUES & FEES INSURANCE JANITORIAL LANDSCAPING LAUNDRY MEETINGS OFFICE EXPENSE POSTAGE PROGRAM EXPENSES PUBLICATIONS SECURITY TAXES TRAINING	(A) (B) (C) Management & General Full Services & Gener	(D) ndraising 18,487. 616. 888. 1,210. 1,596. 393. 50. 579. 56. 23,875.
WITH AT-RISK CHILDREN OREGON AND TO FINANCIA THAT ARE CONSISTENT WI	Grants and	Program Service Expenses 237,207.

2007

Federal Statements

Page 2

Client 1520

DESCHUTES CHILDREN'S FOUNDATION

93-1032896

3/20/08

12:17PM

Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		Basis	 Accum. Deprec.	 Book Value
Machinery and Equipment Buildings Land	\$	67,009. 1,172,668. _795,000.	\$ 61,620. 209,017.	\$ 5,389. 963,651. 795,000.
	Total 💲	2,034,677.	\$ 270,637.	\$ 1,764,040.

Statement 5 Form 990, Part IV, Line 65 Other Liabilities

DEFERRED REVENUE

Total \$ 14,850. \$ 14,850.

Bill Brewer (Jennifer)

Chair

21156 Sholes Rd. - h 755 SW Bonnett Way, Ste 2200 - w Bend, OR 97702 388.0929 h/385.7089 w / 382 5905 f william_brewer@ml.com Investment Counselor, Merrill Lynch

Susan Cooper

61308 Tam McArthur Lp - h Bend, OR 97702 382.2835 h 310.480.2889 c sesg1@aol.com Attorney

Bruce DeKock (Janice)

1642 NW Albany - h 64550 Research Rd. - w Bend, OR 97701 382.4100 w / 382.2713 f dekock@bendres.com General Counsel, Bend Research Inc

Kathy Drew Vice Chair

205 NW Drake Rd. - h Bend, OR 97701 389.4947 h / 390-4101 c 322.7557 w / 322.7566 f kdrew@deschutes org Mental Health Program Manager, Deschutes County

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Bobbie Strome

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<u>Lance VanSooy (Kelly)</u> Treasurer

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385.9933 w / 385.9936 f
lance@botc.com
Loan Officer, Bank of the Cascades