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2008

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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 \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable  
Address change  
Name change  
Initial return  
Termination  
Amended return  
Application pendingC Name of organization  
Please use IRS label or print or type  
See  
PO BOX 811  
MEDFORD, OR 97501D Employer identification number  
13-4284828

ROTARY INTERNATIONAL - MEDFORD ROTARY

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

Room/suite  
541-779-1025

PO BOX 811

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

F Group Exemption  
Number ► 0573

MEDFORD, OR 97501

• 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 ► WWW.DISTRICT5110.ORG/MEDFORD

H Check ►  if the organization is notJ Organization type (check only one) —  501(c)(4) ◀ (insert no)  4947(a)(1) or  527

required to attach Schedule B (Form 990, 990-EZ or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 71,690.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 58,872.
	4 Investment income	4 354.
	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) (attach schedule)	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	5c
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	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)	
	8 Other revenue (describe ► MISCELLANEOUS INCOME )	7c
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8 12,464.
Expenses	10 Grants and similar amounts paid (attach schedule)	9 71,690.
	11 Benefits paid to or for members	10
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe ► )	15
	17 Total expenses Add lines 10 through 16	16 69,064.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 69,064.
	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)	18 2,626.
	20 Other changes in net assets or fund balances (attach explanation)	19 16,873.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	20
		21 19,499.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

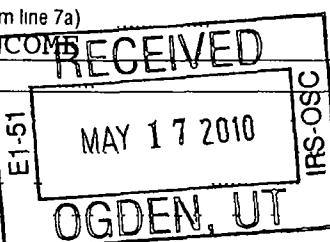
(See the instructions for Part II )	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,873.	22 19,499.
23 Land and buildings		23
24 Other assets (describe ► )		24
25 Total assets	16,873.	25 19,499.
26 Total liabilities (describe ► )	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,873.	27 19,499.

832171  
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

JUL 02 2010

SCANNED





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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

Yes	No
33	X
34	X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

35a	X
35b	N/A

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

36	X
37a	0.

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N

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

37b	X
38a	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 unpaid at the start of the period covered by this return?

38b	N/A
39a	N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39b	N/A
40a	0.

39 Section 501(c)(7) 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

40b	X
40e	X

b Section 501(c)(3) and (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," complete Schedule L, Part I

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

d Enter amount of tax on line 40c reimbursed by the organization ► 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

41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► MICHAEL LYNCH Telephone no ► 541-773-2214  
 Located at ► 221 STEWART AVE SUITE 301, MEDFORD, OR ZIP + 4 ► 97501

Yes	No
42b	X
42c	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)?

42b	X
42c	X

If "Yes," enter the name of the foreign country ►

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

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

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

Yes	No
44	X
45	X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

Form 990-EZ (2008)

**Part VI. Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	47
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	49a
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49b	49b
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the 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."		

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

N/A

Total number of other independent contractors each receiving over \$100,000

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

5-13-10

Date \_\_\_\_\_

Sign  
Here *Michael E. Lynch* 3-13-70  
Signature of officer Date  
► *Michael E. Lynch, Treasurer*  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ►	Preparer's Identifying Number (See instr.)
	<i>Michael Edyrd, OR</i>	5-13-10	<input checked="" type="checkbox"/>	
Firm's name (or yours if self-employed) address, and ZIP + 4	MOSS ADAMS, LLP 221 STEWART AVENUE, SUITE 301 MEDFORD, OR 97501			EIN ► Phone ► no

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

►  Yes  No

**Form 990-EZ (2008)**

832174  
12-17-08

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
CLERICAL ASSISTANCE	5,650.
ROSTER PRINTING	3,181.
MUSIC & SPEAKERS	1,075.
PROGRAMS	200.
BULLETINS	708.
GUEST LUNCHES	553.
RVCC - GUARANTEE	9,918.
RVCC - ROOM CHARGE	4,600.
DISTRICT ASSEMBLY	308.
DUES PAID TO DISTRICT	5,445.
DUES PAID TO RI	10,354.
CONVENTION DELEGATES	3,352.
PRESIDENT ELECT CONFERENCE	1,580.
GIFTS TO NEW CLUBS	150.
BADGES AND PINS EXPENSE	367.
POSTAGE AND CLERICAL SUPPLIES	803.
POST OFFICE BOX	58.
INSURANCE	35.
MISCELLANEOUS	2,791.
RUSSIA PROJECT	3,500.
EXCHANGE STUDENT	750.
ROTARY YOUTH LEADERSHIP	1,800.
ANNUAL MEETING	1,327.
EASTER SEALS	2,000.
SCHOLARSHIP FUND	110.
CHILD SPREE	1,000.
POLIO ROSE PROJECT	4,165.
PRESIDENT'S FUND	300.
ROTARY YOUTH TRACK MEET SPONSORSHIP	2,984.
TOTAL TO FORM 990-EZ, LINE 16	69,064.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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)(3) 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)(3) 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>ROTARY INTERNATIONAL – MEDFORD ROTARY</b>	<b>13-4284828</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>PO BOX 811</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MEDFORD, OR 97501</b>	

**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 (sec. 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 ► **MICHAEL LYNCH**

Telephone No. ► **541-773-2214** 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)(3) 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	\$
		N/A

**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. 12-2006)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  ROTARY INTERNATIONAL - MEDFORD ROTARY	Employer identification number  13-4284828
	Number, street, and room or suite no. If a P O box, see instructions  PO BOX 811	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  MEDFORD, OR 97501	

**Check type of return to be filed** (File a separate application for each return)

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

MICHAEL LYNCH

- The books are in the care of ► 221 STEWART AVE SUITE 301 - MEDFORD, OR 97501  
Telephone No ► 541-773-2214 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 is for

- 4 I request an additional 3-month extension of time until MAY 15, 2010
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**THE RETURN IS PREPARED BY VOLUNTEERS. ADDITIONAL TIME IS NECESSARY TO ACCURATELY FILE THE TAX RETURN.**

8a 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.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. 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.	8c \$ <span style="float: right;">N/A</span>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

Form 8868 (Rev. 4-2009)

823832  
05-26-09

15230509 758909 MEDROTARY

2008.05060 ROTARY INTERNATIONAL - MEDF MEDROTA2

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy			
<b>Type or print</b> <b>File by the extended due date for filing the return. See instructions</b>	Name of Exempt Organization <b>ROTARY INTERNATIONAL - MEDFORD ROTARY</b>		Employer identification number <b>13-4284828</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>PO BOX 811</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MEDFORD, OR 97501</b>		

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

Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 5227  Form 8870  
 Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **MICHAEL LYNCH**

Telephone No. ► **541-773-2214**

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) **0573**. 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 is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2008**
- 5 For calendar year **JUL 1, 2006**, and ending **JUN 30, 2007**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**THE RETURN IS PREPARED BY VOLUNTEERS. ADDITIONAL TIME IS NECESSARY TO ACCURATELY FILE THE TAX RETURN.**

8a 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.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. 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.	8c \$ <b>N/A</b>

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Michael Lynch*

Title ► *CPA*

Date ►

*2-13-08*

#### Notice to Applicant. (To Be Completed by the IRS)

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>  623832 05-01-07	Name <b>MOSS ADAMS, LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>221 STEWART AVENUE, SUITE 301</b>
	City or town, province or state, and country (including postal or ZIP code) <b>MEDFORD, OR 97501</b>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy		
<b>Type or print</b>	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions	ROTARY INTERNATIONAL - MEDFORD ROTARY	13-4284828
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 811	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions MEDFORD, OR 97501	

**Check type of return to be filed** (File a separate application for each return)

Form 990    Form 990-EZ    Form 990-T (sec. 401(a) or 408(a) trust)    Form 1041-A    Form 5227    Form 8870  
 Form 990-BL    Form 990-PF    Form 990-T (trust other than above)    Form 4720    Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **MICHAEL LYNCH**

Telephone No. ► **541-773-2214**

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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

7 State in detail why you need the extension

**RETURN IS PREPARED BY VOLUNTEERS. ADDITIONAL TIME IS NECESSARY TO ACCURATELY FILE THE TAX RETURN.**

8a 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.

8a \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

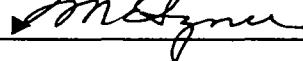
8b \$

c **Balance Due.** Subtract line 8b from line 8a. 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.

8c \$ **N/A**

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 

Title ► 

Date ► **1-20-09**

Form 8868 (Rev. 4-2008)