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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

2011

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	ROTARY INTERNATIONAL CLUB OF SALEM		93-0273165
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
<input type="checkbox"/> Initial return	P.O. BOX 3981		(503) 581-7788
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ►
<input type="checkbox"/> Amended return	SALEM, OR 97302		
<input type="checkbox"/> Application pending			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ► HTTP : // WWW.ROTARYCLUBOFSALEM.COM/			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 135,959.			

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

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1 10,862.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 62,763.
4 Investment income	4 190.
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 Gaming and fundraising events	6a 35,260.
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b 23,514.
b Gross income from fundraising events (not including \$ 9,817. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c 26,794.
c Less direct expenses from gaming and fundraising events	6d 31,980.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a
7a Gross sales of inventory, less returns and allowances	7b
b Less cost of goods sold	7c 3,370.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 Other revenue (describe in Schedule O) 109,165.
8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9
10 Grants and similar amounts paid (list in Schedule O)	10 75,231.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 6,200.
13 Professional fees and other payments to independent contractors	13 610.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 1,208.
16 Other expenses (describe in Schedule O)	16 31,996.
17 Total expenses. Add lines 10 through 16	17 115,245.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) ►	18 <6,080.►
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 64,844.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 58,764.

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

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	97,865.	22 66,934.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	97,865.	25 66,934.
26 Total liabilities (describe in Schedule O)	33,021.	26 8,170.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,844.	27 58,764.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **TO FOSTER COMMUNITY SERVICE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 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	6,200.
29 SUPPORTED VARIOUS NON-PROFIT ORGANIZATIONS IN THE SALEM AREA AND NATIONALLY.			
(Grants \$ 55,457.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	55,457.
30 CLUB OPERATIONS TO FOSTER COMMUNITY SERVICE			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	44,988.
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		► 32	106,645.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RENEE CAMPBELL P.O. BOX 3981, SALEM, OR 97302	PRESIDENT 2.00	0.	0.	0.
HOLLY BERRY P.O. BOX 3981, SALEM, OR 97302	SECRETARY 2.00	3,600.	0.	0.
DAWN BOSTWICK P.O. BOX 3981, SALEM, OR 97302	PAST PRESIDENT 2.00	0.	0.	0.
CHUCK SWANK P.O. BOX 3981, SALEM, OR 97302	TREASURER 2.00	2,600.	0.	0.
JOHN SHIRLEY P.O. BOX 3981, SALEM, OR 97302	PRESIDENT-ELECT 2.00	0.	0.	0.
BARRY NELSON P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.
PATRICIA CALLIHAN BOWMAN P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.
JILL NOWACKI P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.
BRUCE ANDERSON P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.
BRENT NEILSEN P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.
RON SOTO P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.
KEN VAN OSDOL P.O. BOX 3981, SALEM, OR 97302	DIRECTOR 2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 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 Schedule 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 tax year 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 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A 4912 N/A 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 40c 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 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 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 CHUCK SWANK Telephone no 503-581-7788
Located at 475 COTTAGE ST NE, STE 200, SALEM, OR 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)? 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.? If "Yes," enter the name of the foreign country 42c X

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

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

<input type="checkbox"/>	Yes	No
<input checked="" type="checkbox"/>	46	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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

<input type="checkbox"/>	Yes	No
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47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II.

<input type="checkbox"/>	47	
<input type="checkbox"/>	48	

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

<input type="checkbox"/>	48	
<input type="checkbox"/>	49a	

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

<input type="checkbox"/>	49a	
<input type="checkbox"/>	49b	

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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Sign Here

Signature of officer

CHARLES A. SWANK

Type or print name and title

Date 01/23/12

Treasurer

Paid Preparer Use Only

Print/Type preparer's name

CHARLES A. SWANK

Preparer's signature

Charles

Date

8/22/12

Check if self-employed

PTIN

P00150622

Firm's name ► GROVE, MUELLER & SWANK, P.C.

Firm's EIN ► 93-0874157

Firm's address ► 475 COTTAGE STREET NE, SUITE 200
SALEM, OR 97301

Phone no (503) 581-7788

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

► Yes No

Form 990-EZ (2011)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number
93-0273165

**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.

ROTARY INTERNATIONAL CLUB OF SALEM 93-0273165

Part I **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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 GOOD WORKS CELEBRATION (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
				(total number)
1 Gross receipts	26,647.			26,647.
2 Less: Charitable contributions	9,817.			9,817.
3 Gross income (line 1 minus line 2)	16,830.			16,830.
4 Cash prizes				
5 Noncash prizes	325.			325.
6 Rent/facility costs				
7 Food and beverages	8,009.			8,009.
8 Entertainment				
9 Other direct expenses	2,286.			2,286.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (10,620,
11 Net income summary. Combine line 3, column (d), and line 10				► 6,210.

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			35,260.	35,260.
2 Cash prizes			377.	377.
3 Noncash prizes			9,585.	9,585.
4 Rent/facility costs				
5 Other direct expenses			800.	800.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► (10,762,
8 Net gaming income summary. Combine line 1, column d, and line 7				► 24,498.

9 Enter the state(s) in which the organization operates gaming activities: OR

a Is the organization licensed to operate gaming activities in each of these states?

Yes No

b If "No," explain: _____

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

Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility Yes No

b An outside facility Yes No

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► CHUCK SWANK

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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? Yes No

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 ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
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Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	190.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
ADVERTISING INCOME	1,945.
LATE CHARGES	175.
MISCELLANEOUS	1,250.
TOTAL TO FORM 990-EZ, LINE 8	3,370.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL
AFFILIATE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201
PURPOSE OF PAYMENT: DUES
AMOUNT OF PAYMENT: 11,963.

AFFILIATE NAME: DISTRICT 5100

AFFILIATE ADDRESS: 9450 SW COMMERCE CIRCLE, SUITE 270
WILSONVILLE, OR 97070

PURPOSE OF PAYMENT: DUES	
AMOUNT OF PAYMENT: 7,811.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	19,774.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: SALEM ROTARY FOUNDATION

GRANTEE ADDRESS: PO BOX 3981 SALEM, OR 97302

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

11,000.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: HABITAT FOR HUMANITY

GRANTEE ADDRESS: 1220 12TH STREET SE SALEM, OR 97302

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

11,650.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: CALVIN'S HATS

GRANTEE ADDRESS: PO BOX 4723 SALEM, OR 97302

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: YOUTH LEADERSHIP TRAINING

GRANTEE NAME: ROTARY DISTRICT 5100

GRANTEE ADDRESS: 9450 SW COMMERCE CIRCLE, SUITE 270 WILSONVILLE, OR 97070

AMOUNT GIVEN:

1,840.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: ROTARY INTERNATIONAL FOUNDATION

GRANTEE ADDRESS: ONE ROTARY CENTER, 1560 SHERMAN AVE. EVANSTON, IL 60201

PROPERTY DESCRIPTION: CASH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165

AMOUNT GIVEN:

15,135.

ACTIVITY CLASSIFICATION: SPONSORSHIP

GRANTEE NAME: SALEM KEIZER ROTARY AUXILLARY

GRANTEE ADDRESS: 3633 MYRLA COURT S SALEM, OR 97302

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

200.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: SALEM PUBLIC LIBRARY FOUNDATION

GRANTEE ADDRESS: PO BOX 14810 SALEM, OR 97309

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

2,332.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: LYDIA'S LOVE

GRANTEE ADDRESS: 4742 LIBERTY RD S., #199 SALEM, OR 97302

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: BLEACHER BUDDIES/LAW ENFORCEMENT FOR YOUTH

GRANTEE ADDRESS: 2542 19TH STREET SE SALEM, OR 97302

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

100.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165ACTIVITY CLASSIFICATION: DONATIONGRANTEE NAME: SALEM KEIZER VOLCANOESGRANTEE ADDRESS: 6700 FIELD OF DREAMS WAY NE KEIZER, OR 97303PROPERTY DESCRIPTION: CASHAMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: DONATIONGRANTEE NAME: AMOS HEALTH & HOPE INCGRANTEE ADDRESS: 3500 W OLIVE AVE, 1190 BURBANK, CA 91505PROPERTY DESCRIPTION: CASHAMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: DONATIONGRANTEE NAME: MISSION MILL MUSEUMGRANTEE ADDRESS: 1313 MILL STREET SE SALEM, OR 97301PROPERTY DESCRIPTION: CASHAMOUNT GIVEN:

12,000.

ACTIVITY CLASSIFICATION: DONATIONGRANTEE NAME: BEAVERTON ROTARY FOUNDATIONGRANTEE ADDRESS: PO BOX 385 BEAVERTON, OR 97005PROPERTY DESCRIPTION: CASHAMOUNT GIVEN:

150.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

55,457.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
YOUTH EXCHANGE PROGRAM	6,200.
TAXES	179.
SUPPLIES	3,031.
CONFERENCES, CONVENTIONS, MEETINGS	22,586.
TOTAL TO FORM 990-EZ, LINE 16	31,996.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,376.	1,495.
DEFERRED REVENUE	29,645.	6,675.
TOTAL TO FORM 990-EZ, LINE 26	33,021.	8,170.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV).

132471
01-06-12