

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning**, 2018, **and ending**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number	
<input type="checkbox"/> Address change	THE CANBY CENTER 681 SW 2ND AVENUE CANBY, OR 97013	51-0603464	
<input type="checkbox"/> Name change		<b>E</b> Telephone number	
<input type="checkbox"/> Initial return		503-266-2920	
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$	1,216,231.
<input type="checkbox"/> Amended return		<b>F</b> Name and address of principal officer:	RAYMOND KEEN
<input type="checkbox"/> Application pending	SAME AS C ABOVE	<b>H(a)</b> Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( )	(insert no.)
		<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
<b>J</b> Website:	WWW.THECANBYCENTER.ORG		
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other
	<b>L</b> Year of formation:	<b>M</b> State of legal domicile: OR	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>IN GOD'S LOVE WE RENEW DIGNITY AND INSPIRE LEARNING FOR YOUTH AND FAMILIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	6
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	450
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	153.
7b	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	840,739.	1,216,078.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92.	153.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	840,831.	1,216,231.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	172,793.	258,507.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 75,086.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	525,140.	762,953.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	697,933.	1,021,460.	
19	Revenue less expenses. Subtract line 18 from line 12	142,898.	194,771.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	711,196.	878,949.
	22	Net assets or fund balances. Subtract line 21 from line 20	252,112.	225,094.
			459,084.	653,855.

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer	Date	
	▶ RAYMOND KEEN Type or print name and title	EXECUTIVE DIRECTOR	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	MISTIE HESSE, CPA	MISTIE HESSE, CPA	8/26/19
	Firm's name ▶ MISTIE HESSE, CPA	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ PO BOX 192 CANBY, OR 97013		P01401096
		Firm's EIN ▶ 45-2052547	Phone no. 503-349-1576

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No