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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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01 , 2009, and ending 06-30 , 2010

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

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

C Name of organization
ROGUE RIVER COMMUNITY CENTER

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 295

City or town, state or country, and ZIP + 4
, OR 97537

D Employer identification number
93-0780300

E Telephone number

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) ▶

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

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 205,994

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	8,156
	2	Program service revenue including government fees and contracts		2	1,299
	3	Membership dues and assessments		3	4,273
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	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)		5c	
	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	95,554	
	b	Less: direct expenses other than fundraising expenses	6b	79,391	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STM100		6c	16,163
	7a	Gross sales of inventory, less returns and allowances	7a	44,159	
	b	Less. cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	44,159
	8	Other revenue (describe ▶ STM141)		8	52,553
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	126,603
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	51,048
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	36,556
	15	Printing, publications, postage, and shipping		15	2,917
	16	Other expenses (describe ▶ STM130)		16	28,928
	17	**Total expenses.** Add lines 10 through 16 ▶		17	119,449
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,154
	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	723,951
	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	731,105

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	50,538	22	44,088
23	Land and buildings	681,413	23	687,402
24	Other assets (describe ▶ STM131)		24	3,085
25	**Total assets**	731,951	25	734,575
26	**Total liabilities** (describe ▶ STM132)	8,000	26	3,470
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	723,951	27	731,105

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? COMMUNITY ASSISTANCE & IMPROVEMENT

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, or other relevant information for each program title.

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

28 TO IMPROVE THE QUALITY OF LIFE OF THE MEMBERS OF THE COMMUNITY OF ROGUE RIVER/WIMER BY PROVIDEING OUTREACH SERVICES, INFORMATION & REFERRAN SERVICES. SERVED

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 0

29 TO IMPROVE THE QUALITY OF LIFE OF THE MEMBERS OF THE ROGUE RIVER/WIMER COMMUNITY BY PROVIDING EMEREGENCY FOOD. SERVED APPROXIMATELY 135 FAMILIES.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 0

30 TO PROMOTE RECREATIONAL & SOCIAL PROGRAMS INTERESTING TO THE COMMUNITY VIA REACREATIONAL TRIPS & TRANSIT SERVICES. SERVED APPROXIMATELY 3000 PEOPLD

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 0

31 Other program services (attach schedule) . . . . .

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
SUE SMITH PO BOX 295 ROGUE RIVER OR, 97537	DIRECTOR 40	29,148	0	0
SUSIE CONWAY 1145 E EVANS CREEK RD ROGUE RIVER, 97537	SECOND VICE PRE 1	0	0	0
DON MC GOWAN 1679 ROGUE RIVER HWY ROGUE RIVER, 97537	FIRST VICE PRES 1	0	0	0
DEBBIE NOSIK 3855 N RIVER RD GOLD HILL OR, 97525	PRESIDENT 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____			
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 is it 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 Schedule L, Part I	40b		X
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. 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	40e		X
41	List the states with which a copy of this return is filed. ▶ OR			
42 a	The organization's books are in care of ▶ SUE SMITH Telephone no ▶ 541-582-0609			
	Located at ▶ PO BOX 295 ROGUE RIVER, OR ZIP + 4 ▶ 97537			
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		X
	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		X
	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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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	45		X

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 46-49b and complete the tables for lines 50 and 51.

			Yes	No
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	46		
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		X
49 a	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 ▶

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 ▶

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

[redacted] 10-26-10
Signature of officer Date

[redacted] SUSAN SMITH DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	[redacted]	Date 10-25-2010	Check if self-employed ▶ ☐	Preparer's Identifying No (See inst.) P00057484
Firm's name (or yours if self-employed), address, and ZIP + 4	ALL STATES TAX SERVICE PO BOX 1040 Rogue River, OR 97537		EIN ▶ 20-4100884 Phone no ▶ 541-582-8052	

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

2009

Open to Public Inspection

Name of the organization
ROGUE RIVER COMMUNITY CENTER

Employer identification number
93-0780300

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 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.)

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					12,429	12,429
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					179,884	179,884
3 Gross receipts from activities that are not an unrelated trade or bus under sec 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					192,313	192,313
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)						192,313

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					192,313	192,313
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)						192,313

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 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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 ▶ ☐

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ROGUE RIVER COMMUNITY CENTER

Employer identification number

93-0780300

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☒ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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 BINGO (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c))
Revenue	1 Gross receipts	95,554			95,554
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	95,554			95,554
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine line 3, column (d), and line 10 ▶				95,554

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				
Direct Expenses	2 Cash prizes				
	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 line 1, column (d), and line 7 ▶				

			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?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activites 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		

				Yes	No
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 contract 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 ▶ $				

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ROGUE RIVER COMMUNITY CENTER	FORM 990 - 1	93-0780300

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Do not** include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	772

Part III MACRS Depreciation (**Do not** include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,517
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property STATEMENT 50						687
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27 5 yrs.	MM	S/L	
				27 5 yrs.	MM	S/L	
i	Nonresidential real property	2009-07	2,600	39 yrs.	MM	S/L	64
					MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	3,040
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Name(s) as shown on return: ROGUE RIVER COMMUNITY CENTER

FEIN: 93-0780300

STATEMENT #100

FORM 990EZ, PART I, LINE 5(C)
GAIN(LOSS) FROM SALE OF OTHER ASSETS SCHEDULE

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
DESIGNATED EXPENSES	13,781
COMPUTER	90
LICENSE AND PERMITS	852
COPY MACHINE	2,435
MISC	225
AREA AGENCY	2,891
FUND RAISING	164
OTHER SUPPLIES	5,778
COFFEE AND SUDA	642
CENTER SERVICE	720
OFFICE COST	1,080
INTEREST EXPENSE	270
TOTAL	28,928

FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
RECEIVABLES		3,085
TOTAL		3,085

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LOAN	8,000	3,470
TOTAL	8,000	3,470

FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2

DESCRIPTION	AMOUNT
AREA AGENCY	6,457
MISC	498
COFFEE AND SODA	686
DESIGNATED FUNDS	13,681
FUND RAISING	14,835
BUILDING RENT	16,396
TOTAL	52,553

PG01
STATEMENT # 50

FORM 4562 - LINE 19C

BASIS	RP	CV	METHOD	DEDUCTION
1,000	7	HY	200 DB	143
3,810	7	HY	200 DB	544
TOTAL				687

Name(s) as shown on return: ROGUE RIVER COMMUNITY CENTER

FEIN: 93-0780300

SCHEDULE A PART 3

Description	Amount
MEMBERSHIPS	$ 4,273
GIFTS	8,156
Total:	**$ 12,429**

OTHER INCOME - DESIGNATED FUNDS

Description	Amount
TRIPS AND TOURS	$ 1,453
FOOD PANTRY	4,604
LUNCH PROGRAM	827
CONTINGENCY ACCOUNT	139
BUS	998
BINGO EXTRAS	196
THRIFT STORE EXTRAS	46
RENOVATION PROJECT	3,743
CHRISTMAS DONATIONS	1,675
Total:	**$ 13,681**

DESIGNATRED EXPENSES

Description	Amount
TRIPS AND TOURS	$ 2,109
FOOD PROGRAM EXPENSE	6,934
LUNCH PROGRAM	816
CHRISTMAS FUND	363
BINGO EXTRAS	3,559
Total:	**$ 13,781**

CONTRIBUTIONS, GIFTS AND GRANTS

Description	Amount
GENERAL	$ 8,156
Total:	**$ 8,156**

Name(s) as shown on return: ROGUE RIVER COMMUNITY CENTER

FEIN: 93-0780300

PROGRAM SERVICE REVENUE

Description	Amount
DOG LICENSE	$ 1,107
BLOOD PRESSURE	192
Total:	**$ 1,299**

BINGO EXPENSES

Description	Amount
SUPPLIES	$ 2,615
OTHER	75,472
BINGO SUPPLIES	1,304
Total:	**$ 79,391**

THRIFT SHOP INCOME

Description	Amount
THRIFT SHOP	$ 44,159
Total:	**$ 44,159**

SALARIES AND BENEFITS

Description	Amount
HEALTH INSURANCE	$ 4,442
BINGO MANAGER	6,420
CUSTODIAN	4,950
DIRECTOR	29,148
PAYROLL TAXES	4,712
SAIF	1,376
Total:	**$ 51,048**

Name(s) as shown on return: ROGUE RIVER COMMUNITY CENTER

FEIN: 93-0780300

OCCUPANCY, RENT, UTILITIES, INSURANCE, REPAIRS & MAINTENANCE

Description	Amount
POWER THRIFT	$ 1,562
POWER ANNEX	1,405
POWER MAIN	5,280
POWER FISH	1,089
SEWER AND WATER	2,257
NATURAL GAS	2,255
TRASH THRIFT	1,692
TRASH MAIN	1,572
REPAIRS MAIN	90
INSURANCE	9,203
TELEPHONE THRIFT	526
TELEPHONE OTHER	2,358
ANNEX DRAIN	5,000
MISC REPAIRS AND MAINTENANCE ACCT 6600	844
MISC REPAIRS AND MAINTENANCE ACCT 6705	1,423
Total:	**$ 36,556**

PRINTING, PUBLICATIONS, POSTAGE

Description	Amount
POSTAGE	$ 1,139
PUBLICITY	969
OFFICE SUPPLIES	809
Total:	**$ 2,917**

CASH, SAVINGS AND INVESTMENTS

Description	Amount
UMPQUA 90006516	$ 4,930
UMPQUA 90215067	31,476
UMPQUA 90210209	7,682
Total:	**$ 44,088**

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services

For your records only

2009

Name(s) as shown on return

ROGUE RIVER COMMUNITY CENTER

Social security number/EIN

93-0780300

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
11	SENIOR HOUSING PROPER	19900101	61,020	61,020	100.00		0	0		0					
12	CEDAR STREET PROPERTY	19900101	45,997	45,997	100.00		0	39		0					
13	TRANSIT BUS	19900101	45,859	45,859	100.00		0	7		0					
23	CONVECTION OVEN	20100330	1,000		100.00		1,000	7	200 DB HY	14.29	143	143			107
24	STOVE	20100330	3,810		100.00		3,810	7	200 DB HY	14.29	544	544			408
	Totals		157,686	152,876			4,810				687	687			515

Land Amount

Net Depreciable Cost 157,686

ST ADJ:

* Item was disposed of during current year

Depreciation Detail Listing

Management & General

For your records only

2009

Name(s) as shown on return

ROGUE RIVER COMMUNITY CENTER

Social security number/EIN

93-0780300

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	NEW ROOF	19991022	15,880	15,880	100.00		0	0		0					
2	WASHER	20000615	300		100.00		300	7		0					
3	THRIFT SHOP IMPROVEME	20010301	66,948	66,948	100.00		0	39		0					
4	COMPUTER	20060601	1,297		100.00		1,297	5	200 DB MQ	10.94	142	1,173			213
5	REFRIGERATOR	20060725	2,460		100.00		2,460	7	200 DB HY	12.49	307	1,826			301
6	COMPUTERS	20060714	1,910		100.00		1,910	5	200 DB HY	11.52	220	1,684			318
7	DISHWASHER & GARBAGE	20070715	4,175	1,619	100.00		2,556	7	200 DB HY	17.49	447	447			384
8	LIGHTING	20070715	2,295		100.00		2,295	7	200 DB HY	17.49	401	1,291			345
9	HEATING & AIR CONDITI	20070715	15,899		100.00		15,899	39	S/L MM	2.564	408	1,207			408
10	FLOORING	20070715	14,196		100.00		14,196	39	S/L MM	2.564	364	1,077			364
14	ROOM DIVIDERS	20000627	2,908	2,908	100.00		0	7		0					
15	MAIN OFFICE BUILDING	19900101	155,350	155,350	100.00		0	39		0					
16	THRIFT SHOP PROPERTY	19900101	57,637	57,637	100.00		0	39		0					
17	ANNEX PROPERTY	19900101	104,788	104,788	100.00		0	39		0					
18	OFFICE FURN & FIXTURE	19900101	30,957	30,957	100.00		0	37		0					
19	RISO FURNITURE & FIXT	19900101	3,998	3,998	100.00		0	7		0					
20	RECREATION FURN & FIX	19900101	25,710	25,710	100.00		0	7		0					
21	KITCHEN FURNITURE & F	19900101	29,864	29,864	100.00		0	39		0					
22	NEW FLOORS	20090709	2,600		100.00		2,600	39	S/L MM	2.457	64	64			64
	Totals		539,172	495,659			43,513				2,353	8,769			2,397

Land Amount

Net Depreciable Cost 539,172

ST ADJ: