Client Copy of Federal and Oregon Returns – To Be Used For Photocopy and External Distribution Upon Request (This Copy Excludes Information About the Organization's Contributors)

Form 990-EZ Department of the Treasury

Short Form Return of Organization Exempt From Income

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

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service and ending For the 2008 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Please use IRS WILSONVILLE ROBOTICS STEWARDSHIP GROUP Address label or 26-1354007 C/O WILSONVILLE HIGH SCHOOL print or type. E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return Specific (503) 638-8225 Termin-6800 S.W. WILSONVILLE ROAD City or town, state or country, and ZIP + 4 F Group Exemption Amended return tions. WILSONVILLE, OR 97070 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check
if the organization is not Organization type (check only one)— \overline{X} 501(c) (3) \blacktriangleleft (insert no.) $\overline{}$ 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Check Life the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. 58,158. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ...... Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 53,862 1 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ a Gross revenue (not including \$ ______ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6¢ 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe ► MISCELLANEOUS REVENUE 8 4,296. 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 58,158. g 10 Grants and similar amounts paid (attach schedule) STMT 1 27,806. 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 25. 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 17 27,831. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 30,327. 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 14,750. 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 45,077. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments $14,750.|_{22}$ 45,077. Land and buildings 23 24 Other assets (describe 24 Total assets 14,750. 25 26 Total liabilities (describe 0 . 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 750 . 27

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

WILSONVILLE ROBOTICS STEWARDSHIP GROUP

Forr	m 990-EZ (2008) C/O WILSONVILLE HIGH SCHO	OOL		26-	13540	07 Page 2
	art III Statement of Program Service Accomplishme		Part III.)		Ex	penses
	at is the organization's primary exempt purpose? SEE STATEMEN				(Required	for 501(c)(3)
			ib- the envises			janizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In vided, the number of persons benefited, or other relevant information for each p		scribe the services		4947(a)(1) for others.	trusts; optional
-		nogram due.			101 0(11013.	
28	SEE STATEMENT 3					
				$\overline{}$		27 006
	(Grants \$) If this amount includes foreign	grants, check here	······		28a	27,806.
29						
					Ì	
	(Grants \$) If this amount includes foreign	grants, check here	.	لبيا	29a	
30						
				_		
	(Grants \$) If this amount includes foreign	grants, check here	>	<u> </u>	30a	
31	Other program services (attach schedule)		•••••			
	(Grants \$) If this amount includes foreign				31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	27,806.
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one en	ven if not compensated.	(See the	instructions	or Part IV.)
		(L) =:			ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	1 ' '		employee	(e) Expense
	(b) Notice and address	per week devoted to	(If not paid, enter -0)	ı	efit plans & leferred	account and other allowances
		pootton	",		pensation	Other anowances
T.	IM BENNINGTON-DAVIS, 6800 SW	CHAIR				
W.	ILSONVILLE ROAD, WILSONVILLE , OR	1.00	0.		0.	0.
EI	RIC ANDERSON, 6800 SW WILSONVILLE	SECRETARY				
	OAD, WILSONVILLE , OR 97070	1.00	0.		0.	0.
	ANICE RIPPEY, 6800 SW WILSONVILLE	TREASURER				•
_	OAD, WILSONVILLE , OR 97070	1.00	0.		0.	0.
	AREN SEROWIK, 6800 SW WILSONVILLE	MEMBER				
_	DAD, WILSONVILLE , OR 97070	1.00	0.		0.	
	DBERT TIDRICK, 6800 SW WILSONVILLE	MEMBER	0.	-	<u> </u>	0.
	OAD, WILSONVILLE , OR 97070	1.00	_		^	_
	TIET WILDOWIELE TOR 57070	1.00	0.		0.	0.
_						
				-		
				 		
_		\dashv		ļ		
				-		
_				1		
				<u> </u>		
				İ		
_		<u> </u>	ļ 	ļ		
		\dashv				
		<u> </u>		<u> </u>		
		- 				
		·				
		_				
		ļ <u>.</u>		L		· <u> </u>
		_				
_						
_						
_						
832	172					
	17-08				Form	990-E7 (2009)

C/O WILSONVILLE HIGH SCHOOL

Pa	nt V Other Information (Note the statement requirements in the instructions for Part VI	.)						
					Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed described to the IRS?	iption of	each activity	33		X		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attack	h a confor	med copy of the changes	34		X		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among	others)	but not					
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990) - T.						
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, repo	orting, ar	id proxy					
	tax requirements?	•••••		35a		X		
þ	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	N/	A		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete	e appliça	ble parts of Sch. N	36		X		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.	<u>.</u>				
b	Did the organization file Form 1120-POL for this year?			37b		X		
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made							
	in a prior year and still unpaid at the start of the period covered by this return?			38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A					
39	Section 501(c)(7) organizations. Enter:							
3	Initiation fees and capital contributions included on line 9	39a	N/A					
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ►	▶	0.					
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit tran							
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	• • • • • • • • • • • • • • • • • • • •		40b		X		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958							
	Enter amount of tax on line 40c reimbursed by the organization	▶	0.					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction? If "Yes," complete Form 8886-T			40e		X		
41	List the states with which a copy of this return is filed. OR							
42 a	The books are in care of ► JANICE RIPPEY	Tele	phone no. ► <u>(503)</u>			25		
	Located at ▶ 6800 SW WILSONVILLE ROAD, WILSONVILLE, OR		ZIP+4 ▶ <u>9</u>	<u> 707</u>	0			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority							
	over a financial account in a foreign country (such as a bank account, securities account, or other financial				Yes	No		
	account)?			42b		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 Foreign Bank	and Fina	ncial Accounts.					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c		X		
	If "Yes," enter the name of the foreign country:							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•••••			►			
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43	N/A	<u> </u>			
44	Did the experiention residuing			Formion	Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			44		X		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	f "Yes." F	orm 990 must be					
	completed instead of Form 990-EZ			45	P 000000000	X		

26-

Form 990-EZ (2008)

C/O WILSONVILLE HIGH SCHOOL

_	1	3	5	4	0	0	7		Pá	ige	4	

Part VI	<u> </u>	01(c)(3) organizations mus	t answer question:	s 46-49 and cor	nplete th	ne
46 - 012 41	tables for lines 50 and 51. e organization engage in direct or indirect political campaign activities on	hehalf of or in apposition to a	andidates for public		Ye	s No
	e organization engage in direct or indirect political campaign activities on ? If "Yes," complete Schedule C, Part I				46	X
	e organization engage in lobbying activities? If "Yes," complete Sched				47	X
	organization operating a school as described in section 170(b)(1)(A)(ii)?				48	X
	e organization make any transfers to an exempt non-charitable related organization				49a	X
	s," was the related organization(s) a section 527 organization?				49b	
50 Comp	olete this table for the five highest compensated employees (other than of	ficers, directors, trustees and	key employees) who	each received me	re than \$	100,000
	mpensation from the organization. If there is none, enter "None."	,	· · · · · · · · · · · · · · · · · · ·	r		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E) E	xpense unt and llowances
51 Comp	per of other employees paid over \$100,000 plete this table for the five highest compensated independent contractors ne, enter "None." NONE	who each received more than	\$100,000 of compe			
	(a) Name and address of each independent contractor paid more the	nan \$100,000	(b) Type of se	rvice (d) Compe	nsation
			-			
Total numb	per of other independent contractors each receiving over \$100,000	>				
<u></u>	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all inf	mnanying schedules and stateme	nts, and to the best of m	y knowledge and be	ief, it is tru	е,
Sign Here	Signature profficer	- Indiana in the proportion as any	, Antowicage.	Date		
Paid Preparer's	Preparer's signature	I I ICA I D CA	eck if self-	parer's Identifying N	ımber (See	instr.)
Use Only	Firm's name (or yours if self-employed). GARY MOGEE & CO. 522 S.W. FIFTH AVENUE,	SUITE 1300	EIN			
 -	address, and ZIP+4 PORTLAND, OREGON 97204-	2130	no.	(503)	222	-2515
May the IR	S discuss this return with the preparer shown above? See instructions			▶	Yes	☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WILSONVILLE ROBOTICS STEWARDSHIP GROUP

Employer identification number 26-1354007

Schedule A (Form 990 or 990-EZ) 2008

Part I	Reason	·	ity Status (All organiz			e this part	.) (see ins	tructions)				
The organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)					_	
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization (described i	in section	170(b)(1)(A) (iii). (At	tach Sche	dule H.)			
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	e,
	city, and stat	e:										
5 🗔	An organizati	ion operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental uni	it described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	or from the	general p	oublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33	1/3% of its	support	from gross	invest	ment
	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). (Complete the Part III.)											
10	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sect io	n 509(a)(4	4). (see ins	tructions)	1		
11 🔲			perated exclusively for the								of one	or
			ations described in secti									
			organization and compl					•				
	a Type	l b	Type II	с 🗀 Тур	e III · Fund	tionally in	egrated		d 🗔	Type III - (Other	
e 🗀	By checking	this box, I certify tha	at the organization is not					r more dis	gualified r			ın
			han one or more publicl									
f			ten determination from						- (-)(- /		· ().	
		rganization, check th			-		• • •					
g	-	_	organization accepted a							• • • • • • • • • • • • • • • • • • • •	• •	
			irectly controls, either a								Yes	No
			upported organization?								163	110
	(ii) A family	member of a persor	n described in (i) above?	?	• • • • • • • • • • • • • • • • • • • •					11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?	*************	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	11g(iii)		_
h	Provide the f	ollowing information	about the organizations	the organ	ization su	norte	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		<u>[1]</u> 9(III)	L	
		,	and the organizations	o uno organi		oports.						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did vo	i notify the	(vi) Is	the			
	anization	(11) 2 111	organization	in col. (i) lis	sted in your	organizat		organization	on in col.	(vii) An		Ť
v			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	ea in the .?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				}								
												
				İ								
				<u> </u>						····		
		<u> </u>		-								
T-4-1										-		-

832021 12-17-08

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

26-1354007 Page 2

	(Olin 550 di 550 LZ) 2000 O / O N Z Z Z D O Z T Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)	

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				20,610.	53,860.	74,470.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				ļ		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				ĺ		
	the organization without charge						
4	Total. Add lines 1 · 3				20,610.	53,860.	74,470.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		}		1.		
	supported organization) included	·					
	on line 1 that exceeds 2% of the				•	1.	
	amount shown on line 11,						
	column (f)						50,522.
	Public Support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	<u></u>		23,948.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4				20,610.	53,860.	74,470.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					ĺ	
	and income from similar sources	·-·	ļ				
9	Net income from unrelated business	:					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		<u> </u>	<u></u>	<u> </u>		74,470.
	Gross receipts from related activities,				***************************************	12	
13	First five years. If the Form 990 is for		's first, second, th	ird, fourth, or fifth	tax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here				···	_ X
	ction C. Computation of Publ						
14	Public support percentage for 2008 (I	ine 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2007	Schedule A, Par	t IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the c				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies					••••••	▶□
	33 1/3% support test - 2007. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
47	and stop here. The organization qual	ifies as a publicly	supported organi	zation			▶∟_
1/8	10% -facts-and-circumstances tes	t - 2008. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar 	nces" test, check	this box and stop	here. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		
b	10% -facts-and-circumstances tes	t - 2007. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	check this box and	d stop here. Explair	n in Part IV how the	
40	organization meets the "facts-and-circ	cumstances" test.	. The organization	qualifies as a pub	licly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a	Dox on line 13, 1	oa, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-E71 2000

Part III Support Schedule for Or	ganizations	Described in S	Section 509(a)(2) (Complete only	if you checked the bo	x on line 9 of Part I.)
Section A. Public Support		·· ·· · · · · · · · · · · · · · · ·		1	1	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		· · · · · · · · · · · · · · · · · · ·				
6 Total. Add lines 1 - 5				Ļ		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b				 		
8 Public support (Subtract line 7c from line 6.)		· · · · · · · · · · · · · · · · · · ·				
Section B. Total Support				<u> </u>	1	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(4) 2007	(-) 0000	
9 Amounts from line 6	(a) 2004	(b) 2005	(0) 2006	(d) 2007	(e) 2008	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					 	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						-
14 First five years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organia	ration
check this box and stop here	· · · · · · · · · · · · · · · · · · ·		******		err e e r (e)(e) e r game	
section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2008 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2007 S	Schedule A, Part	IV-A, line 27g			16	
Section D. Computation of Invest	ment Incom	e Percentage			1.5	
17 Investment income percentage for 200	8 (line 10c, colum	nn (f) divided by lir	ne 13, column (fi)		17	%
18 Investment income percentage from 20	07 Schedule A.	Part IV-A, line 27h	, : : : : : (//	***************************************	18	%
19a 33 1/3% support tests - 2008. If the o	rganization did n	ot check the box	on line 14. and line	e 15 is more than	33 1/3% and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly	supported organi	zation	, 13 1101
b 33 1/3% support tests - 2007. If the o	rganization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	and
line 18 is not more than 33 1/3%, chec.	k this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	▶ □
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	etructions	

FORM 990-EZ	STATEMENT	1 		
CLASS OF ACTIVITY/DONEE	'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN	Г
ASSISTANCE TO ROBOTICS	TEAM PARTICIPANTS	NONE	27,80)6.
TOTAL INCLUDED ON FORM	990-EZ, LINE 10		27,80	<u> </u>

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMEN			T 2	
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESERVED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[] YES	[X]	NO	
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES	[X]	NO	

990-EZ PG 2

STATEMENT

3

FIRST TEAM 1425 - SPONSORED TEAM TO PROVIDE HIGH SCHOOL AGED STUDENTS IN THE WEST LINN/WILSONVILLE SCHOOL DISTRICT WITH EDUCATION IN COMPUTER PROGRAMMING, ELECTRONICS, MECHANICS, COMPUTER ANIMATION, WEB DESIGN, AND VARIOUS NON-TECHNICAL AREAS SO THAT THE TEAM COULD IN TURN A) EDUCATE OTHERS AND B) EFFECTIVELY COMPETE IN FIRST ROBOTICS COMPETITIONS.

990-EZ PG 2

STATEMENT

Λ

TO PROVIDE FUNDING AND LEADERSHIP FOR STUDENTS IN THE WEST LINN/WILSONVILLE SCHOOL DISTRICT AND SURROUNDING AREA TO PARTICIPATE IN FIRST ROBOTICS COMPETITION PROGRAMS, AND TO SUPPORT THE OBJECTIVES OF OUTREACH OUTLINED BY FIRST.

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you ar			
	e filing for an Automatic 3-Month Extension, complete only Part I and check this box	form)	> X
If you ar	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	iled Form 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporat	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	
Part I only			▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request al me tax retums.	n extension of time	
Electronic noted belo (not auton you must	e: Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for form 8868 is not specified and click on e-file for Charities & Nonprofits.	ically if (1) you want onsolidated Form 99	the additional 0-T. Instead,
Type or	Name of Exempt Organization	Employer identif	ication number
print	WILSONVILLE ROBOTICS STEWARDSHIP GROUP	Employer racinal	
pi iiit	C/O WILSONVILLE HIGH SCHOOL	26-1354	007
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	, 20 2002	
due date for filing your	6800 S.W. WILSONVILLE ROAD		
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	WILSONVILLE, OR 97070		
X For	m 990 Form 990-T (corporation) Form 4 m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
The both Teleph If the co	m 990-EZ	6069 8870 , OR 97070	▶ □
• The bo	m 990-EZ	, OR 97070	▶ ☐ group, check this
• The bo Teleph • If the o • If this i box ▶ [1 I rec is fe	m 990-EZ m 990-PF Form 990-T (trust other than above) JAN RIPPEY oks are in the care of ► 6800 SW WILSONVILLE ROAD - WILSONVILLE one No. ► (503) 638-8225 rganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	OR 97070 OR 97070 his is for the whole of the members the extential	group, check this
• The bo Teleph • If the c • If this i box ▶ [1 I rec is fc	m 990-EZ m 990-PF Form 990-T (trust other than above) JAN RIPPEY oks are in the care of ► 6800 SW WILSONVILLE ROAD - WILSONVILLE one No. ► (503) 638-8225 reganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attach a list with the names and EINs of a guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension named or the organization's return for: X calendar year 2008 or	, OR 97070 OR 97070 his is for the whole of the members the extension above. The extension	group, check this
• The bo Teleph • If the c • If this i box ▶ [1 I rec 2 If th	m 990-PF Form 990-T (trust other than above) Form 6 JAN RIPPEY Toke are in the care of 6800 SW WILSONVILLE ROAD - WILSONVILLE Toke No. (503) 638-8225 FAX No. FAX No. Toke arganization does not have an office or place of business in the United States, check this box If it is for part of the group, check this box and attach a list with the names and EINs of a If it is for part of the group, check this box and attach a list with the names and EINs of a Quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ure AUGUST 17, 2009 to file the exempt organization return for the organization named or the organization's return for: X Calendar year 2008 or tax year beginning and ending an	, OR 97070 OR 97070 his is for the whole of the members the extension above. The extension	group, check this nsion will cover.
• The bo Teleph • If the o • If this i box ▶ [1 I rec is fo 2 If th non	Form 990-FZ	, OR 97070 OR 97070 his is for the whole of the members the extension above. The extension	group, check this nsion will cover.
• The bo Teleph • If the o • If this i box ▶ [1 I rec is fo 2 If th non b If th	The second seco	, OR 97070 OR 97070 his is for the whole of the members the extension of	group, check this nsion will cover.
• The bo Teleph • If the c • If this i box ▶ [1 I rec is fc ▶ [2 If th non b If th tax	The second seco	, OR 97070 OR 97070 his is for the whole of the members the extension of	group, check this nsion will cover.
• The bo Teleph • If the c • If this i box ▶ [1 I rec is fc ▶ [2 If th 3a If th non b If th tax c Bal	The 1990-EZ	OR 97070 OR 97070 his is for the whole of the extension	group, check this nsion will cover.
• The bo Teleph • If the c • If this i box ▶ [1 I rec 2 If th 3a If th non b If tha c Ball dep	The second seco	OR 97070 OR 97070 his is for the whole of the extension	group, check this nsion will cover.

Form

CT-12

For Oregon Corporations and Certain Trusts

Charitable Activities Section Oregon Department of Justice

VOICE (971) 673-1880

1515 SW 5th Avenue, Suite 410 Portland, OR 97201-5451

TTY (800) 735-2900 E-Mail: charitable.activities@doj.state.or.us FAX (971) 673-1882

Web site: http://www.doj.state.or.us

eriods Beginning in:

	ction I.	General Information	tion	O T							
1. REG	SISTRATIO	N #: 38511				ems and Correct me or accounting pe					
		ROBOTICS STEWARDS	HIP GROUP	Registration #:							
680	0 SW WILS	SONVILLE RD		Organization Na	ıma:						
WIL	SONVILLE	, OREGON 97070		-	me.						
				Address:							
(50	3) 638-822	25		City, State, Zip:							
414	/2008	42/24/2000		Phone: Email:		Fax:	Amended				
	-	12/31/2008		Period Beginnin	g:	Period Ending:	Report?				
2.	accompany	ied public accountant audit yo ying notes, schedules, or man	agement letters supp	plementing the report or fina	incial statements.		Yes X No				
3.	Oregon?	nization a party to a contract in the name of the fund-raising			machine or teleph	one fund-raising in	Yes X No				
4.	Has the organization or any officer, director, trustee, or key employee of the organization ever been involved in a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or in a legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach copies of the agreement and a written explanation.										
5.	During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter.										
6.	Is the organ	nization ceasing operations a	nd is this the final rep	ort? (If yes, see instruction	s on how to close	your registration.)	Yes X No				
7.	Provide cor	ntact information for the perso	on responsible for reta	aining the organization's red	cords.						
		Name	Position	Phone	Mailir	ng Address & Email A	Address				
					6800 SW WIL	W WILSONVILLE RD					
	JANICE R	IPPEY	TREASURER	(503) 638-8225	WILSONVILLE, OREGON 97070						
8.	HOLIECEIVE	ers, Directors, Trustees and I any compensation from the o mation, the phrase "See IRS F	organization. Attach a	additional sheets if necessa d in lieu of completing this s	rv If an IRS form	ie attached that incli	idos substantially the				
		(A) Name, ma	ailing address, daytim and email address			(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)				
	Name:	SEE FEDERAL FORM 9	90-EZ, PART IV								
	Address: Phone:										
	Email:										
	Name:										
	Address:										
	Phone:										
	Email:										
	Name:	-									
	Address: Phone:						1				
	Pnone: Email:										
		·				<u> </u>					

Section II.		Fee Calculation				
9.	Total Rever	NUE	Form 990-PF; Line 9 on Form 1041	9. 58,158		
10.	(See chart belo Amount of \$0 - \$25,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 -	ee			10. 45	
11.	(From Line 22 (or Fund Balances at End of the Reporting Period (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line -PF; or see page 4 to calculate.)	45,07	7		
12.	(Generally, from II, Line 14b on	Assets Used to Conduct Charitable Activities m Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part Form 990-PF, or see page 4 to calculate. See instructions if was income-producing assets.)	12.	0		
13.		bject to Net Assets or Fund Balances Fee		13.		
14.	Net Assets or Fund Balances Fee					
15.	Are you filing this report late? Yes No					
16.	. Total Amount Due			16. 45		
17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only."						
Please Sign Here		Under penalties of perjury, I declare that I have exam to the best showing and the life true, core Signature of officer	nined this return, including alrect, and complete.	Il accompanying forms, schedu	les, and attachments, and	
	oarer's Only	⇒ // / /	6/9/		2-2515	
036	Cilly	Preparer's signature GARY MCGEE & CO.	Date FIETH	Phone	· · · · · · · · · · · · · · · · · · ·	
		Preparer's name		Address PORTI AND OREGON 97204		