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Department of the Treasury Internal Revenue Service

# SCANNED AUG 0 6 2010

# **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

	For the	2009 calend	dar year,	or tax year beginning		, 2009, and	d endin	g			,		
В	Check if	applicable		C Name of organization					D Employ	er ideni	ification Num	ber	
	Add	ress change	Please use IRS label	ROGUE RIVER VALLEY	UNIVERSITY CLUB SO	HOLARSH	IP FOU	NDATION	26-3	3438	492		
	-	ne change	orprint		box if mail is not delivered to		Room/s		<b>E</b> Telepho	ne num	ber		
	H	al return	or type See specific	218 W SIXTH ST					(54)	1) 7	79-605	9	
			Instruc-	City, town or country		State ZIP	code + 4		(3.1.	<u>- ,                                    </u>	73 000	<u> </u>	
		mination	tions.						<b>C</b> • · · ·		. 17	001	
	Ame	ended return		MEDFORD		OR 97	7501	11/2 1 1	G Gross re		<del></del>	<u>991.</u>	1
	Арр	lication pending		and address of principal officer				H(a) is this a H(b) Are all			illates /	Yes	X No
				<u>LLIAMS 2727 Jackso</u>	on Dr Medford	OR 97			attach a list		structions)	Yes	No.
<u> </u>	Tax-e	exempt statu	ıs X 501	1(c) ( 3 ) <b>&lt;</b> (insert r	no) 4947(a)(1	or 5	27						
J	Webs	site: ► N/	Α					H(c) Group 6	exemption nu	mber 🕨	<b>-</b>		
K	Form o	of organization	X Corpora	ation Trust Associat	tion Other •	L Year	of Format	ion 2009	) Mis	tate of	egal domicile	OR	
	rt I	Summa		<del></del>	<del></del> -				-				
<u> </u>				ganization's mission or mo	ost significant activities	The	purp	ose of	the F	ound	dation		
				nd administer sc									
Governance				esiding in Jacks			<b></b>						
E E	_												
Š	2 (	heck this ho	v ▶ □	if the organization disconf	tinued its operations o	r disposed	of mor	– – – – – e than 259	6 of its as	sets			
ŏ				bers of the governing bod		аюросса	01 11101	C (11011 20 )	0. 10 0		0		
<b>ජ</b>				t voting members of the g		, line 1b)				4	0		
ë				yees (Part V, line 2a)						5	0		
Activitles &				eers (estimate if necessar	ry)					6	9		
¥	7a ⊺	otal gross ur	nrelated b	ousiness revenue from Par	rt VIII, Icolumn (C), ine	12				7 a			0.
	bΝ	let unrelated	business	taxable income from Form	m 990-T, line 34					7 b	•		
		<del>-</del>						P	rior Year		Curre	ent Ye	ar
	<b>8</b> C	Contributions	and grant	ts (Part VIII, line 1h)									981.
Ĕ	9 Program service revenue (Part VIII, line 2g)								_				
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)												10.
æ				II, column (A), lines 5, 6d,									
				nes 8 through 11 (must eq			)					17,	991.
_				ounts paid (Part IX, colum	•	,							000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)								-				
		·											
69		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											
ena		6a Professional fundraising fees (Part IX, column (A), line 11e)									3		<del></del> ;
Expenses				ses (Part IX, column (D),			0.						
	<b>17</b> C	Other expense	es (Part	tolumb (AV, lines 11a-1	1 d, 11f-24f)								<u>949.</u>
	18 T	otal expense	es Add Tir	nes 13-17 (must equal	t IX, column (A), line	25)						2,	949.
	19 R	Revenue less	experises	s. Suptract ine 18 from 10	ae 12							15,	042.
b 8			1 1					Begin	ning of Y	ear	End	of Yea	r
lance	20 T	otal assets (	Ш  Part XIII	ne 16)	=				<u> </u>	0.			042.
88		otal liabilities		3 / 1   K									
Net Assets or Fund Balances				ances Subtract line 21 from	um lung 20					0.		15	042.
Pa	rt II		ure Bloc		in line 20			!		- 0 - 1		10,	042.
1 6			-						to the best of		uuledaa aad b	aliaf it	
		true, correct, a	nd complete	I declare that I have examined the Declaration of preparer (other than	is return, including accompani ian officer) is based on all info	rmation of wh	ich prepa	irer has any k	nowledge	ing Kik ₽	owieuge and u	ener, n	15
Sig	ın	<b>▶</b> / 1 / 1	11	H. What					7/13	110	•		
He	re	Signature	of officer	11. 00.00				Dat	e // 2	<del>// •</del>			
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		,,p. 5. p			<del>×</del>	Date		٦		Pr	eparer's ident	ıfyına nı	ımber
Dai	<b>.</b>		11.0	N 1 //		Date		sel		(s	eparer's ident ee instructions	5)	
Pai Pre		Preparer's signature		11.11	1		00.15		ployed	$\Box$	P0062	8404	F
	er's	Signature	C MINN	LIVER THE PARTY OF	_ [	106/	<u> 29/1</u>	<u> </u>			_		
Us		Firm's name (o		LIAM R. BAGLAY	P.C.				q	3-0	317808		
On		employed), address, and	<u>► 117</u>					EII					
		ZIP + 4	Med:	ford	OR	97504		Ph	оле по	<u>(54:</u>		<u>605</u>	_
May	the IRS	S discuss this	s return w	vith the preparer shown at	bove? (see instructions	<b>5</b> )					X Yes		No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ.	Х
3	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	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $Yes$ , $Yes$	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11		х
•	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI</li> </ul>			
•	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	* -		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	* C * C *	ç- ×	» ' «
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	-		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part IV

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a Х complete Schedule K If 'No, 'go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 X 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is X treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38

Form 990 (2009) BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable Š **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Х 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a 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) 4a X **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6 b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х Form 8282 7d d If 'Yes.' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? **7**f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 92 a Did the organization make any taxable distributions under section 4966? 9ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10 b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See Instructions.							
Sec	ction A. Governing Body and Management							
_	Lat.	۲		Yes	No			
	a Enter the number of voting members of the governing body b Enter the number of voting members that are independent  1b							
				i				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee or key employee?	ip with any other	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?	direct supervision	3		х			
4	Did the organization make any significant changes to its organizational documents	L	4		X			
	since the prior Form 990 was filed?							
5		ts?	5		X			
6	Does the organization have members or stockholders?	-	6		<u>X</u>			
	a Does the organization have members, stockholders, or other persons who may elect one or more me governing body?	-	7a		х			
t	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other personal by members are considered as a subject to approval by members.	ions?	7b	*	X_			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a	a The governing body?	L	8a	X				
ŀ	<b>b</b> Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	reached at the	9					
	ction B. Policies (This Section B requests information about policies not requir							
Reve	renue Code )							
		<u></u>	_	Yes	No			
	a Does the organization have local chapters, branches, or affiliates?	<del> -</del>	10 a		X			
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such cl and branches to ensure their operations are consistent with those of the organization?		10ь					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the form?	11	X	<u> </u>			
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>						
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	<del>-</del>	12a		X			
	b Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	_	12b					
C	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this is done	Yes,' describe in	12c					
13	Does the organization have a written whistleblower policy?	<u> </u>	13		X			
14	Does the organization have a written document retention and destruction policy?	<u> </u>	14	X	ļ			
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	I by independent						
a	a The organization's CEO, Executive Director, or top management official	_	15a		<u>x</u>			
b	<b>b</b> Other officers of key employees of the organization	<u>_</u>	15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			-				
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange entity during the year?	ment with a taxable	16a		X			
b	<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.	late its participation						
	status with respect to such arrangements?		16Ь					
	ction C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed ▶	<b></b>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 inspection. Indicate how you make these available. Check all that apply	f (501(c)(3)s only) availa	able	for pu	blic			
	Own website Another's website X Upon request							
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, co statements available to the public				ıal			
	State the name, physical address, and telephone number of the person who possesses the books and william R Bagley 1175 E Main St Medford OR 9				<u>6059</u>			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(	c)			(D)	(E)	(F)	
Name and Title	Average hours		ition i	(checl	k all t	hat app		Reportable compensation from	Reportable	Estimated	
	per week	adivid ਈ trassee or dires ਲਾ	anshihatomel kustee	Offi: #I	key amphyee	Higl est conțensated employee	Forner	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Bill Williams											
President	0.50	X	<u> </u>	Х				0.	0.	0.	
Jack Day											
Vice-President	0.25	Х		Х				0.	0.	0.	
Dave Mooers											
Treasurer	0.25	X		Х			_	0.	0.	<u> </u>	
William Bagley	_							_	_	_	
Director	0.50	<u>X</u>		Х				0.	0.	0.	
Leigh_Johnson										•	
Director	0.25	X		Х				0.	0.	0.	
Walt Stallcup	0.05										
Director	0.25	X		Х				0.	0.	0.	
										- -	
									_		

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per week of a round of the roun	(F) stimated unt of other spensation rom the ganization
Per veeled of a graph of the regularization in from the organization and other compensation from	unt of other opensation rom the janization
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable comprism the organization is tany former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are lated organizations greater than \$150,000? If Yes' complete Schedule J for such	janization
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable comprism the organization   > 0. 0.    3 Did the organization   > 0.   0.    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are lated organizations are are treated such as the sum of reportable compensation and other compensation from the organization are lated organizations are are treated such as the sum of reportable compensation and other compensation from the organization are lated organizations are are treated such as the sum of reportable compensation and other compensation from the organization are leasted organizations are are treated such as the sum of reportable compensation and other compensation from the organization are leasted organizations are are treated such as the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation from the organization are all the sum of reportable compensation and other compensation are all the sum of the organization are all the sum of the organization and other compensation are all the sum of the organization are all the sum of the organization and other compensation are all the sum of the organization are all the sum of the organization are all the sum of the organizatio	nd related
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such	x
ine organization and related organizations greater than \$150,000 fill res complete Schedule 3 for such	3.
marviadai	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	x
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization	
	 C)
Name and business address Description of Services Compe	ńsation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►	

Pa	art VIII   Statement of Revenue	<del>_</del>	<del>_</del>		,
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SIFTS, GRANTS AR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations 1 a 1 b 1 c 1 d	- - - -		× 4	2.5
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	e Government grants (contributions)  1 e  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribus included in lns 1a-1f  \$				, ,
E REVENUE CC	h Total. Add lines 1a-1f  Business Code  2a  b	17,981.		X s AA	
PROGRAM SERVICE REVENUE	c d e f All other program service revenue				
_ <u>¥</u>	<u> </u>	-			1
	<ul> <li>3 Investment income (including dividends, interest and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> </ul>	10.	10.	0.	0.
	(i) Real (ii) Personal  6a Gross Rents b Less. rental expenses c Rental income or (loss)	1 49 . 5	· · · · · · · · · · · · · · · · · · ·		
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	-	* -		A Annual Control of the Control of t
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
EVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)		***	-	- %
OTHER REVENU	See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events	à s		* ;	*
	9a Gross income from gaming activities See Part IV, line 19		70	,	,
	b Less direct expenses c Net income or (loss) from gaming activities	<b>-</b>		**************************************	
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a	-			
	b				<u> </u>
	d All other revenue	<del>                                     </del>			
	e Total. Add lines 11a-11d	<del></del>			
	12 Total revenue. See instructions	17,991.	10.	0.	

Form 990 (2009)

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Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	plete column (A) but are	not required to comple	ete columns (B), (C), and	d (D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,000.	2,000.		
2	<b>^</b>	2,000.	2,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			į. Ž	
4				\$< 	ž *
5					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal	830.	830.	0.	0.
	c Accounting				
-	<b>d</b> Lobbying				
	e Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
•	<b>g</b> Other				
12	Advertising and promotion				
13	Office expenses	69.	69.	0.	0.
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	The state of the s	** ** **** 4*		
•	Fees	50.	50.	0.	0.
ı	b			<u>.</u>	
(					
(	: 				
•	;				
1	All other expenses				
25	Total functional expenses Add lines 1 through 24f	2,949.	2 <b>,</b> 949.	0.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational Campaign and fundraising solicitation				

**Balance Sheet** (A) Beginning of year (B) End of year 15,042. 0. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 10b 10 c b Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 0 16 15,042 16 Total assets Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 0. 26 0. Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. 27 ASSET'S 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets 8 R X and complete Organizations that do not follow SFAS 117, check here FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 BALAZC 15,042. 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 0. 33 15,042. 33 Total net assets or fund balances 34 15,042. Total liabilities and net assets/fund balances

BAA Form 990 (2009)

Form 990 (2009) ROGUE RIVER VALLEY UNIVERSITY CLUB SCHOLARSHIP FOUNDATION 26-3	3438492_	Pa	ge <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	peer in all opposites.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		_X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt, 2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		,	* I
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both	on a		· · · · · · · · · · · · · · · · · · ·
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle 3a		x
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit 3b	ļ	

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Form **990** (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**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.

OMB No 1545-0047 2009

Don do Dubli

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		organization											
				CLUB SCHOLARSHI						438492			
<u>Part</u>				is (All organizations					) See i	nstruct	ions		
The o	ga			se it is (For lines 1 through									
1	Ц	*		ociation of churches desci		section	170(b)(1	)(A)(i).					
2		A school described	in section 170(b)(1)(A	<b>A)(ii).</b> (Attach Schedule E	.)								
3			•	organization described i				-					
4		A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın <b>secti</b>	on 170(	(b)(1)(A)	(iii) Ente	er the hospi	ital's	
5	П	name, city, and sta An organization ope	erated for the benefit of	of a college or university	owned o	r operat	ed by a	governi	mental u	ınıt descr	ribed in <b>sec</b>	 ction	- <b>-</b> -
6		170(b)(1)(A)(iv). (C	Complete Part II)	jovernmental unit describ									
7		An organization tha		substantial part of its sup					or from t	he gener	ral public d	escribe	d
8		A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II	)							
9	X —	An organization that normally receives: (1) more than 33-1/3 % 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 33-1/3 % 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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10		An organization org	ganized and operated	exclusively to test for pub	lic safet	y See s	section 5	509(a)(4	).				
11		more publicly suppodescribes the type	orted organizations do of supporting organization	exclusively for the benefit escribed in section 509(a) ation and complete lines	)(1) or s 11e thro	ection 5 ough 11h	09(a)(2) I	See s	or carry <b>ection 5</b>	09(a)(3).	Check the	box tha	r at
		a Type I	<b>b</b> ∐ Type Ⅱ	<del></del>	- Fund					d ∐	Type III—		
е	Ш	By checking this both than foundation ma 509(a)(2)	ox, I certify that the orginagers and other than	ganization is not controlle i one or more publicly sup	d directl oported	y or indi organiza	rectly by ations de	y one or escribed	more d in secti	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f			received a written dete	ermination from the IRS th	nat is a	Type I,	Гуре II о	r Type	III suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	gether v	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)	<u>                                     </u>	
h		Provide the following	ng information about th	ne supported organization	s		_						
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	the organ	rou notify ization in (i) of upport?	organızat (i) organı	s the ion in col zed in the S ?	(vii) Amour	nt of Supp	ort
					Yes	No	Yes	No	Yes	No			
												<del></del>	
					:								
				-									
otal						,-	, 1						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

ROGUE RIVER VALLEY UNIVERSITY CLUB SCHOLARSHIP FOUNDATION 26-3438492 Schedule A (Form 990 or 990-EZ) 2009 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total (c) 2007 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) 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 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 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 - 2008. 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

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)

Sec	tion A. Public Support		, · <del> </del>			·	
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')					17,981.	17,981.
2	Gross receipts from					11,7521	1,7501.
	admissions, merchandise sold or services performed, or facilities furnished in a activity						
	that is related to the organization's tax-exempt						
9	purpose Gross receipts from activities that are				<del> </del>	<del> </del>	
3	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					17,981.	17,981.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons		_				
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
	: Add lines 7a and 7b					···	
	Public support (Subtract line			······································		*	
	7c from line 6)		***	•		_	17,981.
Sec	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					17,981.	17,981.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					10.	10.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					10.	
c	: Add lines 10a and 10b					10.	10.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on		;	S			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12)						17,991.
	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, oi	r fifth tax year as	a section 501(c)(3)	► X
	tion C. Computation of Pub						
	Public support percentage for 200		• •	13, column (f))		15	%_
	Public support percentage from 2				·	16	
	tion D. Computation of Inv						
	The second secon	•	• •	•	n (f))	17	%_
	Investment income percentage fro					18	%_
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ox and stop here.	The organization	qualifies as a pub	olicly supported or	ganızatıon	▶ 📙
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check						na line 18
20	Private foundation. If the organiz	ation did not chec	к a box on line 14	, 19a, or 19b, ch	eck this box and s	ee instructions	-

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public

Name of the organization  ROGUE RIVER VALLEY UNIVERSITY CLUB SCHOLARSHIP FOUNDATION	26-3438492
Pt_VI-B, Line 11A Board Meeting	
Pt_VI-C, Line 19 Anyone can come to the board meetings and reque	

# Form **8868** (Rev April 2009)

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

	e filing for an Automatic 3-Mo							► X
	e filing for an Additional (Not a						_	
	plete Part II unless you have a					ed Form 886		
Part'l	Automatic 3-Month Ext	ension of Time.	Only submit origi	nal (no copies	needed).			
A corporation	n required to file Form 990-T a	and requesting an au	tomatic 6-month exte	nsion – check this	box and co	mplete Part	l only	► □
•	porations (including 1120-C fil							, —
income tax r	eturns.							
returns noted the additiona Form 990-T	iling (e-file). Generally, you ca d below (6 months for a corpor al (not automatic) 3-month exter Instead, you must submit the sit www.irs gov/efile and click (	ration required to file ension or (2) you file fully completed and	Form 990-T) Howev Forms 990-BL, 6069 signed page 2 (Part I	er, you cannot file or 8870, group re	Form 8868 ( turns, or a c	electronically composite or	y if (1) you wa consolidated	ant
	Name of Exempt Organization					Employer ide	ntification numbe	r
Type or print								
	ROGUE RIVER VALLE			SHIP FOUNDA	TION	26-3438	3492	
File by the due date for	Number, street, and room or suite nu	mber If a PO box, see ins	structions					
filing your return See instructions	218 W SIXTH ST  City, town or post office, state, and Zi	P code. For a foreign addr	ess see instructions					
i i sti detions		r code i or a loreign addit	335, 360 1130 000013			OR	97501	
hack type (	MEDFORD of return to be filed (file a sep	arate application for	each return)			O.K	37301	
X Form 99		Form 990-T (c		[	Form 472	20		
Form 99		· - ·	ection 401(a) or 408(	(a) trust)	Form 522			
Form 990-EZ Form 990-T (trust other than above)					Form 606	59		
Form 99	0-PF	Form 1041-A			Form 887	70		
Telephon  If the org  If this is f	is are in the care of $\sim$ <u>Will:</u> The No $\sim$ (541) 779-605 The Robert American does not have an office a Group Return, enter the case box $\sim$ If it is for particular in the case of the robert American Heritage and the robert American Heritage (541).	9 fice or place of busin organization's four di	FAX No ►_( <u>54</u> ] ess in the United Sta git Group Exemption	tes, check this box Number (GEN)	: If		e whole group II members	<b>▶</b> □
•	st an automatic 3-month (6 mi	•	•	•				
_	Aug 16, 20_10_, to tension is for the organization		nization return for the	e organization nam	ed above			
	calendar year 20_09_ or	s return to						
	tax year beginning	20	and ending	. 20				
	ax year is for less than 12 moi		Initial return	Final return		change in ac	counting perio	od
	application is for Form 990-BL, indable credits. See instruction		O, or 6069, enter the	tentative tax, less	any	3a \$		0.
<b>b</b> If this a made	ipplication is for Form 990-PF Include any prior year overpay	or 990-T, enter any i ment allowed as a c	refundable credits and redit	d estimated tax pa	yments	3ь\$		0.
deposit	e Due. Subtract line 3b from III with FTD coupon or, if require structions	ne 3a Include your ped, by using EFTPS (	payment with this form Electronic Federal Ta	n, or, if required, ix Payment Systen	n)	3c \$		0.
aution. If yo	ou are going to make an electr	onic fund withdrawal	with this Form 8868,	see Form 8453-E	O and Form	8879-EO fo	r	
AA For Priv	vacy Act and Paperwork Redu	ction Act Notice, se	e instructions.		-	Form	8868 (Rev. 4	-2009)