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Form **990-EZ**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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY INTERNATIONAL CLUB OF SALEM		D Employer identification number 93-0273165
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (503) 581-7788
		P.O. BOX 3981		F Group Exemption Number <input type="checkbox"/>
		City or town, state or country, and ZIP + 4 SALEM, OR 97302		

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: **HTTP://WWW.ROTARYCLUBOFSALEM.COM/**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 117,641.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1 Contributions, gifts, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	65,128.
	4 Investment income	4	493.
	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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	47,213.
b Less direct expenses other than fundraising expenses	6b	18,761.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	28,452.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe SEE STATEMENT 3)	8	4,807.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	98,880.	
Expenses	10 Grants and similar amounts paid (attach schedule) STMT 5 STMT 4	10	72,649.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	4,200.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,094.
	16 Other expenses (describe SEE STATEMENT 1)	16	44,105.
	17 Total expenses. Add lines 10 through 16	17	122,048.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<23,168.>	
Net Assets	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	83,925.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	60,757.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	114,228.	103,093.
23 Land and buildings		
24 Other assets (describe ASSESSMENTS RECEIVABLE)	742.	829.
25 Total assets	114,970.	103,922.
26 Total liabilities (describe SEE STATEMENT 2)	31,045.	43,165.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,925.	60,757.

932171
02-08-10

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

Form **990-EZ** (2009)

12190513 783673 80315

2009.05060 ROTARY INTERNATIONAL CLUB O 80315__1

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses
What is the organization's primary exempt purpose? <u>TO FOSTER COMMUNITY SERVICE</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	INTERNATIONAL YOUTH EXCHANGE PROGRAM--EXCHANGE OF ONE INBOUND AND ONE OUTBOUND HIGH SCHOOL STUDENT WITH OTHER COUNTRIES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 9,675.
29	SUPPORTED VARIOUS NON-PROFIT ORGANIZATIONS IN THE SALEM AREA AND SALEM'S SISTER CITY, SIMFEROPOL UKRAINE. (Grants \$ 50,903.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a 50,903.
30	CLUB OPERATIONS TO FOSTER COMMUNITY SERVICE (Grants \$ 21,746.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 56,207.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 116,785.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARYBETH BEALL	PRESIDENT			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
RON RUBEL	SECRETARY			
P.O. BOX 3981, SALEM, OR 97302	2.00	3,600.	0.	0.
RON KELEMEN	PAST PRESIDENT			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
CHUCK SWANK	TREASURER			
P.O. BOX 3981, SALEM, OR 97302	2.00	600.	0.	0.
DAWN BOSTWICK	PRESIDENT-ELECT			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
RICK GAUPO	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
ROGER KIRSCHNER	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
MARY JAMES	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
ERIC TEMPLETON	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
SUE BLOOM	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
ROBERT KRAFT	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
KEN VAN OSDOL	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
LINDA BEDNARZ	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.
JOHN SHIRLEY	DIRECTOR			
P.O. BOX 3981, SALEM, OR 97302	2.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911		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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations 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		X
41 List the states with which a copy of this return is filed		NONE
42a The organization's books are in care of		CHUCK SWANK
Located at		475 COTTAGE ST NE, STE 200, SALEM, OR
Telephone no		503-581-7788
ZIP + 4		97301-3814
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)?		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.?		X
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		N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(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 & deferred compensation	(e) Expense account and other allowances
N/A				

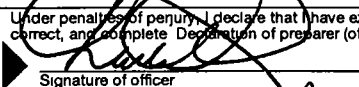
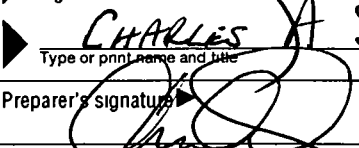
f Total number of other employees paid over \$100,000

- 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."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		Date
	 Signature of officer		5/13/11
Paid Preparer's Use Only	Type or print name and title		Treasurer
	Preparer's signature		Date
	 GROVE, MUELLER & SWANK, P.C. 475 COTTAGE STREET NE, SUITE 200 SALEM, OR 97301		5/13/11
	Check if self-employed <input type="checkbox"/> Preparer's identifying number (See instr.)		EIN Phone no (503) 581-7788

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

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
 ► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

2009

Open To Public Inspection

Employer identification number
93-0273165

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- ☐
- Yes
- ☐
- No

- Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PRESIDENTS BALL (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	37,886.			37,886.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	37,886.			37,886.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,151.			13,151.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	610.			610.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(13,761)
	11 Net income summary. Combine line 3, column (d), and line 10				24,125.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 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?

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**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 contract with a third party from whom the organization receives gaming revenue?**15a****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?**17a****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 ▶ \$ _____

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
YOUTH EXCHANGE PROGRAM		9,675.	
DONATED BOOKS		1,176.	
TAXES		171.	
INSURANCE		100.	
SUPPLIES		9,759.	
CONFERENCES, CONVENTIONS, MEETINGS		22,899.	
DUES AND ASSESSMENTS		325.	
TOTAL TO FORM 990-EZ, LINE 16		44,105.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	6,755.	2,745.	
DEFERRED REVENUE	24,290.	40,420.	
TOTAL TO FORM 990-EZ, LINE 26	31,045.	43,165.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
DESCRIPTION		AMOUNT	
ADVERTISING INCOME		2,755.	
LATE CHARGES		235.	
MISCELLANEOUS		1,817.	
TOTAL TO FORM 990-EZ, LINE 8		4,807.	

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	4
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AFFILIATE'S NAME

ROTARY INTERNATIONAL

AFFILIATES ADDRESS

1560 SHERMAN AVENUE
EVANSTON, IL 60201

PURPOSE OF PAYMENT

DUES

AMOUNT

7,111.

AFFILIATE'S NAME

DISTRICT 5100

AFFILIATES ADDRESS

9450 SW COMMERCE CIRCLE, SUITE 270
WILSONVILLE, OR 97070

PURPOSE OF PAYMENT

DUES

AMOUNT

14,635.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

21,746.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SPONSORSHIP SALEM ROTARY FOUNDATION PO BOX 3981 SALEM, OR 97302	NONE	7,500.
SPONSORSHIP MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DR. NE SALEM, OR 97301	NONE	1,775.
SPONSORSHIP SALEM KEIZER PUBLIC SCHOOLS 2450 LANCASTER DRIVE NE SALEM, OR 97305	NONE	500.
YOUTH LEADERSHIP TRAINING ROTARY DISTRICT 5100 9450 SW COMMERCE CIRCLE, SUITE 270 WILSONVILLE, OR 97070	NONE	3,961.
COMMUNITY SERVICE ROTARY INTERNATIONAL FOUNDATION ONE ROTARY CENTER, 1560 SHERMAN AVE. EVANSTON, IL 60201	NONE	13,500.
SPONSORSHIP SALEM KEIZER ROTARY AUXILLARY 3633 MYRLA COURT S SALEM, OR 97302	NONE	200.
DONATION READING IS FUNDAMENTAL INC 1255 23RD STREE NW, STE 300 WASHINGTON, DC 20037	NONE	2,167.
SPONSORSHIP SALEM AREA CHAMBER OF COMMERCE 1110 COMMERCIAL STREET NE SALEM, OR 97301	NONE	1,000.
SPONSORSHIP MARION COUNTY COMMISSIONERS 451 DIVISION STREET NE SALEM, OR 97070	NONE	100.

ROTARY INTERNATIONAL CLUB OF SALEM

93-0273165

DONATION**
HELPING HANDS
1755 13TH STREET SE
SALEM, OR 97302

NONE

18,200.

DONATION
SIMFEROPOL SCHOOLS

NONE

2,000.

SIMFEROPOL, CRIMEA, UKRAINE

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

50,903.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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

OMB No 1545-1709

► 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)

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

Part I only ☐

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	ROTARY INTERNATIONAL CLUB OF SALEM	93-0273165
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. BOX 3981	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SALEM, OR 97302	

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 |

CHUCK SWANK

- The books are in the care of ► 475 COTTAGE ST NE, STE 200 - SALEM, OR 97301-3814
- Telephone No ► 503-581-7788 FAX No ►

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, 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, 2009, and ending JUN 30, 2010

- 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 4-2009)

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

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)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ROTARY INTERNATIONAL CLUB OF SALEM	93-0273165
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3981	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALEM, OR 97302	

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.

CHUCK SWANK

- The books are in the care of ☒ **475 COTTAGE ST NE, STE 200 - SALEM, OR 97301-3814**
Telephone No. **503-581-7788** 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 _____

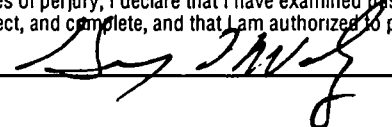
- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE 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 **CPA** Date **2-9-11**

Form 8868 (Rev. 4-2009)