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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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 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.

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning **9/01**, 2008, and ending **8/31**, 2009

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

Please use IRS label or print or type. See Specific Instructions.

C

CROOKED RIVER ROUNDUP AND FAIR ASSN.

PO BOX 536

PRINEVILLE, OR 97754

D Employer identification number

93-6031740

E Telephone number

541-447-4479

F Group Exemption Number

▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual

Other (specify) ▶

I Website: ▶ **www.crookedriverroundup.com**

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

J Organization type (check only one) — ☒ 501(c) (**5**) (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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L 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

▶ \$ **407,211.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	19,641.
	2 Program service revenue including government fees and contracts	2	108,184.
	3 Membership dues and assessments	3	
	4 Investment income	4	2,541.
	5a Gross amount from sale of assets other than inventory	5a	1,333.
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	1,333.
	6 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)	6a	204,714.
	b Less direct expenses other than fundraising expenses	6b	202,097.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,617.	
7a Gross sales of inventory, less returns and allowances	7a	70,798.	
b Less cost of goods sold	7b	24,928.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	45,870.	
8 Other revenue (describe ▶)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	180,186.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	13,413.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	11,358.
	14 Occupancy, rent, utilities, and maintenance	14	10,028.
	15 Printing, publications, postage, and shipping	15	2,668.
	16 Other expenses (describe ▶ See Statement 3)	16	135,940.
	17 Total expenses (add lines 10 through 16)	17	173,407.
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,779.
	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	134,028.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	140,807.

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	110,955.	106,920.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 4)	23,373.	34,629.
25 Total assets	134,328.	141,549.
26 Total liabilities (describe ▶ See Statement 5)	300.	742.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	134,028.	140,807.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0803L 09/18/08

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Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		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.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
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		X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ DOUG SMITH Telephone no. ▶ 541-447-7004
 Located at ▶ 3340 NW GUMPERT RD. PRINEVILLE OR ZIP + 4 ▶ 97754

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)?
 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 a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 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 ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

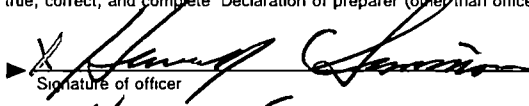
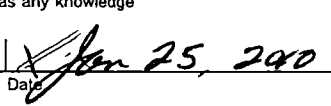
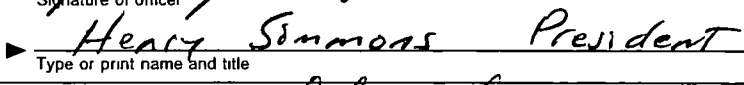
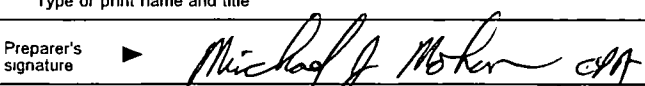
	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the 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
Total number of other independent contractors receiving over \$100,000		

Sign Here	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.			
	 Signature of officer		 Date	
	 Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	 Michael J. Mohan, CPA	Date	1/14/2010
	Firm's name (or yours if self employed), address, and ZIP + 4	106 N. Main Prineville, OR 97754		
	Check if self employed	☒	Preparer's Identifying Number (See instructions)	P00127489
	EIN	93-0846362		
	Phone no	(541) 447-3299		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	204,714.			204,714.
	2 Less. Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	204,714.			204,714.
DIRECT EXPENSES	4 Cash prizes	118,924.			118,924.
	5 Non-cash prizes	1,244.			1,244.
	6 Rent/facility costs	38,250.			38,250.
	7 Other direct expenses	43,679.			43,679.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				202,097.
	9 Net income summary. Combine lines 3 and 8 in column (d)				2,617.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities. _____ a Is the organization licensed to operate gaming activities in each of these states? . . . b If 'No,' Explain: _____ _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain. _____ _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility.**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address.

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

CROOKED RIVER ROUNDUP AND FAIR ASSN.

93-6031740

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	1 ROPING CHUTE		
Date Acquired:	6/01/1994		
How Acquired:	Purchase		
Date Sold:	5/27/2009		
To Whom Sold:			
Gross Sales Price:		1,333.	
Cost or Other Basis:		825.	
Basis Method:	Cost		
Depreciation:		825.	
			Gain (Loss) 1,333.
Total Gain (Loss) Other Assets			\$ 1,333.
Total Net Gain (Loss) From Noninventory Sales			\$ 1,333.

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	CANCER SUPPORT		
Donee's Name:	TOUGH ENOUGH TO WEAR PINK		
Cash Amount Given:		\$	274.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	CCHS RODEO TEAM		
Donee's Address:	1100 SE LYNN BLVD PRINEVILLE, OR 97754		
Cash Amount Given:		\$	200.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	CCHS FOOTBALL		
Donee's Address:	1100 SE LYNN BLVD. PRINEVILLE, OR 97754		
Cash Amount Given:		\$	1,700.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	CROOK COUNTY 4-H/FFA LIVESTOCK AUCTION		
Cash Amount Given:	PRINEVILLE, OR 97754	\$	1,074.
Class of Activity:	EMERGENCY SERVICES		
Donee's Name:	CROOK COUNTY SEARCH & RESCUE		
Donee's Address:	308 NE 2ND PRINEVILLE, OR 97754		
Cash Amount Given:		\$	700.

CROOKED RIVER ROUNDUP AND FAIR ASSN.

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Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	CCHS DANCE TEAM		
Donee's Address:	1100 SE LYNN BLVD PRINEVILLE, OR 97754		
Cash Amount Given:		\$	700.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	PAULINA RODEO CLUB		
Donee's Address:	68011 HWY 380 PAULINA, OR 97751		
Cash Amount Given:		\$	175.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	CCMS OUTDOOR SCHOOL		
Donee's Address:	100 NE KNOWLEDGE PRINEVILLE, OR 97754		
Cash Amount Given:		\$	126.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	MISS RODEO OREGON		
Cash Amount Given:		\$	225.
Class of Activity:	YOUTH ACTIVITIES		
Donee's Name:	CCHS NJROTC		
Donee's Address:	1100 SE LYNN BLVD PRINEVILLE, OR 97754		
Cash Amount Given:		\$	3,000.
Class of Activity:	CANCER SUPPORT		
Donee's Name:	PRINEVILLE HOSPITAL FOUNDATION		
Cash Amount Given:		\$	5,239.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

ADVERTISING & PROMOTION	\$	21,393.
ANNOUNCER		3,450.
ARENA FLAGS		1,725.
BAD DEBTS		814.
BANK SERVICE CHARGES		423.
CHUTE BOSS		800.
Conferences, Conventions, and Meetings		2,237.
DUES & SUBSCRIPTIONS		1,663.
Insurance		6,086.
JUDGES		1,350.
LICENSES & FEES		450.
MISC RODEO EXPENSES		4,368.
Office Expenses		7,136.
PARADE EXPENSES		327.
QUEENS TRAVEL & EXPENSE		2,400.
RODEO AWARDS		2,700.
RODEO PURSES		28,810.
RODEO SECRETARY		1,600.

CROOKED RIVER ROUNDUP AND FAIR ASSN.

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Statement 3 (continued)
Form 990-EZ, Part I, Line 16
Other Expenses

SCOREBOARD & SOUND RENTAL	\$	5,601.
SECURITY / AMBULANCE		8,307.
SPECIALTY ACTS		9,300.
STOCK CONTRACTOR		25,000.
Total	\$	<u>135,940.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 5,624.	\$ 16,480.
Machinery and Equipment	13,525.	13,925.
Prepaid Expenses and Deferred Charges	4,224.	4,224.
Total	\$ <u>23,373.</u>	\$ <u>34,629.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 300.	\$ 742.
Total	\$ <u>300.</u>	\$ <u>742.</u>

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

GRANTS TO LOCAL ORGANIZATIONS;CROOK COUNTY HIGH SCHOOL FOOTBALL, CROOK COUNTY HIGH SCHOOL RODEO CLUB, CROOK COUNTY 4H/FFA, CROOK COUNTY ROTARY CLUB, KIWANIS CLUB OF PRINEVILLE, NJROTC, ST. VINCENT DE PAUL AND CROOK COUNTY SEARCH & RESCUE.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

PUT ON 61ST ANNUAL PRCA RODEO IN PRINEVILLE OREGON. RODEO WAS HELD JUNE 27, 28 AND 29, 2008. ATTENDANCE AT THE THREE RODEO PERFORMANCES EXCEEDED 5000. THE RODEO PARADE HAD OVER 90 ENTRANTS AND OVER 3000 SPECKTATORS.

CROOKED RIVER ROUNDUP AND FAIR ASSN.

93-6031740

Statement 8
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
PROMOTE RODEO BY SUPPORTING BREAST CANCER AWARENESS. TOUGH ENOUGH TO WEAR PINK CAMPAIGN.		
Includes Foreign Grants: No		
Total	\$ 0.	\$ 0.

Statement 9
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
HANK SIMMONS 2600 NW GARDEN LANE PRINEVILLE, OR 97754	President 4.00	\$ 0.	\$ 0.	\$ 0.
JERRY BERNARD 583 NE OWENS RD. PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
KAREL HEREFORD 1230 SE 6TH ST. PRINEVILLE, OR 97754	Secretary 4.00	0.	0.	0.
DOUG SMITH 3340 NW GUMPRT RD. PRINEVILLE, OR 97754	Treasurer 4.00	0.	0.	0.
BRETT BERNARD 6129 NW GREEN VALLEY PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
BYRON CHENEY 4491 NW GERKE RD. PRINEVILLE, OR 97754	Vice President 2.00	0.	0.	0.
BRANDI HEREFORD 1230 SE 6TH PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
PAT MCCABE 2237 NE SUNRISE ACRES PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
ROB KATZENBERGER 4916 NW O'NEIL HWY. PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.

CROOKED RIVER ROUNDUP AND FAIR ASSN.

93-6031740

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SHAWN CONNOLLY 6485 NW MADRAS HWY. PRINEVILLE, OR 97754	Director 2.00	\$ 0.	\$ 0.	\$ 0.
DEAN NOYES 555 W THIRD PRINEVILLE, OR	Director 2.00	0.	0.	0.
AMORITA ANSTETT 498 SE 8TH MADRAS, OR 97741	Director 2.00	0.	0.	0.
BRYAN IVERSON PO BOX 249 PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
DAN SEVERANCE 4300 NE WITTMER RD PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
TROY WILES PO BOX 198 POWELL BUTTE, OR 97753	Director 2.00	0.	0.	0.
JASON SNIDER 1182 NE HUDSPETH RD PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
FRED WELTY 2106 LAUREN DRIVE PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
JUSTIN IVERSON 14675 SW SAGE DR POWELL BUTTE, OR 97753	Director 2.00	0.	0.	0.
KATHY GAILLARD 6020 SE RIORDAN RD PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.