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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury
Internal Revenue ServiceUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011		B Check if applicable		C ROTARY CLUB OF CORVALLIS AFTER 5 PO BOX 495 CORVALLIS, OR 97339		D Employer identification number 87-0751882		E Telephone number 541 760-8186		F Group Exemption Number	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).									
I Website: ► HTTP://ROTARYCORVALLISAFTERFIVE.ORG											
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return											
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 105,281.											
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)											
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>											
REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	12,750.							
	2	Program service revenue including government fees and contracts	2								
	3	Membership dues and assessments	3	6,656.							
	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	Gaming and fundraising events	6								
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a								
	b	Gross income from fundraising events (not including \$ 12,250. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	85,875.							
c	Less, direct expenses from gaming and fundraising events	6c	53,459.								
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	32,416.								
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 in Schedule O)	8									
9	Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 7c, and 8	9	51,822.								
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	25,532.							
	11	Benefits paid to or for members	11								
	12	Salaries, other compensation and employee benefits	12								
	13	Professional fees and other payments to independent contractors	13								
	14	Occupancy, rent, utilities, and maintenance	14								
	15	Printing, publications, postage, and shipping	15								
	16	Other expenses (describe in Schedule O)	16	2,189.							
	17	Total expenses. Add lines 10 through 16	17	27,721.							
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,101.							
	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	1,718.							
20	Other changes in net assets or fund balances (explain in Schedule O)	20									
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,819.								

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

2012 MAR 09 2011

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

Check if the organization used Schedule O to respond to any question in this Part V

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

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		X
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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, explain in Schedule O why the organization did not report the income on Form 990-T.

35 a		X
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a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

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

36		X
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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

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

37 b		X
------	--	---

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

38 a		X
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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 tax year covered by this return?

38 b		N/A
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 a		N/A
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39 Section 501(c)(7) organizations Enter:

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

a Initiation fees and capital contributions included on line 9

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

40 c		0
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40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**; section 4912 ► **N/A**; section 4955 ► **N/A**

40 d		0
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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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40 e		X
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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**

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

40 g		0
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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

40 h		X
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41 List the states with which a copy of this return is filed ► **NONE****42 a** The organization'sbooks are in care of ► **KELLY GALLAGHER**Telephone no. ► **541 760-8186**Located at ► **5815 SW WEST HILLS ROAD CORVALLIS OR**ZIP + 4 ► **97333**

42 b		X
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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)?

42 c		X
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If 'Yes,' enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** **N/A** **N/A**

43		N/A
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44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44 a		X
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b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44 b		X
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c Did the organization receive any payments for indoor tanning services during the year?

44 c		X
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

44 d		
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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 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
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ► _____

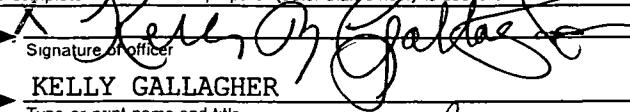
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
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d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here  X 15 Feb 2012
 Signature of officer
KELLY GALLAGHER
 Type or print name and title

Date
TREASURER

Paid Preparer Use Only	Print/Type preparer's name JOY E RAGSDALE	Preparer's signature  JOY E RAGSDALE	Date 2-14-2012	Check <input type="checkbox"/> if self-employed	PTIN P00263751
	Firm's name ► INGLE, CARL & RAGSDALE, LLC	Firm's EIN ► 93-1185616			
Firm's address ► 2015 NW GRANT AVENUE CORVALLIS, OR 97330	Phone no 541-754-0112				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

Form 990-EZ (2010)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 CORVALLIS HALF (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	98,125.			98,125.
	2 Less Charitable contributions	12,250.			12,250.
	3 Gross income (line 1 minus line 2)	85,875.			85,875.
DIRECT EXPENSES	4 Cash prizes	500.			500.
	5 Noncash prizes				
	6 Rent/facility costs	2,844.			2,844.
	7 Food and beverages	3,052.			3,052.
	8 Entertainment				
	9 Other direct expenses	47,063.			47,063.
	10 Direct expense summary Add lines 4- through 9 in column (d)				53,459.
	11 Net income summary. Combine line 3, column (d), and line 10				32,416.

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.

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

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?

Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

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 of the third party

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? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

Name of the organization

ROTARY CLUB OF CORVALLIS AFTER 5

Employer identification number

87-0751882

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CIVIC LEAGUE BENEFITING SOCIAL ORGANIZATIONS

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

ROTARY CLUB OF CORVALLIS AFTER 5

87-0751882

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CLASS OF ACTIVITY:	SUPPORT NEEDY FAMILY PROG
DONEE'S NAME:	VINA MOSES CENTER
DONEE'S ADDRESS:	968 NW GARFIELD STREET
RELATIONSHIP OF DONEE:	CORVALLIS, OR 97330
CASH AMOUNT GIVEN:	\$ 7,400.
CLASS OF ACTIVITY:	COURT ADVOCATE PROGRAM
DONEE'S NAME:	CASA VOICES FOR CHILDREN
DONEE'S ADDRESS:	PO BOX 1870
RELATIONSHIP OF DONEE:	CORVALLIS, OR 97330
CASH AMOUNT GIVEN:	\$ 7,400.
CLASS OF ACTIVITY:	SUPPORT LOCAL FOOD BANK
DONEE'S NAME:	LINN BENTON FOOD SHARE
DONEE'S ADDRESS:	545 SW 2ND STREET
RELATIONSHIP OF DONEE:	CORVALLIS, OR 97333
CASH AMOUNT GIVEN:	\$ 7,400.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCE, CONVENTIONS, AND MEETINGS	\$ 560.
CORPORATE FEE	169.
DEPRECIATION...	15.
MEMBER MEALS	543.
OFFICE EXPENSES	902.
TOTAL	\$ 2,189.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 0.	\$ 893.
TOTAL	\$ 0.	\$ 893.

6/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

ROTARY CLUB OF CORVALLIS AFTER 5

PAGE 1

87-0751882

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179/179	SPECIAL DEPR.	PRIOR BONUS/ALLOW.	SAVAG /BASIS SP DEPR.	DEC BAL /DEC DEPR.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
<hr/>																	
<hr/>																	
	MACHINERY AND EQUIPMENT																
1	COMPUTER		6/14/11			908						908					
	TOTAL MACHINERY AND EQUIPMENT					908		0	0	0	0	908	0				
	TOTAL DEPRECIATION					908		0	0	0	0	908	0				
	GRAND TOTAL DEPRECIATION					908		0	0	0	0	908	0				

FORM 990/990-PF