

Form **990-N**
Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)
for Tax-Exempt Organizations not Required To File Form 990 or
990-EZ

OMB No. 1545-
2085

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 1/1/2009, and ending 12/31/2009.

B Check if applicable

Terminated, Out of
Business

Gross receipts are normally
\$25,000 or less

C Name of organization: KERULOS CENTER
d/b/a:

% Gay A Bradshaw
800 Beaver Creek Road
Jacksonville, OR, US, 97530

D Employer
Identification
Number

26-1402190

E Website: kerulos.org

F Name of Principal Officer: Gay A Bradshaw

800 Beaver Creek Road
Jacksonville, OR, US, 97530

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

CT-12

For Oregon Corporations
and Certain Trusts

Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

For Accounting Periods Beginning in:

2009

Section I. General Information

1. Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: 38937

Organization Name: Kerulos Center

Address: 800 Beaver Creek Road

City, State, Zip: Jacksonville, OR 97530

Phone: 541-899-1070 Fax: _____

Email: _____

Period Beginning: 01 / 01 / 09 Period Ending: 12 / 31 / 09 Amended Report?

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, or secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
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. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Gay Bradshaw	Executive Director	541-899-1070	800 Beaver Creek Rd Jacksonville, OR 97530 bradshaw@kerulos.org

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: Debra Durham, PhD Address: 526 151st Place, SW Lynnwood, WA 98087 Phone: (____) _____ Email: _____	President, 1	\$0.00	
Name: Celeste Wiser, MD Address: 3308 Via Verde Terrace Davis, CA 95618 Phone: (____) _____ Email: _____	Secretary, 1	\$0.00	
Name: Deanne Bell, MA Address: 920 Cheltenham Road Santa Barbara, CA 93105 Phone: (____) _____ Email: _____	Treasurer, 1	\$0.00	

Section II. Fee Calculation

<p>9. Total Revenue..... <small>(From Line 12 (current year) on Form 990, Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small></p>	9.	\$9,221.37																		
<p>10. Revenue Fee..... <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	10.	\$10.00
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\$1,000,000 or more	\$200																			
<p>11. Net Assets or Fund Balances at End of the Reporting Period..... <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 4 to calculate.)</small></p>	11.	\$882.97																		
<p>12. Net Fixed Assets Used to Conduct Charitable Activities..... <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 to calculate. See instructions if organization owns income-producing assets.)</small></p>	12.																			
<p>13. Amount Subject to Net Assets or Fund Balances Fee..... <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$882.97																		
<p>14. Net Assets or Fund Balances Fee..... <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small></p>	14.	\$0.00																		
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No..... <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.	\$0.00																		
<p>16. Total Amount Due..... <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$10.00																		

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." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing

Please Sign Here	⇒	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.									
	⇒	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"> </td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Date</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Preparer's signature</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> <td style="border-bottom: 1px solid black; text-align: center;">541-899-8484 Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Vivian McAlevey LTC #2122 Preparer's name</td> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">P.O. Box 1439 Jacksonville, OR 97530 Address</td> </tr> </table>		Date	Title	Preparer's signature	Date	541-899-8484 Phone	Vivian McAlevey LTC #2122 Preparer's name	P.O. Box 1439 Jacksonville, OR 97530 Address	
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