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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, 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 renorting requirements

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

OMB No 1545-1150

2010

Open to Public Inspection

Α	For th	e 2010 calendar year, or tax year beginning $7/01$, 2010, and ending 6	/30		, 2011	
В	Check i	applicable C	10	D Employerı	dentification number	
	Address	change ROTARY CLUB OF CROOK COUNTY	93-08	93-0892985		
	Name o	nange PO BOX 878	E	E Telephone	number	
	Initial re	turn PRINEVILLE, OR 97754	į	541-4	47-5643	
	Termina	ted	 			
\vdash	1	d return	F	F Group E Number	xemption	
Ť		ion pending				
G			Check	X) if the	e organization is not	
ı		te: > N/A	990, 99	0 to attach 90-EZ, or 99	Schedule B (Form 90-PF)	
7		empt status (ck only one) — 501(c)(3) X 501(c) (6) ◄ (insert no.) 4947(a)(1) or 527				
K	Checl		eipts are	e normally	not more than	
	\$50,0	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be zation chooses to file a return, be sure to file a complete return	e requir	ed (see ins	tructions) But if the	
	_					
L	Add I	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990	re, or it	r total ► \$	28,969.	
<u> </u>	asset	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Revenue) Revenue (See the Revenue (he inci	tructions		
	art 11.5	The state of the s	110 1113	li uctions	X	
		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received . Program service revenue including government fees and contracts.	1777	~== -	6,718.	
	2	Program service revenue including government fees and contracts.		·	9,400.	
	3	Membership dues and assessments		3		
	4	Investment income 7 IAN 2 7	20!2	54	72.	
	5a	Gross amount from sale of assets other than inventory	2012	1		
	Ь	Less: cost or other basis and sales expenses	-			
-	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	Į. UT			
	1	Gaming and fundraising events				
R		Gross income from gaming (attach Schedule G if greater than \$15,000)		. ,		
REVERUE		Gross income from fundraising events (not including \$ of contribution	าร	- : :		
Ŋ	1	areas moons for the contract of the contract o	-	1 T		
Ē	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	12,7	<u>57.</u>		
	С	Less: direct expenses from gaming and fundraising events . 6c	5,1	75.		
	ہ ا	Not income or (locs) from gaming and fundraising events (add lines ha and				
	"	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	7,582.	
	1	Gross sales of inventory, less returns and allowances . 7a		ا يُرِي دُرِي		
	Ь	Less: cost of goods sold 7b				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
		Other revenue (describe in Schedule O) See Schedule	e 0	. 8	22.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	23,794.	
<u> </u>	10	Grants and similar amounts paid (list in Schedule O). See Schedule	e 0	10	19,585.	
03%	11	Benefits paid to or for members		11		
يج	12	Salaries, other compensation, and employee benefits.		12		
SET NNIED FEB A SE	13	Professional fees and other payments to independent contractors		13	355.	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O) . See Schedule	e 0	16	9,667.	
\subseteq	17	Total expenses. Add lines 10 through 16		▶ 17	29,607.	
岁	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,813.	
Z			and of	15/5-4		
N.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return)	ena-of-	year 19	35,134.	
الخ	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
٠ ;	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21	29,321.	
	1 - 1	Hot assets of faria balances at one of jean transmission and transmission				

' Forn	' n <u>990-EZ (</u> 2010) ROTARY CLUB OF (CROOK COUNTY			93	-089	92985 Page 2
Pai	Balance Sheets. (see the ins	tructions for Part II.)					- rago
	Check if the organization used Sche	edule O to respond to any qu	estion in this Part I		D		(5) 5
22	Cash, savings, and investments.			(A)	Beginning of ye 35,134		(B) End of year 29, 321.
23	Land and buildings				33,134	23	29,321.
24	Other assets (describe in Schedule O)		ì		-	24	
25	Total assets				35,134		
26	Total liabilities (describe in Schedule O))		0	. 26	0.
	Net assets or fund balances (line 27 of o				35,134	. 27	29,321.
Pai	Statement of Program Serv						Expenses
	Check if the organization used Sc		question in this Part	t III	[X]	(Req	uired for section c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? See	Schedule 0	nces In a clear and	d con	ocice manner	orga	nizations and section
desc	cribe what was achieved in carrying out the cribe the services provided, the number of tram title.	persons benefited, and other	r relevant information	on foi	r each		'(a)(1) trusts, optional thers)
28	AWARDED 9 HIGH SCHOOL STU	DENTS COLLEGE SCHO	LARSHIPS				
	70 4			-		00	6 050
29	(Grants \$ 6,250.) If the SPONSORED FOREIGN EXCHANG	s amount includes foreign gr	ants, check here			28 a	6,250.
29	SPONSORED FOREIGN EXCHANG	E 2100EN1					
	(Grants \$) If the	s amount includes foreign gr	ants, check here			29 a	3,084.
30	SHOTS FOR TOTS PROGRAM		· · · · · · · · · · · · · · · · · · ·				
		s amount includes foreign gr	ants, check here		<u> </u>	30 a	405.
31	Other program services (describe in Sch	-					
20	<u> </u>	s amount includes foreign gr	ants, check here			31 a	9,739.
	Total program service expenses (add ling) List of Officers, Directors,		Novees List each of	DO 01/01	n if not componented	-	<u> </u>
	Check if the organization used So				ii ii iiot compensated	(200 (THE MISU OCCIONS FOR PAIR IV.)
		(b) Title and average hours	(c) Compensation	(If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa		and other allowances
KIN	M HICKS	President		0.	deletted deliperior	0.	0.
	BOX 878	ol					
PR	INEVILLE, OR 97754						
	AINA HUFFMAN	Treasurer		0.		0.	0.
	BOX 878	0					
	INEVILLE, OR 97754			<u>_</u>			
	ISTI_HIAASEN	Secretary		0.		0.	0.
	BOX_878 INEVILLE, OR 97754	υ					
FR.	THY GAILLARD	Sgt at Arms		0.		0.	0.
	BOX 878	oge at Alms		٠,		٠.	0.
PŘ	NEVILLE, OR 97754						
			·				·
				- 1			

<u>P</u> a	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any guestion in this Part V			
			Yes	No
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 Q	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	takan da	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, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
;	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 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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		х
37	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		تستقا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Did the organization file Form 1120-POL for this year?	37b	V 11.78%	X
38	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?	38a		X
1	o 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			A. A.
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
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			
	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 b		E N. A
	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			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the section 501(c)(4) organization and the section 501(c)(4) organization and the section 501(c)(4) organizations.			
	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 List the states with which a copy of this return is filed None	40 e		X
	a The organization's books are in care of ► ELAINA HUFFMAN Located at ► PO BOX 878 PRINEVILLE OR Description of BOX 878 PRINEVILLE OR Description of 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: ►		543 Yes	No 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
	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 . Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	N/A N/A No
	of Form 990-EZ	44a		X
	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	44b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		
	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		L
BA		rm 990	-EZ ((2010)

Form 990 -	EZ (2010) RO'	TARY CLUB OF CROC	OK COUNTY			93-08	92985	P	age 4
45 la ac					, ,			Yes	
		ization a controlled entity	-		_	, , , ,	45	F 1001	X
of se	ection 512(b)(13	receive any payment from ()? If 'Yes,' Form 990 and	Schedule R may need t	to be comp	leted instead	of Form 990-EZ (see	inst) 45a	2 482.4	X
46 Did 1	the organization	engage, directly or indire	ctly, in political campai	gn activities	s on behalf o	f or in opposition to	(740	3.	THE PARTY
		c office? If 'Yes,' complete 11(c)(3) organizations		(a)(1) nor	nevemnt c	haritable tructs or	46		<u> X</u>
1 x x x x x x x x x x x x x x x x x x x	501(c)(3) c	organizations and sec	tion 494/(a)(1) nor	nexempt	charitable.	trusts must answe	r auestior	มเดก เร	
	47-49b and	d 52, and complete th	ne tables for lines 5	60 and 51	•		4		
	Check if the	organization used Schedu	le O to respond to any	question in	this Part VI				\Box
							-	Yes	No
	-	engage in lobbying activi	· · ·				47		
		a school as described in so make any transfers to an			•	dule E	48		
		ated organization a section		related org	yanızation?		49 a		
50 Com	plete this table	for the organization's five	highest compensated e	molovees	(other than o	fficers directors trusti	es and key		
emp	loyees) who ead	ch received more than \$10	0,000 of compensation	from the o	rganization	If there is none, enter	'None.'		
(a) Name and address	of each employee paid 1 \$100,000	(b) Title and average hours per week	(c) Com	pensation	 (d) Contributions to employee benefit plans and 	accoun	nt and	
	more than	1 \$100,000	devoted to position			deferred compensation	other allo	wances	
- -									
						<u></u>			
					ŀ				
	· -· · · · · · · · · · · · · · · · · ·								
									
f Tota	I number of other	er employees paid over \$1	00,000		<u>-</u> -	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
51 Com	plete this table	for the organization's five the organization. If there i	highest compensated in	ndependent	t contractors	who each received mo	re than \$100	0,000	of
com							r		
	(a) Name and	address of each independent contr	actor paid more than \$100,000			(b) Type of service	(c) Compe	ensation	
		-		-					
			. 	 -					
				<u>.</u>		···-			
	 -								
	 								
					1		:		
d Tota	number of othe	er independent contractors	each receiving over \$1	100,000	>				
52 Did t	he organization	complete Schedule A? No	ote All section 501(c)(3) organizat	ions and 494	7(a)(1) nonexempt			
		st attach a completed Sch					Yes		No
true, correct,	and complete Declar	re that I have examined this return ration of preparer (other than office	including accompanying sched r) is based on all information o	fules and states f which prepare	ments, and to the er has any knowle	best of my knowledge and be edge	lief, it is		
	Signature of of					<u> </u>			
Sign	Signature of of	пісег				Date			
Here	Type or print n	name and title							
,	Print/Type prepare		Preparer's signature		Date ,	Check X rf P	TIN		
Paid Jerry R. Evans						Clieck [X]	00423748	3	
Preparer	Firm's name	Evans & Bartlett			• • • • • • • • • • • • • • • • • • • •	, sometimes a			
Jse Only	Firm's address	180 NW 2nd St				Firm's EIN ►	93-10156	577	
		Prineville, OR		-		Phone no (54		565	
	S discuss this r	eturn with the preparer sh	own above? See instru	ctions			►X Yes		lo
BAA							Form 990-	EZ (2	(O10)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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.

Openito Rublic

Name of the organization	Employer identification number							
ROTARY CLUB OF CROOK COUNTY	93-0892985							
Form 990-EZ, Part III - Organization's Primary Exempt Purpose								
To_raise money to help_eradicate polio. Because of the advances	_in_polio							
eradication, the focus has now changed to helping youngsters in	the form of							
donations to Boys & Girls Clubs, Big Brothers & Big Sisters, Sh	ots_for_Tots,							
Dictionaries to third graders and scholarships for high school	students.							
	~							
÷								
								

20 10	Schedule O - Supplemental Informa	tion	Page 2
Client RO2985	ROTARY CLUB OF CROOK COUNTY		93-089298
1/10/12			02 18PI
Form 990-EZ, Part I, Line Other Revenue	· 8		
Miscellaneous		Total \$	22. 22.
Form 990-EZ, Part I, Line	e 10 unts Paid In Excess of \$5,000	<u> </u>	· .
Grants and Similar Amo	unts Paid In Excess of \$5,000		
Class of Activity: Cash Amount Given:	Donations-See attached	\$	13,335.
Class of Activity: Cash Amount Given:	Scholarships-See attached	\$	6,250.
Form 990-EZ, Part I, Line Other Expenses Bank Charges Conferences, Conventiones Exchange Program Lunches Misc Expense Office Expenses	tions, and Meetings	\$,	14. 393. 2,503.
Pins & Awards Sec of State Fee Shots for Tots		Total \$	1,099. 50. 405. 9,667.

ROTARY CLUB OF CROOK COUNTY EIN: 93-0892985

Serendpity West Serendpity	2010 990-EZ, Part 1, Line 10	u - Scned	ule of Grants at Donations	nd Simil	ar Amounts Paid Scholarship
Bend, OR 97701 CC Fair		\$			
Prineville, OR 97754 Prineville Music Theater Prineville, OR 97754 Prineville Hospital Foundation \$ 100.00 Prineville, OR 97754 Aspire \$ 500.00 Eugene, OR 97401 Bowman Museum \$ 1,500.00 Prineville OR 97754 Crook County Kids Club \$ 500.00 Prineville OR 97754 Holiday Partnership \$ 500.00 Prineville OR 97754 Zach Lea Prineville, OR 97754 Ashlya Hanson Prineville, OR 97754 McKenna Ontko \$ 750.00 Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Ryan Schas Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 750.00		\$	500.00		
Prineville, OR 97754 Prineville Hospital Foundation Prineville, OR 97754 Aspire \$ 500.00 Eugene, OR 97401 Bowman Museum \$ 1,500.00 Prineville OR 97754 Crook County Kids Club \$ 500.00 Prineville OR 97754 Holiday Partnership \$ 500 00 Prineville OR 97754 Zach Lea Prineville, OR 97754 Ashlya Hanson Prineville, OR 97754 McKenna Ontko Prineville, OR 97754 Jamie Morris Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Ryan Schas Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 750.00		\$	100.00		
Prineville, OR 97754 Aspire \$ 500.00 Eugene, OR 97401 Bowman Museum \$ 1,500.00 Prineville OR 97754 Crook County Kids Club \$ 500.00 Prineville OR 97754 Holiday Partnership \$ 500.00 Prineville OR 97754 Zach Lea \$ 750.00 Prineville, OR 97754 Ashlya Hanson Prineville, OR 97754 McKenna Ontko Prineville, OR 97754 McKenna Ontko \$ 750.00 Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Ryan Schas \$ 1,000.00 Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 750.00		\$	35.00		
Eugene, OR 97401 Bowman Museum		\$	100.00		
Prineville OR 97754 Crook County Kids Club \$ 500.00 Prineville OR 97754 Holiday Partnership \$ 500 00 Prineville OR 97754 Zach Lea \$ 750.00 Prineville, OR 97754 Ashlya Hanson Prineville, OR 97754 McKenna Ontko Prineville, OR 97754 McKenna Ontko Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Ryan Schas Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 750.00	=	\$	500.00		
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Zach Lea \$ 750.00 Prineville, OR 97754 \$ 500.00 Ashlya Hanson \$ 500.00 Prineville, OR 97754 \$ 750.00 McKenna Ontko \$ 750.00 Prineville, OR 97754 \$ 750.00 Korey Hehn \$ 500.00 Prineville, OR 97754 \$ 1,000.00 Ryan Schas \$ 1,000.00 Prineville, OR 97754 \$ 500.00 Tessa Romine \$ 500.00 Prineville, OR 97754 \$ 750.00 Arika Ovens \$ 750.00 Prineville, OR 97754 \$ 750.00		\$	500.00		
Prineville, OR 97754 Ashlya Hanson Prineville, OR 97754 McKenna Ontko Prineville, OR 97754 Jamie Morris Prineville, OR 97754 Korey Hehn Prineville, OR 97754 Ryan Schas Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 500.00		\$	500 00		e we have seen that the fill the
Prineville, OR 97754 \$ 750.00 McKenna Ontko \$ 750.00 Prineville, OR 97754 \$ 750 00 Jamie Morris \$ 750 00 Prineville, OR 97754 \$ 500.00 Ryan Schas \$ 1,000.00 Prineville, OR 97754 \$ 500.00 Tessa Romine \$ 500.00 Prineville, OR 97754 \$ 750.00 Arika Ovens \$ 750.00 Prineville, OR 97754 \$ 750.00				\$	750.00
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Prineville, OR 97754 \$ 500.00 Korey Hehn Prineville, OR 97754 \$ 1,000.00 Ryan Schas Prineville, OR 97754 \$ 500.00 Tessa Romine Prineville, OR 97754 \$ 750.00 Arika Ovens Prineville, OR 97754 \$ 750.00 Conner Slater \$ 750.00				\$	750.00
Prineville, OR 97754 Ryan Schas Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 750.00				\$	750 00
Prineville, OR 97754 Tessa Romine Prineville, OR 97754 Arika Ovens Prineville, OR 97754 Conner Slater \$ 750.00	· · · · · · · · · · · · · · · · · · ·			\$	500.00
Prineville, OR 97754 \$ 750.00 Arika Ovens Prineville, OR 97754 \$ 750.00 Conner Slater \$ 750.00				\$	1,000.00
Prineville, OR 97754 Conner Slater \$ 750.00				\$	500.00
•				\$	750.00
•	Conner Slater Prineville, OR 97754			\$	750.00
\$ 13,335 00 \$ 6,250.00		\$	13,335 00	\$	6,250.00

Form **8868**'(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 1-2011)

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you are	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box			► X	
• If you are	e filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of the	s forn	n)		
Do not comp	plete Part II unless you have already been grante	d an autom	iatic 3-month extension on a previously f	iled F	orm 8868		
corporation r request an e Associated V	ing (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in vith Certain Personal Benefit Contracts, which may of this form, visit www.irs gov/efile and click of the form of the form, visit www.irs gov/efile and click of the form.	: automatic) Part I or Pa ust be sent	3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruction)	ctroni forma	ically file F ition Retur	form 8868 to in for Transfers	
Part I A	utomatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).				
	required to file Form 990-T and requesting an			ompl	ete Part I	only ►	
All other corp income tax r	porations (including 1120-C filers), partnerships, eturns.	REMICS, a	nd trusts must use Form 7004 to request	an e	xtension o	f time to file	
	Name of exempt organization			Employer identification number			
Type or							
print	ROTARY CLUB OF CROOK COUNTY			93-	089298	5	
File by the due date for	Number, street, and room or suite number. If a P O box, see in	structions					
filing your return See	PO BOX 878						
instructions	City, town or post office, state, and ZIP code For a foreign add	ress, see instru	ctions				
	PRINEVILLE, OR 97754						
Enter the Re	turn code for the return that this application is fo	or (file a sep	parate application for each return)			03	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		03	Form 4720				
Form 990-PF		04	Form 5227	10			
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other than above)	06	Form 8870			12	
Telephone If the org If this is check the exter 1 I reque	s are in the care of ► ELAINA HUFFMAN e No. ► 541-447-5643 ganization does not have an office or place of but for a Group Return, enter the organization's four is box. ►	digit Group k this box ation require	e United States, check this box Exemption Number (GEN) If and attach a list with the names a ed to file Form 990-T) extension of time			► □ hole group, nembers	
The extension is for the organization's return for: calendar year 20 or X tax year beginning 7/01, 20 10, and ending 6/30, 20 11.							
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check r	eason. Initial return Fin.	al retu	חזג		
nonref	application is for Form 990-BL, 990-PF, 990-T, 43 undable credits. See instructions .			3a	\$	0.	
payme	application is for Form 990-PF, 990-T, 4720, or 6 nts made. Include any prior year overpayment al	lowed as a	credit .	3 b	\$	0.	
EFTPS	te due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System) See	instructions	S	30		0.	
Caution. If y payment inst	ou are going to make an electronic fund withdraitructions	wal with this	s Form 8868, see Form 8453-EO and For	m 887	79-EO for		

BAA For Paperwork Reduction Act Notice, see Instructions.