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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)

OMB No 1545-1150

2009

Open to Public  
Inspection

► 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.

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

<b>B</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	<b>C</b> Name of organization  <b>ROTARY INTERNATIONAL CLUB OF SALEM</b>		<b>D</b> Employer identification number  <b>93-0273165</b>
	Number and street (or P O box, if mail is not delivered to street address)  <b>P. O. BOX 3981</b>		<b>E</b> Room/suite  <b>527</b>
	City or town, state or country, and ZIP + 4  <b>SALEM, OR 97302</b>		<b>F</b> Telephone number  <b>(503) 581-7788</b>
	G Group Exemption Number ►		
	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
	I Website: ► <a href="http://WWW.ROTARYCLUBOFSALEM.COM/">HTTP : // WWW.ROTARYCLUBOFSALEM.COM/</a>		

J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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 ► <b>\$ 117,641.</b>		

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 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
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)	6c	
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	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	
Expenses	10 Grants and similar amounts paid (attach schedule)	STMT 5
	11 Benefits paid to or for members	STMT 4
	12 Salaries, other compensation, and employee benefits	
	13 Professional fees and other payments to independent contractors	
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	
	16 Other expenses (describe ► SEE STATEMENT 1 )	
	17 Total expenses. Add lines 10 through 16	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
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)	
	20 Other changes in net assets or fund balances (attach explanation)	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	
	► <b>RECEIVED</b> MAY 16 2011 OGDEN, UT	
	► SEE STATEMENT 1 )	
<b>Part II Balance Sheets.</b> 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)		
22 Cash, savings, and investments	(A) Beginning of year	
23 Land and buildings	(B) End of year	
24 Other assets (describe ► <b>ASSESSMENTS RECEIVABLE</b> )	114,228. 22	
25 Total assets	742. 24	
26 Total liabilities (describe ► SEE STATEMENT 2 )	114,970. 25	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,045. 26	
	83,925. 27	
	60,757.	

932171  
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)



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

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? If "Yes," attach a conformed copy of the changes  
 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

	Yes	No
33	X	
34	X	

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

► 37a 0.

35a	X
35b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  
 b Did the organization file Form 1120-POL for this year?

36	X
37b	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?  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

38a	X
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39 Section 501(c)(7) organizations Enter

39a	N/A
39b	N/A

40a 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

40b	X
-----	---

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

40c	
-----	--

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.

40d	
-----	--

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

► 0.

40e	X
-----	---

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

40f	
-----	--

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

Telephone no ► 503-581-7788

42a The organization's books are in care of ► CHUCK SWANK

ZIP + 4 ► 97301-3814

Located at ► 475 COTTAGE ST NE, STE 200, SALEM, OR

	Yes	No
42b	X	

b At any time during the calendar year, did the organization have an interest in or a signature or other authority

42c	X
-----	---

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. ►

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

	Yes	No
43		

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

43	N/A
----	-----

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

44	X
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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

45	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 Yes  No   
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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" 50

(a) Name and address of each employee paid more than \$100,000 N/A	(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

f Total number of other employees paid over \$100,000 ► 51

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 ► 51

<b>Sign Here</b>	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			5/13/11
	Signature of officer			Date
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.)
	GROVE, MUELLER & SWANK, P.C. 475 COTTAGE STREET NE, SUITE 200 SALEM, OR 97301			EIN ► <span style="float: right;">(503) 581-7788</span>
				Phone ► <span style="float: right;">(503) 581-7788</span>

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

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

**Name of the organization**

**Employer identification number**  
**93-0273165**

ROTARY INTERNATIONAL CLUB OF SALEM

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**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.

Revenue	(a) Event #1 <b>PRESIDENTS BALL</b> (event type)	(b) Event #2 (event type)	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
				(total number)
1 Gross receipts	37,886.			37,886.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	37,886.			37,886.
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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue					
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:

\_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

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?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
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?

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?

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 ► \$ \_\_\_\_\_

17a

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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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.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>44,105.</b>

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.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>31,045.</b>	<b>43,165.</b>

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

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 4

## 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	NONE	18,200.
HELPING HANDS 1755 13TH STREET SE SALEM, OR 97302		
DONATION	NONE	2,000.
SIMFEROPOL SCHOOLS		
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

► 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>ROTARY INTERNATIONAL CLUB OF SALEM</b>	Employer identification number <b>93-0273165</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 3981</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SALEM, OR 97302</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

**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 <b>Balance Due.</b> 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 4-2009)

- 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)

**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 <b>ROTARY INTERNATIONAL CLUB OF SALEM</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 3981</b> City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SALEM, OR 97302</b>	Employer identification number <b>93-0273165</b>	For IRS use only
----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	------------------

**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.**

## CHUCK SWANK

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	\$ <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 ► CPA

Date ► 2-9-11

Form 8868 (Rev. 4-2009)

923832  
05-26-09

10340209 783673 80315

2009.05020 ROTARY INTERNATIONAL CLUB O 80315 1