See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 DEC 1, 2009 and ending NOV 30, 2010

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termin-ated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instruc-tions

C Name of organization
SALEM ASSOCIATION OF REALTORS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2794 12TH STREET SE

City or town, state or country, and ZIP + 4
SALEM, OR 97302

D Employer identification number
93-6028410

E Telephone number
503/540-0081

F Group Exemption Number ▶

- **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 [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ WWW.SALEMREALTORS.COM

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — [X] 501(c) (6) ◀ (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 ▶ $ 264,599.

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	8,755.
	2	Program service revenue including government fees and contracts		2	26,489.
	3	Membership dues and assessments		3	217,309.
	4	Investment income		4	8,616.
	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 ▶ [ ]			
	a	Gross revenue (not including $ 8,755. of contributions reported on line 1)	6a 2,523.		
	b	Less direct expenses other than fundraising expenses	6b 7,869.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	<5,346.>
	7a	Gross sales of inventory, less returns and allowances STMT 4	7a 907.		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	907.
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	256,730.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3		10	119,881.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	109,316.
	13	Professional fees and other payments to independent contractors		13	7,150.
	14	Occupancy, rent, utilities, and maintenance		14	18,673.
	15	Printing, publications, postage, and shipping		15	419.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	19,799.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	275,238.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<18,508.>
	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	451,588.
	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	433,080.

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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	458,522.	22	213,193.
23	Land and buildings	0.	23	249,315.
24	Other assets (describe ▶ SEE STATEMENT 2)	13,851.	24	18,141.
25	**Total assets**	472,373.	25	480,649.
26	**Total liabilities** (describe ▶ OTHER FUNDS HELD IN TRUST)	20,785.	26	47,569.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	451,588.	27	433,080.

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

What is the organization's primary exempt purpose? SEE STATEMENT 7

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 OFFERED SEMINARS THROUGHOUT THE YEAR TO ASSIST MEMBERS IN MEETING EDUCATION REQUIREMENTS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 MONTHLY MEMBERSHIP MEETINGS HEARD TOPICS OF INTEREST AND KEPT MEMBERS INFORMED OF DEVELOPING ISSUES AND INDUSTRY TRENDS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 SEE STATEMENT 6

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

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
JIM LEWIS 2794 12TH STREET SE, SALEM, OR 97302	EXECUTIVE OFFICER 40.00	45,692.	0.	0.
DON MEYER 2794 12TH STREET SE, SALEM, OR 97302	PRESIDENT 1.00	0.	0.	0.
GEORGE GRABENHORST 2794 12TH STREET SE, SALEM, OR 97302	PRESIDENT ELECT 1.00	0.	0.	0.
HECTOR GARCIA 2794 12TH STREET SE, SALEM, OR 97302	VICE PRESIDENT 1.00	0.	0.	0.
SUE CURTHS 2794 12TH STREET SE, SALEM, OR 97302	SECRETARY/TREASURER 1.00	0.	0.	0.
JENNIFER MARTIN 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
TREVOR ELLIOTT 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
PEGGY LEGRANDE 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
SANDI EMERY 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
STEPHEN EVANS 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
JUDY GYSIN 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
BRIAN POLLINGER 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
SARAH ROELOF 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
SANDY EDWARDS 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
JAMIE MARTINSON 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
AMIE GOOD 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	0.	0.	0.
MAT GENUSER 2794 12TH STREET SE, SALEM, OR 97302	DIRECTOR 1.00	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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	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 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 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			
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	40b	N/A	
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 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 503/540-0081 Located at ▶ 2794 12TH STREET SE, SALEM, OR ZIP + 4 ▶ 97302			
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
	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 ?	42c		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 ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

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.

			Yes	No
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	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"

(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

▶ Signature of officer — Date 10-17-11

▶ JIM LEWIS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 10/13/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GROVE, MUELLER & SWANK, P.C.
475 COTTAGE STREET NE, SUITE 200
SALEM, OR 97301

EIN ▶

Phone no ▶ (503)581-7788

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Asset Number	Description of property	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS								
6	BUILDING - 12TH STREET								
		102210	L			249,315.			0.
	* 990-EZ PG 1 TOTAL BUILDINGS					249,315.	0.	0.	0.
	OTHER EXPENSES								
3	FURNITURE AND FIXTURES								
		VARIES	L			7,546.			0.
43	COMPUTERS								
		111109	SL	5.00	17	3,112.		78.	622.
5	SAMSUNG COPIER								
		010609	SL	5.00	17	795.		139.	159.
	* 990-EZ PG 1 TOTAL OTHER EXPENSES					11,453.	0.	217.	781.
	* GRAND TOTAL 990-EZ PG 1 DEPR					260,768.	0.	217.	781.

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
OFFICE EXPENSES	13,003.
MEETING COSTS	5,488.
TAXES AND LICENSES	50.
INSURANCE	477.
DEPRECIATION	781.
TOTAL TO FORM 990-EZ, LINE 16	19,799.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,615.	7,686.
OTHER DEPRECIABLE ASSETS	11,236.	10,455.
TOTAL TO FORM 990-EZ, LINE 24	13,851.	18,141.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATES ADDRESS
OREGON ASSOCIATION OF REALTORS	2110 MISSION STREET SE SALEM, OR 97302

PURPOSE OF PAYMENT	AMOUNT
STATE DUES	68,361.

AFFILIATE'S NAME	AFFILIATES ADDRESS
NATIONAL ASSOCIATION OF REALTORS	430 N MICHIGAN AVENUE CHICAGO, IL 60611

PURPOSE OF PAYMENT	AMOUNT
NATIONAL DUES	51,520.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	119,881.

FORM 990-EZ INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A STATEMENT 4

INCOME		
1. GROSS RECEIPTS	907	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		907
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		907
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-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 5

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

THE NEWSLETTER, THE SALEM REALTOR, IS PUBLISHED EVERY MONTH AND A DIRECTORY EVERY YEAR. THESE PROVIDE UP-TO-DATE INFORMATION ON ISSUES, EVENTS, AND NETWORKING AND BUSINESS REFERRALS.

TO ENHANCE THE PROFESSIONALISM AND SUCCESS OF ITS MEMBERS BY PROVIDING PRODUCTS AND SERVICES TO ENHANCE THEIR CAREERS

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS	EXPENSES
SEVERAL EVENTS WERE HELD TO ENHANCE THE IMAGE OF REALTORS AND PROVIDE A SERVICE TO THE COMMUNITY. THE SUMMER HARVEST FOOD DRIVE AND A CHRISTMAS PARTY FOR DISADVANTAGED CHILDREN WERE HELD.		
TOTAL TO FORM 990-EZ, LINE 31		

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	SALEM ASSOCIATION OF REALTORS	93-6028410
	Number, street, and room or suite no. If a P O box, see instructions 385 TAYLOR STREET NE, NO. 60	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SALEM, OR 97301-8340	

Enter the Return code for the return that this application is for (file a separate application for each return) [0 3]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SALEM ASSOCIATION OF REALTORS

- The books are in the care of ▶ 1860 HAWTHORNE AVE NE, STE 60 - SALEM, OR 97301
  Telephone No. ▶ 503-540-0081 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JULY 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
▶ [X] tax year beginning DEC 1, 2009, and ending NOV 30, 2010

2 If the tax year entered in line 1 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	$ 0.
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	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

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

- 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	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	SALEM ASSOCIATION OF REALTORS	93-6028410
	Number, street, and room or suite no. If a P.O. box, see instructions. 385 TAYLOR STREET NE, NO. 60	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALEM, OR 97301-8340	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 ▶ SALEM ASSOCIATION OF REALTORS - 1860 HAWTHORNE AVE NE, STE 60 - SALEM, OR 97301
  Telephone No. ▶ 503-540-0081 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 OCTOBER 15, 2011

5 For calendar year _____, or other tax year beginning DEC 1, 2009, and ending NOV 30, 2010

6 If the tax year entered in line 5 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	$ 0.
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	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

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 ▶ 7/6/11

923842
01-03-11