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## 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)

OMB No. 1545-0047

2006

Open to Public  
Inspection

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

C Name of organization

ALBANY ROTARY CLUB

Number and street (or P O box if mail is not delivered to street address)

P. O. BOX 453

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

ALBANY, OR 97321

D Employer identification number

93-6032285

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► N/A

J Organization type (check only one) ►  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527K Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 24,302.

## Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received	1a		
	a Contributions to donor advised funds	1b	1,600.	
	b Direct public support (not included on line 1a)	1c		
	c Indirect public support (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 1,600. noncash \$ )			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	1e	1,600.	
	3 Membership dues and assessments	2		
	4 Interest on savings and temporary cash investments	3	10,517.	
	5 Dividends and interest from securities	4	141.	
	6 a Gross rents	5		
	b Less rental expenses	6a		
	c Net rental income or (loss) Subtract line 6b from line 6a	6b		
	7 Other investment income (describe ► )	6c		
	8 a Gross amount from sales of assets other than inventory	7		
	b Less cost or other basis and sales expenses			
	c Gain or (loss) (attach schedule)			
	d Net gain or (loss) Combine line 8c, columns (A) and (B)			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>			
	a Gross revenue (not including \$ 1,600. of contributions reported on line 1b)	9a	8,777.	
	b Less direct expenses other than fundraising expenses	9b	5,705.	
	c Net income or (loss) from special events Subtract line 9b from line 9a	SEE STATEMENT 1		
	10 a Gross sales of inventory, less returns and allowances	9c	3,072.	
	b Less cost of goods sold	10a	299.	
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10b	STMT 2	
	11 Other revenue (from Part VII, line 103)	10c	299.	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	11	2,968.	
	13 Program services (from line 44, column (B))	12	18,597.	
	14 Management and general (from line 44, column (C))	13	20,291.	
	15 Fundraising (from line 44, column (D))	14	205.	
	16 Payments to affiliates (attach schedule)	15		
	17 Total expenses. Add lines 16 and 44, column (A)	16		
	18 Excess or (deficit) for the year Subtract line 17 from line 12	17	20,496.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	18	<1,899.>	
	20 Other changes in net assets or fund balances (attach explanation)	19	21,342.	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	20	0.	
		21	19,443.	

P 23

<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		<b>(A) Total</b>	<b>(B) Program services</b>	<b>(C) Management and general</b>	<b>(D) Fundraising</b>
22a	Grants paid from donor advised funds (attach schedule)				
	(cash \$ 0 . noncash \$ 0 .)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule)				
	(cash \$ 0 . noncash \$ 0 .)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A	0 .	0 .	0 .	0 .
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B	0 .	0 .	0 .	0 .
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	119 .		119 .	
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance	36 .		36 .	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	735 .	735 .		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	<b>SEE STATEMENT 3</b>	19,606 .	19,556 .	50 .	
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	20,496 .	20,291 .	205 .	0 .

Joint Costs. Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ►  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

**a SUPPORT FOR LOCAL COMMUNITY NEEDS, SUCH AS YOUTH, HOMELESS, ELDERLY, INTERNATIONAL YOUTH EXCHANGE PROGRAMS, ETC.**

15,685.

**b SUPPORT FOR ROTARY INTERNATIONAL PROGRAMS**

4,606.

**c**

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

20,291.

**e Other program services (attach schedule)**

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

Form 990 (2006)

## Part IV Balance Sheets (See the Instructions)

		(A) Beginning of year		(B) End of year
	<b>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</b>			
	45 Cash - non-interest-bearing	3,720.	45	5,474.
	46 Savings and temporary cash investments	17,622.	46	13,969.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation	57b	57c	
	58 Other assets, including program-related investments (describe ► )		58	
	59 Total assets (must equal line 74). Add lines 45 through 58		21,342.	59 19,443.
	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	
	66 Total liabilities. Add lines 60 through 65		0.	66 0.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		21,342.	67 19,443.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		21,342.	73 19,443.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		21,342.	74 19,443.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4			
c	Subtract line b from line a		
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2			
e	Total revenue (Part I, line 12). Add lines c and d		►
<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4			
c	Subtract line b from line a		
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2			
e	Total expenses (Part I, line 17). Add lines c and d		►

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

**Yes** **No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 12

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI** | **Other Information** (See the instructions.)

**Yes** **No**

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <b>N/A</b>		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0
b	Did the organization file <b>Form 1120-POL</b> for this year?	81b	X

Form 990 (2006)

**Part VI Other Information (continued)**

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.

(See instructions in Part III.)

82b	N/A
-----	-----

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b	<input checked="" type="checkbox"/>
-----	-------------------------------------

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

84a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

N/A
-----

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b	<input checked="" type="checkbox"/>
-----	-------------------------------------

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members

85c	N/A
-----	-----

d Section 162(e) lobbying and political expenditures

85d	N/A
-----	-----

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e	N/A
-----	-----

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f	N/A
-----	-----

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

N/A
-----

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

N/A
-----

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12

86a	N/A
-----	-----

b Gross receipts, included on line 12, for public use of club facilities

86b	N/A
-----	-----

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders

87a	N/A
-----	-----

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b	N/A
-----	-----

88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

88a	<input checked="" type="checkbox"/>
-----	-------------------------------------

If "Yes," complete Part IX

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI

88b	<input checked="" type="checkbox"/>
-----	-------------------------------------

89 a 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

89a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b 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 become aware of an excess benefit transaction from a prior year?

If "Yes," attach a statement explaining each transaction

89b	<input checked="" type="checkbox"/>
-----	-------------------------------------

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.

89c	<input checked="" type="checkbox"/>
-----	-------------------------------------

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.

89d	<input checked="" type="checkbox"/>
-----	-------------------------------------

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

89e	<input checked="" type="checkbox"/>
-----	-------------------------------------

f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?

89f	<input checked="" type="checkbox"/>
-----	-------------------------------------

g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g	<input checked="" type="checkbox"/>
-----	-------------------------------------

90 a List the states with which a copy of this return is filed ► OR

90a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b Number of employees employed in the pay period that includes March 12, 2006

90b	0
-----	---

91 a The books are in care of ► KOONTZ & PERDUE, P.C.

Telephone no ► (541) 926-5543

91a	<input checked="" type="checkbox"/>
-----	-------------------------------------

Located at ► 920 ELM STREET SW, ALBANY, OR

ZIP + 4 ► 97321

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)?

91b	<input checked="" type="checkbox"/>
-----	-------------------------------------

If "Yes," enter the name of the foreign country ► N/A

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

**Part VI Other Information (continued)**

Yes	No
-----	----

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c  X  
If "Yes," enter the name of the foreign country ► N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ►  92 and enter the amount of tax-exempt interest received or accrued during the tax year ► N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

f Medicare/Medicaid payments  
g Fees and contracts from government agencies  
94 Membership dues and assessments  
95 Interest on savings and temporary cash investments  
96 Dividends and interest from securities  
97 Net rental income or (loss) from real estate.  
a debt-financed property  
b not debt-financed property  
98 Net rental income or (loss) from personal property  
99 Other investment income  
100 Gain or (loss) from sales of assets other than inventory  
101 Net income or (loss) from special events  
102 Gross profit or (loss) from sales of inventory  
103 Other revenue:

a HONORARIUMS  
b MISCELLANEOUS  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E)) 0. 3,371. 13,626.  
105 Total (add line 104, columns (B), (D), and (E)) ► 16,997.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No. ▼ Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

SUPPORT FOR LOCAL COMMUNITY NEEDS, SUCH AS YOUTH, HOMELESS, ELDERLY, INTERNATIONAL YOUTH EXCHANGE PROGRAMS, ETC.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest %	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please  
Sign  
Here

► Doris R. Johnston Date 11-19-09  
Signature of officer

► Doris R. Johnston, President  
Type or print name and title

Paid  
Preparer's  
Use Only

Preparer's  
signature  Date  Check if  
self-employed  Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4  
KOONTZ & PERDUE, P.C.  
920 ELM STREET SW  
ALBANY, OR 97321-2037

OCT 12 2009

EIN

Phone no  (541) 926-5543

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
NW HORSE FAIR & EXPO.	7,977.		7,977.	3,985.	3,992.
WILLAMETTE VALLEY AGR.	800.		800.	0.	800.
CHILDRENS CHRISTMAS PROGRAM	1,600.	1,600.		1,720.	<1,720.>
TO FM 990, PART I, LINE 9	10,377.	1,600.	8,777.	5,705.	3,072.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

## INCOME

1. GROSS RECEIPTS . . . . .	299
2. RETURNS AND ALLOWANCES . . . . .	
3. LINE 1 LESS LINE 2 . . . . .	299
4. COST OF GOODS SOLD (LINE 13) . . . . .	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .	299

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	
7. MERCHANDISE PURCHASED . . . . .	
8. COST OF LABOR . . . . .	
9. MATERIALS AND SUPPLIES . . . . .	
10. OTHER COSTS . . . . .	
11. ADD LINES 6 THROUGH 10 . . . . .	
12. INVENTORY AT END OF YEAR . . . . .	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .	

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
LICENSE FEE	50.			50.
MEMBERSHIP DUES	6,802.	6,802.		
SENIOR SCHOLARSHIPS	2,000.	2,000.		
ABC HOUSE PROJECT	1,000.	1,000.		
VETERANS' DAY PARADE	500.	500.		
LOCAL COMMUNITY SERVICE	1,807.	1,807.		
WORLD COMMUNITY SERVICE	3,750.	3,750.		
MISCELLANEOUS	1,878.	1,878.		
YOUTH EXCHANGE PROGRAMS	1,003.	1,003.		
MEALS	816.	816.		
<b>TOTAL TO FM 990, LN 43</b>	<b>19,606.</b>	<b>19,556.</b>		<b>50.</b>

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

STATEMENT

4

## PART III

## EXPLANATION

SUPPORT FOR LOCAL COMMUNITY NEEDS, SUCH AS YOUTH, HOMELESS, ELDERLY, INTERNATIONAL YOUTH EXCHANGE PROGRAMS, ETC.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LEWIS RAY SHELTON 1638 NW SPRINGHILL DR. ALBANY, OR 97321	PRESIDENT 0.00	0.	0.	0.
HELEN BURNS SHARP 2952 FIR OAKS DR. SW ALBANY, OR 97321	PRESIDENT ELECT 0.00	0.	0.	0.
ED HODNEY 2160 COUGAR AVENUE SW ALBANY, OR 97321	VICE PRESIDENT 0.00	0.	0.	0.
BRUCE CLEMETSEN 3837 FIRWOOD CIRCLE SE ALBANY, OR 97322	SECRETARY 0.00	0.	0.	0.
DAVE BUSSARD 1916 EAGLES NEST CIRCLE NW ALBANY, OR 97321	TREASURER 0.00	0.	0.	0.
MARK IRVING 5100 SCENIC DRIVE NW ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
JILL INGALLS 37119 GORE DRIVE LEBANON, OR 97355	DIRECTOR 0.00	0.	0.	0.
RICH HORTON 5060 FIR PLACE NW ALBANY, OR 97321	DIRECTOR 0.00	0.	0.	0.
TED DYRNES 1037 MORSE LANE SW ALBANY, OR 97321	ASST. SECRETARY 0.00	0.	0.	0.
ELAINE MCCLAIN ALBANY, OR 97321	ASST. TREASURER 0.00	0.	0.	0.
MARTHA WELLS 2610 WESTMINSTER WAY NW ALBANY, OR 97321	PAST PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

Application for Extension of Time To File an  
Exempt Organization Return

► 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
- 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).

Section 501(c) corporations 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 section 501(c) corporations 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	<b>ALBANY ROTARY CLUB</b>	<b>93-6032285</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 453</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBANY, OR 97321</b>	

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

<input checked="" 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 (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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 ► **KOONTZ & PERDUE, P.C.**

Telephone No. ► **(541) 926-5543** 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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

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	\$
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	\$
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	\$ <b>N/A</b>

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.

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

Form 8868 (Rev. 4-2007)