Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $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.*

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

C Name of organization: SISTER CITIES ADVISORY BOARD C/O WILLIAM KEEL

Number and street (or P.O. box, if mail is not delivered to street address): 1906 BARKER AVE — Room/suite:

City or town, state or country, and ZIP + 4: LAWRENCE, KS 66046

D Employer identification number: 48-1136430

E Telephone number: 785-864-4657

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ http://www.lawrenceks.org/advisory_boards/sc/

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 18,481

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

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	10,930
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	0
	4	Investment income			4	169
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	7,381		
	c	Less: direct expenses from gaming and fundraising events	6c	3,316		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	4,066
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	15,165
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	4,066
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	968
	14	Occupancy, rent, utilities, and maintenance			14	0
	15	Printing, publications, postage, and shipping			15	1,688
	16	Other expenses (describe in Schedule O)			16	7,032
	17	**Total expenses.** Add lines 10 through 16 ▶			17	13,754
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	1,411
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	37,333
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	38,744

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	38,508	22	38,744
23	Land and buildings		23	0
24	Other assets (describe in Schedule O)		24	0
25	**Total assets**	38,508	25	38,744
26	**Total liabilities** (describe in Schedule O)	1,175	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	37,333	27	38,744

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	TO FOSTER AND COORDINATE SISTER CITIES RELATIONSHIPS FOR THE CITY OF LAWRENCE, KS, AND TO ENCOURAGE THE EXCHANGE OF PEOPLE AND PROGRAMS INVOLVED IN EDUCATIONAL AND CULTURAL ACTIVITIES BETWEEN SISTER CITIES. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	13,754
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	13,754

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(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 & deferred compensation	(e) Expense account and other allowances
WILLIAM KEEL 1906 BARKER, LAWRENCE, KS 66044	BOARD CHAIR -3 HRS	0.	0.	0.
LINDA HYLER 2213 RIVERIA DR., LAWRENCE, KS 66047	VICE-CHAIR - 1 HR	0.	0.	0.
JON JOSSERAND 931 MISSOURI ST., LAWRENCE, KS 66044	SECRETARY - 3 HRS	0.	0.	0.
KELLY HERNDON 4608 HEARTHSIDE DR., LAWRENCE, KS 66049	CO-TREASURER - 3 HRS	0.	0.	0.
RICHARD LYNN GROUND 216 EARHART CIRCLE, LAWRENCE, KS 66049	CO-TREASURER - 3 HRS	0.	0.	0.
OTHER BOARD MEMBERS, ALL LAWRENCE,KS:				
K. HODGE, 233 ARIZONA PL, LAWRENCE 66049 K. ALBRECHT, 1885 REPUBLIC RC, LAWRENCE 66044	DIRECTORS - 1 HR	0.	0.	0.
D. CHRISTILLES, 4202 TEAL DR, LAWRENCE 66047 J. HILLIARD, 505 SHOAL LN, LAWRENCE 66045	DIRECTORS - 1 HR	0.	0.	0.
J. ROSS, 218 ARIZONA, LAWRENCE 66049 M. KENNEDY, P.O. BOX 95, LAWRENCE 66044	DIRECTORS - 1 HR	0.	0.	0.
R. SCHUMM, 1720 ST ANDREWS DR, LAWRENCE 66047 R. MOODY, 703 N. 3RD ST, LAWRENCE 66044	DIRECTORS - 1 HR	0.	0.	0.
D. WARD, 922 N 1800 RD, LAWRENCE 66049	DIRECTORS - 1 HR	0.	0.	0.

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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 outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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		✓

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ KELLY HERNDON Telephone no. ▶ 785-856-3183
Located at ▶ 4608 HEARTHSIDE DR., LAWRENCE, KS ZIP + 4 ▶ 66049

			Yes	No
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 account)?	42b		✓
	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 Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

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.

Sign Here

▶ [signature] Signature of officer — Date: May 11, 2011

▶ William Keel, Chair, Sister Cities Advisory Board — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
SISTER CITIES ADVISORY BOARD

Employer identification number
48-1136430

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,500	7,570	9,340	13,431	7,496	41,337
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	11,360	12,000	12,000	7,500	7,500	50,360
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	16,860	19,570	21,340	20,931	14,996	99,727
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						99,727

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	16,860	19,570	21,340	20,971	14,996	99,727
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,140	1,740	1,263	458	169	4,770
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 **Total support.** Add lines 7 through 10						104,497

12 Gross receipts from related activities, etc. (see instructions) . . . 12 | 266,509

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 14 | 95 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . 15 | 95 %

16a **33¹/₃% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33¹/₃% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 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 business under section 513						
4 Tax revenues levied for the organization'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 through 5						
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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: SISTER CITIES ADVISORY BOARD (LAWRENCE, KS)

Employer identification number: 48-1136430

1) LINE 10, FORM 990-EZ: (GRANTS AND OTHER EXPENDITURES)

Net of revenues of $7,381 (Line 6b, 990-EZ), exceeding reimbursed expenditures of $3,316 (Line 6c, 990-EZ), from fall 2010 fundraising event provided as a grant to DOUGLAS COUNTY COMMUNITY FOUNDATION (DCCF) for their investment and expenditures associated with youth exchange trip scholarships. NET AMOUNT OF GRANT: $4,066 (Line 6d, 990-EZ)

2) LINE 16, FORM 990-EZ: (OTHER EXPENSES)

Other Fundraising & Publicity Events Support Expenditures	$ 352
Dues	680
Support For Youth Exchange Trips	5,225
Hosting of International Guests	600
Miscellaneous Expenditures	176
TOTAL -- LINE 16, FORM 990-EZ	$7,032

Name of the organization	Employer identification number

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), use a separate attachment to provide a statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the instructions for Form 990, *I. Group Return*.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

a. Material differences in voting rights in line 1a.

b. Delegation of governing board's authority to executive committee.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining **compensation** on lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

4. Part VII, *Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors*.

a. Estimate of average hours per week, if any, devoted to **related organizations** for which compensation was reported in columns (E) or (F).

b. Description of reasonable efforts undertaken in regard to column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 24f (all other expenses), if amount in Part IX, line 24f, exceeds 10% of amount in Part IX, line 25 (total functional expenses).

6. Part XI, *Reconciliation of Net Assets*.

7. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of $1,000 or more to the IRS on Form 990-T, in response to line 35.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.

CAUTION *Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.*

JJ's Worksheet for 2010 990 Filing

(Transactions taken from K.H.'s check register spreadsheet:)

#	Date	ACCT	CK #	Payee	Eutin	Hiratsuka	Iniades	General	Deposits
	1/11/2010			Deposit 725.00 + 145.00					$870.00
1	2/9/2010	Gen Ops	1143	Postmaster				$70.00	
2	2/9/2010	Gen Ops	1144	Sister Cities International				$680.00	
3	2/16/2010	Gen Ops	1145	Linda Cowden (trip refund)				$400.00	
4	2/16/2010	Gen Ops	1146	Monica/Clyde Hawvold (trip refund)				$300.00	
5	3/2/2010	Gen Ops	1147	Kelly Herndon (decals)				$577.00	
6	3/9/2010	Gen Ops	1148	City of Lawrence (Hiratsuka stipend)				$1,500.00	
7	3/9/2010	Gen Ops		Deposit (membership)					$810.00
9	4/13/2010	Gen Ops	1149	KU German department (postage)				$179.38	
10	4/13/2010	Gen Ops	1150	Castle Tea Room (deposit for Schol. Fundraiser				$300.00	
11	4/13/2010	Gen Ops	1151	City of Lawrence (Eutin stipend)				$1,500.00	
12	5/11/2010	Gen Ops	1152	Darlene Secondine				$202.50	
13	5/11/2010	Gen Ops	1153	Lowenthal et al				$565.00	
14	5/11/2010	Gen Ops	1154	Jim Morrison (postage - Euitn)	$208.00				
15	5/11/2010	Gen Ops	1155	Cynthia Willingham (postage taxes)				$6.32	
16	5/11/2010	Gen Ops	1156	Minuteman Press (Scholarship invites)				$333.95	
17	6/8/2010	Gen Ops		First half 2010 City Grant Deposit					$3,750.00
18	6/23/2010	Gen Ops	1157	Amanda Warren (invite design)				$140.00	
19	8/10/2010	Gen Ops	1158	Jon Josserand (mailing expenses)				$137.95	
20	8/27/2010	Gen Ops	1159	Mad Greek (Iniades production)			$97.79		
21	11/1/2010	Gen Ops		Checks				$22.25	
22	11/9/2010	Gen Ops	1160	Jon Josserand (mailing expenses)				$85.97	
23	11/9/2010	Gen Ops	1161	Amanda Warren (letterhead design)				$200.00	
24	11/9/2010	Gen Ops	1162	Stuart Boley (Chicago transportation)	$150.00				
25	11/9/2010	Gen Ops	1163	Linda Hyler (gift for Cynthia)				$53.34	
26	11/9/2010	Gen Ops	1164	DCCF (Woodyard memorial)				$100.00	
27	11/9/2010	Gen Ops	1165	Void					
28	11/30/2010	Gen Ops	1166	Kathleen Hodge (Scholarship fund raiser Cork &				$224.86	
29	11/30/2010	Gen Ops	1167	KU (Japanese dinner)		$444.44			
30	12/7/2010	Gen Ops	1168	KU German department (postage)				$27.72	
31	12/7/2010	Gen Ops	1169	Ken Albrecht				$35.98	
		Hiratsuka		$700 Transfer to Gen Ops from Hiratsuka* (not income or expense)		[-700]		[+700]	
	12/31/2010	Hiratsuka		Interest earnings for 2010					$3.12
	1/11/2010	*Hiratsuka*		*Membership Deposit (not on spread)*					*$300.00*
1	2/9/2010	Savings		Membership/Scholarship					$675.00
3	4/11/2010	Savings		Membership/Scholarship					$325.00
6	8/27/2010	Savings	500	Eileens (Iniades production)			$46.26		
7	9/13/2010	Savings	501	Ken Albrecht (Greek flags)				$22.50	
8	9/13/2010	Savings	502	Linda Hyler (Iniades production)			$98.15		
9	9/13/2010	Savings	503	Kathleen Hodge (shipping Hiratsuka 20th		$395.75			
10	9/13/2010	Savings	504	Nancy Keel (Eutin Welcome Party)	$65.49				
11	9/13/2010	Savings	505	Ted Kwuana (wine for Hiratsuka dinner)		$90.00			
12	10/20/2010	Savings	506	Bob Moody (postage for Schol. Fundraiser)				$330.00	
13	10/20/2010	Savings	507	FedEx Kinkos (sponsor placards)				$88.17	
14	10/21/2010	Savings	508	Cathy Hilliard (Hiratsuka trip over spend)		546.74			
15	10/21/2010	Savings		Deposit (membership)					$425.00
16		Savings	509	VOID					
17	10/26/2010	Savings	510	Maria Ines Ground (catering for Schol. Fundraiser)				$1,950.00	
18		Savings		Interest earnings 2010					$154.73
19	*1/10/2011*	*Savings*		*Deposit (2nd half 2010 city grant)*					*$3,750.00*
	1/10/2011	*Savings*		*Deposit (2010 schol reimburse from DCCF)*					*$3,315.56*
	1/10/2011	*Savings*		*misc individual membership*					*$25.00*
	12/31/2010	Eutin		Interest Earnings 2010					$10.93
2	5/24/2010	Eutin		Jason Crawford	$525.00				
3	5/29/2010	Eutin		Jason Crawford	$300.00				
4	5/29/2010	Eutin		Transfer fee	$3.00				
				Totals:	$1,251.49	$1,476.93	$242.20	$10,032.89	$14,414.34

Note 1: A deposit made on 1/10/2011 includes three items which were in possession but not deposited on 12/31/2010: $3,750 2nd half 2010 city grant, $3315.56 reimbursement from DCCF to SCAB for 2010 fundraiser expenses, and a $25 membership deposit. All three items are treated as 2010 cash basis items.

Note 2: A $700 transfer from Hiratsuka to Gen Ops is not included as income or expenditure for 2010 990 purposes, but is listed here just for account register reconciliation purposes.

Note 3: A $300 deposit consisting of memberships (donations) from Hiratsuka students, not originally on KH spreadsheet, is credited to Hiratsuka acct. Will verify.

Note 5: To reflect relationship with DCCF, all fundraising event receipts/deposits are shown as revenue on SCAB Form 990, less reimbursed expenses as noted above. (These items were deposited directly with DCCF. The net income of the fundraising event is shown on line 10 as a grant to DCCF, and noted on Schedule O)

Note 6: Note: Youth exchange trips receipts and expenditures are now part of City of Lawrence accounts and generally no longer included in Sister Cities accounting. Prudent reserve accounts for the trip accounts are still maintained in Sister Cities accounts. A couple of refunds owed based on 2009 trips are included in 2010 expenditures, as well as overspend amounts from the prudent reserve accounts.

Note 7: 10/21/2010 Reimbursement to C. Hilliard, originally classified as overspend from SCAB prudent reserve trip account, was not such. Avail monies were available in city accts. SCAB has been reimbursed by 2011 check cash basis from City of Lawrence trip account as they clear out account, and trip account will be reimbursed. See spreadsheet: 2010 City Account reconciliation & recommended transactions.

Note 8: Expenditures for decals of $577, charged to Sister Cities accounts, was treated as a rough wash transaction (with scholarship funds, both 501c3) based on specific motion of the Sister Cities Advisory Board, to minimize accounting transactions, and which approximated additonal donor contributions for youth exchange scholarship purposes. All contributions to Sister Cities Advisory Board and DCCF are charitible

Line L: Gross Receipts Threshold Test:
Add Form 990-EZ lines: 5b, 6c, 7b and 9 ($3,316 + 15,165)= **$18,481.00**

Income:

				EXPENSES	INCOME
		Membership Deposits (i.e. Contributions under IRS defn)			
1/11/2010	*Hirat*	*Membership Deposit (Note 3)*			*$300.00*
1/11/2010	Gen Ops	Deposit (725.00 + $145) (Note 8)			$870.00
1 2/9/2010	Savings	Membership/Scholarship			$675.00
7 3/9/2010	Gen Ops	Deposit (membership)			$810.00
3 4/11/2010	Savings	Membership/Scholarship			$325.00
15 10/21/2010	Savings	Deposit (membership)			$425.00
1/10/2011	*Savings*	*Assumed $25 Membership from 1/10/2011 Deposit (Note 1)*			*$25.00*
					$3,430.00
		Income from Public Grants			
17 6/8/2010	Gen Ops	First half 2010 City Grant			$3,750.00
19 1/10/2011	*Savings*	*Second half 2010 City Grant. (Note 1)*			*$3,750.00*
					$7,500.00
		Interest Income	**(Line 4, 990-EZ)**		
	Hiratsuka	Interest Income - Intrust 8577 - Hiratsuka			$3.12
	Eutin	Interest Income - Mainstreet CU			$10.93
	Gen Ops	Interest Income - Intrust 3026 -(gen ops or savings?)			$154.73
					$168.78
		Net Income from 2010 Castle Tea Room fundraising event, see Notes 1 & 4	**(Line 6d, 990-EZ)**		$4,066.00
		Total Revenue			**$15,164.78**
		Contributions, Gifts, Grants (not funder or interest) (Line 1. 9909EZ)			**$10,930.00**

Note: Wash transaction (decal expense of approx $577, attributible to scholarship fund raising activities, has netted against deposits for offsetting contribs

Form 990-EZ Income by Lines:

Line 1	Contribs, Gifts, Grants	(Contributions (what we call memberships) & City Grant)	$10,930.00
Line 4	Investment Income	(Interest from banking accounts)	$168.78
Line 6d	Net income from fundraising	(Total DCCF contribs less DCCF reimbursed expenses for 2010 event, See note 1)	$4,066.00
Line 9	Total Revenue		$15,164.78

Expenses:

					EXPENSES	INCOME
			Professional Services	**(Line 13, 990-EZ)**		
12 5/11/2010	Gen Ops	1152	Darlene Secondine		$202.50	
13 5/11/2010	Gen Ops	1153	Lowenthal et al		$565.00	
23 11/9/2010	Gen Ops	1161	Amanda Warren (letterhead design)		$200.00	
					$967.50	
			Printing, publications, postage, shipping	**(Line 15, 990-EZ)**		
1 2/9/2010	Gen Ops	1143	Postmaster		$70.00	
5 3/2/2010	Gen Ops	1147	Kelly Herndon (decals)		$577.00	
9 4/13/2010	Gen Ops	1149	KU German department (postage)		$179.38	
14 5/11/2010	Gen Ops	1154	Jim Morrison (postage - Eutin)		$208.00	
15 5/11/2010	Gen Ops	1155	Cynthia Willingham (postage taxes)		$6.32	
19 8/10/2010	Gen Ops	1158	Jon Josserand (mailing expenses)		$137.95	
22 11/9/2010	Gen Ops	1160	Jon Josserand (mailing expenses)		$85.97	
30 12/7/2010	Gen Ops	1168	KU German department (postage)		$27.72	
9 9/13/2010	Savings	503	Kathleen Hodge (shipping Hiratsuka 20th		$395.75	
					$1,688.09	

Expenses for Caste Tea Room Funder (contained in Line 6c) (See notes 1, 4)

16 5/11/2010	Gen Ops	1156	Minuteman Press (Scholarship invites)	$333.95
12 10/20/2010	Savings	506	Bob Moody (postage for Schol. Fundraiser)	$330.00
13 10/20/2010	Savings	507	FedEx Kinkos (sponsor placards)	$88.17
18 6/23/2010	Gen Ops	1157	Amanda Warren (invite design)	$140.00
17 10/26/2010	Savings	510	Maria Ines Ground (catering for Schol. Fundraiser)	$1,950.00
10 4/13/2010	Gen Ops	1150	Castle Tea Room (deposit for Schol. Fundraiser	$300.00
28 11/30/2010	Gen Ops	1166	Kathleen Hodge (Scholarship fund raiser Cork &	$224.86
			Unreimbursed expenses from Fundraiser otherwise	$51.42
			Total	$3,418.40

(the DCCF reimbursement for expenses was approximately $51.42 short of identifed expenses identifed here.)

Other Fundraising & Publicity events support expenses (non printing or postage) (Line 16 & Schedule O)

7 9/13/2010	Savings	501	Ken Albrecht (Greek flags)	$22.50
31 12/7/2010	Gen Ops	1169	Ken Albrecht (dinner in KC))	$35.98
6 8/27/2010	Savings	500	Eileens (Iniades production)	$46.26
20 8/27/2010	Gen Ops	1159	Mad Greek (Iniades production)	$97.79
8 9/13/2010	Savings	502	Linda Hyler (Iniades production)	$98.15
			Unreimbursed expenses from Fall Funder	$51.42
				$352.10

Dues Expense (Line 16, Schedule O)

2 2/9/2010	Gen Ops	1144	Sister Cities International	$680.00

Student Exchange Trip Support - Trip Programs (Line 16, Schedule O)

6 3/9/2010	Gen Ops	1148	City of Lawrence (Normal Hiratsuka stipend trip support)	$1,500.00
11 4/13/2010	Gen Ops	1151	City of Lawrence (Normal annual Eutin trip stipend)	$1,500.00
2 5/24/2010	Eutin		Jason Crawford (Eutin trip advance & overspend)	$525.00
3 5/29/2010	Eutin		Jason Crawford (Eutin trip advance & overspend)	$300.00
4 5/29/2010	Eutin		Transfer fee (Eutin trip expense) (Note 6)	$3.00
24 11/9/2010	Gen Ops	1162	Stuart Boley (unanticipated Chicago transportation exp for Eutin) (Note 6)	$150.00
14 10/21/2010	Savings	508	Cathy Hilliard (Hiratsuka trip over spend) (Note 6)	546.74
3 2/16/2010	Gen Ops	1145	Linda Cowden (trip refund for 2009) (Note 6)	$400.00
4 2/16/2010	Gen Ops	1146	Monica/Clyde Hawvold (trip refund for 2009) (Note 6)	$300.00
				$5,224.74

Foreign Guest Hosting Expenses (Line 16, Schedule O)

10 9/13/2010	Savings	504	Nancy Keel (Eutin Welcome Party)	$65.49
29 11/30/2010	Gen Ops	1167	KU (Japanese dinner)	$444.44
11 9/13/2010	Savings	505	Ted Kwuana (wine for Hiratsuka dinner)	$90.00
				$599.93

Misc (Line 16, Schedule O)

21 11/1/2010	Gen Ops	Bank	Check printing expense	$22.25
25 11/9/2010	Gen Ops	1163	Linda Hyler (gift for Cynthia)	$53.34
26 11/9/2010	Gen Ops	1164	DCCF (Woodyard memorial)	$100.00
				$175.59

Schedule O Other Expenditures (Line 16 Total)	$7,032.36
TTL Expends (Lines 13, 15, 16)	$9,687.95

Form 990-EZ Expense Lines:

Line 10	Grants and similar amounts: To DCCF for Scholarships: Calculated by All Deposits less reim expenses, Notes 1, 4 & 5		$4,066
Line 13	Professional Fees		$968
Line 15	Printing, publications, postage		$1,688
Line 16	Other Expenditures (Included in Schedule O):		
	Other Fundraising & publicity events support expenditures	$352	
	Dues	$680	
	Student Exchange Trip Support	$5,225	
	Foreign Guest Hosting expenses	$600	
	Misc	$176	
		$7,032	$7,032
Line 17	Total Expenses		$13,754

Form 990-EZ, Change in Net Assets/Balance Sheet

Line 18	Excess/Deficit Line 9 (Revenues) less Line 17 (Expenditures)	$1,410.83
Line 19	Net assets or fund balances beginning of year (End of Year previous year)	$37,333.00

Line 20	Other changes in net assets or fund balances (Sched O)	0
Line 21	Net Assets or fund balances at end of year	$38,743.83

990-EZ, Schedule A, Part II: Public Support Test

Section A. Public support:

	2006	2007	2008	2009	2010	Total
1) Gifts Grants, Contribs, Mem Fees:	$5,500	$7,570	$9,340	$11,431	$7,496	$41,337
2) Tax Revenues levied for the org benefit	$11,360	$12,000	$12,000	$7,500	$7,500	$50,360
3) Value of services and facilities	$0	$0	$0	$0	$0	$0
4) Total	$18,866	$21,577	$23,348	$20,940	$14,996	$99,727
5) N/A						
6) Public Support						$99,727

Section B. Total support

	2006	2007	2008	2009	2010	Total
7) Amount from Line 4	$18,866	$21,577	$23,348	$20,940	$14,996	$99,727
8) Gross income from interest and other intangibles	$1,140	$1,740	$1,263	$458	$169	$4,770
9) Net income from unrelated business activities	$0	$0	$0	$0	$0	$0
10) Other income	$0	$0	$0	$0	$0	$0
11) Total support						$104,497
12) Gross Receipts from Related Activities	$9,713	74,084	91,913	75,634	15,165	$266,509

2009 5-yr Gross Rev	$261,057
less Gross Rev from '07, '08,'09	$241,631
Gross Rev for '05,'06	$19,426
Imputed '06 Gross Rev (1/2 of '05+'06)	$9,713

Note: Youth exchange trips receipts and deposits are part of City of Lawrence accounts and generally not included in Sister Cities accounting. Prudent reserve funds for the trip accounts are still maintained in Sister Cities accounts.

Summary/Reconciliation of DCCF Scholarship Fund- Calendar 2010

1) Market Value 1/1/2010		$26,275.84		
	Contributions	$200.00	10/30/2010	
	Contributions	$50.00	11/1/2010	
	Contributions	$400.00	11/3/2010	
	Contributions	$161.36	11/10/2010	
	Contributions	$50.00	11/18/2010	
	Contributions	$50.00	12/30/2010	
	Year Total	**$7,381.36**		
3)	Grants	-$3,700.00	3/12/2010	City of Lawrence - 2010 Trip scholarships awards for Hiratsuka
	Grants	-$1,250.00	4/8/2010	City of Lawrence -2010 Trip scholarships for Eutin
	Grants	-$3,315.56	11/10/2010	Sister Cities Bd -Reimbursement for Castle Tea room funder expenses ..
	Year Total	**-$8,265.56**		
4)	**DCCF Inv Income 2010**	**$370.04**		
	DCCF Inv Fees 2010	**-$500.04**		
5) Market Value 1/1/2011		$75,261.64		

[990-EZ Part 1, Lines 6a,6b,6c,10]:

6) **Gross Income 2010 funder(i.e. all DCCF contribs), 6a:**	$7,381.36
Direct Expenses attributed to 2010 fundraiser, 6b	-$3,315.56
Net income from fundraising events, Line 6c	$4,065.80
7) Grant to DCCF for SCAB Scholarship Program. Line 10	$4,065.80
8) Total scholarships awarded, 2010	**$4,950**
Total scholarships expended, 2010	**$4,950**