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Short Form
Return of Organization Exempt From Income Tax

2009

Department 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 \$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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010

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

CROOK COUNTY FOUNDATION
PO BOX 1061
PRINEVILLE, OR 97754

D Employer identification number

93-1250270

E Telephone number

541-447-6565

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: ► N/A

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527K 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 ► \$ 149,587.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E C A N 	1 Contributions, gifts, grants, and similar amounts received	1	119,179.
	2 Program service revenue including government fees and contracts	2	16,980.
	3 Membership dues and assessments	3	
	4 Investment income	4	7,012.
	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	-722.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	6,043.
	a Gross revenue (not including \$ 845. of contributions reported on line 1)	6b	3,686.
	b Less: direct expenses other than fundraising expenses	6c	2,357.
E X P E N S E G O S S E S A S S E T S	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► See Statement 1)	8	1,095.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	145,901.
	10 Grants and similar amounts paid (attach schedule)	10	27,650.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	27,908.
	13 Professional fees and other payments to independent contractors	13	8,337.
	14 Occupancy, rent, utilities, and maintenance	14	
A S S E T S N E T A S T S	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Statement 3)	16	46,912.
	17 Total expenses. Add lines 10 through 16	17	110,807.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,094.
	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	416,836.
	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	451,930.

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	417,192.	452,837.
23 Land and buildings	23	
24 Other assets (describe ► See Statement 4)	296.	24
25 Total assets	417,488.	452,837.
26 Total liabilities (describe ► See Statement 5)	652.	907.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	416,836.	451,930.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

5-9

17

Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 9

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

35a	X
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
----	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37a	0.
-----	----

b Did the organization file **Form 1120-POL** for this year?

37b	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 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	N/A
-----	-----

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

39a	N/A
-----	-----

b Gross receipts, included on line 9, for public use of club facilities

39b	N/A
-----	-----

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► **0.**, section 4912 ► **0.**, section 4955 ► **0.**

40a	0.
-----	----

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 ► **0.**

40c	0.
-----	----

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.**

40d	0.
-----	----

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**

42a The organization's

books are in care of ► **KRISTI STEBER** Telephone no ► **541-447-8916**

Located at ► **PO BOX 1061 PRINEVILLE OR** ZIP + 4 ► **97754**

42a	Yes	No
		X

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. ►

42b	X
-----	---

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. ►

42c	X
-----	---

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	43	Yes	No
		N/A	N/A

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.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization 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 a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		X
47		X
48		X
49a		X
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'.

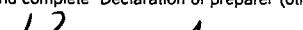
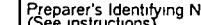
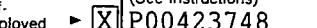
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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		
	 Signature of officer	 Date	
	 Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 	Check if self-employed <input checked="" type="checkbox"/> Preparer's Identifying Number (See Instructions) 
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 	Phone no 
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

BAA

► Yes No

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.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CROOK COUNTY FOUNDATION

Employer identification number

93-1250270

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 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 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 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

Yes	No

h Provide the following information about the supported organizations

BAA

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	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	29,057.	42,315.	143,229.	53,740.	119,179.	387,520.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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						0.
4 Total. Add lines 1-through 3	29,057.	42,315.	143,229.	53,740.	119,179.	387,520.
5 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)						0.
6 Public support. Subtract line 5 from line 4						387,520.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	29,057.	42,315.	143,229.	53,740.	119,179.	387,520.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,901.	20,425.	23,852.	-10,196.	7,012.	58,994.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						446,514.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	87.3 %
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.		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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.		<input type="checkbox"/>
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.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are 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

7a Amounts included on lines 1, 2, 3 received from disqualified persons

b 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

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

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)

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 ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2008 Schedule A, Part III, line 15

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))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

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 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 ►

Part IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

2009

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CROOK COUNTY FOUNDATION

93-1250270

11/12/10

11.26AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Administrative Fee Income

Total \$ 1,095.

Total \$ 1,095.

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

Class of Activity:	SCHOLARSHIP
Donee's Name:	OCF-VARIOUS
Donee's Address:	Various
Relationship of Donee:	N/A
Cash Amount Given:	\$ 14,725.
Donee's Name:	MARK FLEGEL
Donee's Address:	9271 NW McCABE RD PRINEVILLE, OR 97754
Cash Amount Given:	\$ 650.
Donee's Name:	CLARISSA AMES
Donee's Address:	5563 SE RIORDAN RD PRINEVILLE, OR 97754
Cash Amount Given:	\$ 1,000.
Donee's Name:	GARRETT NYMAN
Donee's Address:	855 SE SECOND ST PRINEVILLE, OR 97754
Cash Amount Given:	\$ 500.
Donee's Name:	KAITLYN DUNCAN
Donee's Address:	2651 NE SUNRISE LN PRINEVILLE, OR 97754
Cash Amount Given:	\$ 1,000.
Donee's Name:	ASHLEY BARNES
Donee's Address:	2939 NW CENTURY DR PRINEVILLE, OR 97754
Cash Amount Given:	\$ 1,000.
Donee's Name:	CROOK COUNTY CADET BOYS CHOIR
Cash Amount Given:	\$ 2,000.
Donee's Name:	CROOK COUNTY HISTORICAL SOCIETY
Cash Amount Given:	\$ 4,000.
Donee's Name:	CROOK COUNTY LIBRARY
Cash Amount Given:	\$ 1,775.

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CROOK COUNTY FOUNDATION

93-1250270

11/12/10

11:26AM

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

Donee's Name: CROOK COUNTY PARKS & RECREATION
 PRINEVILLE, OR 97754

Cash Amount Given: \$ 1,000.

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

BANK SERVICE CHARGE	\$ 33.
COMMUNITY CONCERT EXPENSES	38,233.
Depreciation	296.
Insurance	1,467.
LEADERSHIP PRINEVILLE	3,500.
LICENSES	50.
MISCELLANEOUS	120.
Office Expenses	1,664.
STATE OF OREGON FEES	87.
VOLUNTEER HOURS	1,462.
Total	\$ 46,912.

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

	<u>Beginning</u>	<u>Ending</u>
Miscellaneous . . .	\$ 296.	\$ 0.
Total	<u>\$ 296.</u>	<u>\$ 0.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Payroll taxes withheld	\$ 652.	\$ 907.
Total	<u>\$ 652.</u>	<u>\$ 907.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

THE PURPOSE OF THIS ORGANIZATION SHALL BE TO SUPPORT THE ATTAINMENT AND IMPROVEMENT OF EDUCATION, TO INITIATE AND SUPPORT CHARITABLE ACTIVITY AND TO PROMOTE THE DEVELOPMENT OF LEADERSHIP, PRIMARILY WITHIN PRINEVILLE AND CROOK COUNTY.

2009

Federal Statements

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CROOK COUNTY FOUNDATION

93-1250270

11/15/10

01 24PM

Statement 7**Form 990-EZ, Part III, Line 28****Statement of Program Service Accomplishments**

SPONSORED SEVEN FREE SUMMER CONCERTS WHICH EXPOSED THOUSANDS OF RURAL RESIDENTS TO A VARIETY OF MUSICAL GENRES.

AWARDED 16 LOCAL STUDENTS WITH A TOTAL OF \$18,875 IN COLLEGE SCHOLARSHIPS.

Statement 8**Form 990-EZ, Part IV****List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
VANCE TONG 558 NORTH MAIN PRINEVILLE, OR 97754	President 1.00	0. \$	0. \$	0.
GAIL SCHMUTZ PO BOX 267 PRINEVILLE, OR 97754	Vice President 1.00	0.	0.	0.
JIM MACDONALD PO BOX 898 PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.
BILL MARTIN PO BOX 1061 PRINEVILLE, OR 97754	Director 2.00	0.	0.	0.
MOLLY KEE PO BOX 1061 PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.
VICTOR BARTLETT 180 NW 2ND ST PRINEVILLE, OR 97754	Treasurer 1.00	0.	0.	0.
IVAN HERNANDEZ 471 NE OCHOCO PLAZA DR PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.
JOHN JACKSON 8780 NW RATTLESNAKE RD PRINEVILLE, OR 97754	Secretary 1.00	0.	0.	0.
GAIL MERRITT 1214 NE STEINS PILLAR DR PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.

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Client CE0270

CROOK COUNTY FOUNDATION

93-1250270

11/12/10

11 26AM

Statement 8 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
BETTY ROPPE 399 SE JUNIPER ST PRINEVILLE, OR 97754	Director 1.00	0. \$	0. \$	0.
DONNA WHITE 12048 NE GRANT LN PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.
KRISTI STEBER PO BOX 1061 PRINEVILLE, OR 97754	Executive Direc 20.00	26,000.	0.	0.
GARY GOODMAN 1164 SW PARRISH LN POWELL BUTTE, OR 97754	Director 1.00	0.	0.	0.
KEN FAHLGREN 1176 NE BARNES RD PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.
SETH CRAWFORD 325 SW WILLOWDALE PRINEVILLE, OR 97754	Director 1.00	0.	0.	0.
Total		<u>\$ 26,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 9
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only □

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization CROOK COUNTY FOUNDATION	Employer identification number 93-1250270
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions PO BOX 1061	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PRINEVILLE, OR 97754	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **KRISTI STEBER** -----

Telephone No ► **541-447-8916** FAX No. ► □

- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover □

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)