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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

OMB No 1545-1150

2012

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 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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)

P. O. BOX 3981

Room/suite

E Telephone number

(503) 581-7788

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

SALEM, OR 97302

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►I Website: ► [HTTP : // WWW.ROTARYCLUBOFSALEM.COM/](http://WWW.ROTARYCLUBOFSALEM.COM/)J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization 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 ► \$ 123,978.

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 | 23,160. |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | 58,295. |
| 4 | Investment income | 4 | 181. |
| 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 | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 25,930. |
| b | Gross income from fundraising events (not including \$ 23,160. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 14,369. |
| c | Less direct expenses from gaming and fundraising events | 6c | 28,683. |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 11,616. |
| 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 in Schedule O) | 8 | 2,043. |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 95,295. |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 54,124. |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 3,600. |
| 13 | Professional fees and other payments to independent contractors | 13 | 3,600. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | 1,066. |
| 16 | Other expenses (describe in Schedule O) | 16 | 35,076. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 97,466. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | <2,171.> |
| 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 | 58,764. |
| 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 | 56,593. |

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

Form 990-EZ (2012)

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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 | 66,934. | 22 90,899. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 66,934. | 25 90,899. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 8,170. | 26 34,306. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 58,764. | 27 56,593. |

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

| | | | |
|--|--|--------------------------------|---------|
| 28 INTERNATIONAL YOUTH EXCHANGE PROGRAM--EXCHANGE OF ONE INBOUND AND ONE OUTBOUND HIGH SCHOOL STUDENT WITH OTHER COUNTRIES | (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here | ► <input type="checkbox"/> 28a | 6,092. |
| 29 SUPPORTED VARIOUS NON-PROFIT ORGANIZATIONS IN THE SALEM AREA AND NATIONALLY. | (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here | ► <input type="checkbox"/> 29a | 34,438. |
| 30 CLUB OPERATIONS TO FOSTER COMMUNITY SERVICE | (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here | ► <input type="checkbox"/> 30a | 46,629. |
| 31 Other program services (describe in Schedule O) | (Grants \$ <input type="checkbox"/>) 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 | 87,159. |

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 title | (b) 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 |
|--------------------------|--|--|---|--|
| JOHN SHIRLEY | 2.00 | 0. | 0. | 0. |
| PRESIDENT | | | | |
| HOLLY BERRY | 2.00 | 3,600. | 0. | 0. |
| SECRETARY | | | | |
| RENEE CAMPBELL | 2.00 | 0. | 0. | 0. |
| PAST PRESIDENT | 2.00 | 0. | 0. | 0. |
| CHUCK SWANK | 2.00 | 0. | 0. | 0. |
| TREASURER | 2.00 | 0. | 0. | 0. |
| TOM GOLDEN | 2.00 | 0. | 0. | 0. |
| PRESIDENT-ELECT | 2.00 | 0. | 0. | 0. |
| BARRY NELSON | 2.00 | 0. | 0. | 0. |
| DIRECTOR | 2.00 | 0. | 0. | 0. |
| PATRICIA CALLIHAN-BOWMAN | 2.00 | 0. | 0. | 0. |
| DIRECTOR | 2.00 | 0. | 0. | 0. |
| JILL NOWAKI | 2.00 | 0. | 0. | 0. |
| DIRECTOR | 2.00 | 0. | 0. | 0. |
| TAMMY MCCAMMON | 2.00 | 0. | 0. | 0. |
| DIRECTOR | 2.00 | 0. | 0. | 0. |
| RON HAYS | 2.00 | 0. | 0. | 0. |
| DIRECTOR | 2.00 | 0. | 0. | 0. |
| KEN VAN OSDOL | 2.00 | 0. | 0. | 0. |
| DIRECTOR | 2.00 | 0. | 0. | 0. |
| DAVE TOWRY | 2.00 | 0. | 0. | 0. |
| 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

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

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)?
 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 35a

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 35b

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

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

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?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 39b

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

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)?

If "Yes," enter the name of the foreign country ► 42b

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

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

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

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

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

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

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

| | Yes | No |
|--|-----|----|
| 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 | 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 title of each employee paid more than \$100,000 | (b) 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.

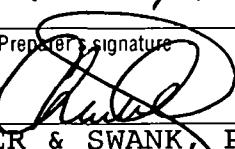
Sign Here

Signature of officer

Type or print name and title

Date

1-8-14

| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|------------------------|--|---|--------|---|--------------|
| | CHARLES A. SWANK |  | 1/7/14 | | 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 (2012)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open To Public Inspection

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.**

Name of the organization

Employer identification number
93-0273165

ROTARY INTERNATIONAL CLUB OF SALEM

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 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

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? Yes No
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 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|--|---|--------------|--------------------------|--|
| | | (event type) | (event type) | |
| 1 Gross receipts | 28,660. | | | 28,660. |
| 2 Less: Contributions | 23,160. | | | 23,160. |
| 3 Gross income (line 1 minus line 2) | 5,500. | | | 5,500. |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | 9,141. | | | 9,141. |
| 8 Entertainment | 500. | | | 500. |
| 9 Other direct expenses | 3,581. | | | 3,581. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | ► (13,222) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | ► <7,722 .> |

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 | | | | 25,930. | 25,930. |
| 2 Cash prizes | | | | | |
| 3 Noncash prizes | | | | 10,299. | 10,299. |
| 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 checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No | | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | ► (10,299) | |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | ► 15,631. | |

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

Yes No

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
 b An outside facility

13a %
 13b 100.00 %

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

Name ► CHUCK SWANK

Name ► CHUCK SWANK

Address ► 475 COTTAGE ST. NE SUITE 200 - SALEM, OR 97301

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 ► \$ _____ .

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

Employee

Independent contractor

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

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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 | 181. |

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

| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
|--------------------------------------|----------------|
| ADVERTISING INCOME | 1,780. |
| LATE CHARGES | 140. |
| MISCELLANEOUS | 123. |
| TOTAL TO FORM 990-EZ, LINE 8 | 2,043. |

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: 11,537. |

AFFILIATE NAME: DISTRICT 5100

| | |
|--|----------------|
| AFFILIATE ADDRESS: 9450 SW COMMERCE CIRCLE, SUITE 270 | |
| WILSONVILLE, OR 97070 | |
| PURPOSE OF PAYMENT: DUES | |
| AMOUNT OF PAYMENT: 8,149. | |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | 19,686. |

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**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

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Inspection

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: 10,000.****ACTIVITY CLASSIFICATION: YOUTH LEADERSHIP TRAINING****GRANTEE NAME: ROTARY DISTRICT 5100****GRANTEE ADDRESS: 9450 SW COMMERCE CIRCLE, SUITE 270 WILSONVILLE, OR 97070****PROPERTY DESCRIPTION: CASH****AMOUNT GIVEN: 1,830.****ACTIVITY CLASSIFICATION: COMMUNITY SERVICE****GRANTEE NAME: ROTARY INTERNATIONAL FOUNDATION****GRANTEE ADDRESS: ONE ROTARY CENTER, 1560 SHERMAN AVE. EVANSTON, IL 60201****PROPERTY DESCRIPTION: CASH****AMOUNT GIVEN: 10,249.****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**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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.

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Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165

GRANTEE ADDRESS: PO BOX 14810 SALEM, OR 97309

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

2,497.

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.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: SALEM KEIZER VOLCANOES

GRANTEE ADDRESS: 6700 FIELD OF DREAMS WAY NE KEIZER, OR 97303

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: PORTLAND ROSE FESTIVAL

GRANTEE ADDRESS: 1020 SW NAITO PARKWAY PORTLAND, OR 97204

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

100.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: LIBERTY HOUSE

GRANTEE ADDRESS: 2685 4TH STREET NE SALEM, OR 97301

PROPERTY DESCRIPTION: CASH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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

2012Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165AMOUNT GIVEN: 8,150.ACTIVITY CLASSIFICATION: DONATIONGRANTEE NAME: CYPRUS FRIENDSHIP PROGRAMGRANTEE ADDRESS: PO BOX 981 WOLFEBORO, NH 03894-0981PROPERTY DESCRIPTION: CASHAMOUNT GIVEN: 1,012.TOTAL INCLUDED ON FORM 990-EZ, LINE 10 34,438.FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| <u>DESCRIPTION OF OTHER EXPENSES:</u> | <u>AMOUNT:</u> |
|---------------------------------------|----------------|
| YOUTH EXCHANGE PROGRAM | 6,092. |
| TAXES | 150. |
| SUPPLIES | 5,335. |
| CONFERENCES, CONVENTIONS, MEETINGS | 20,362. |
| WEBSITE CONSULTANT | 1,500. |
| DONATED BOOKS | 814. |
| AWARDS & FOOD - EARTH DAY | 823. |
| <u>TOTAL TO FORM 990-EZ, LINE 16</u> | <u>35,076.</u> |

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

| <u>DESCRIPTION</u> | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
|---------------------------------------|---------------------|--------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | 1,495. | 2,941. |
| DEFERRED REVENUE | 6,675. | 31,365. |
| <u>TOTAL TO FORM 990-EZ, LINE 26</u> | <u>8,170.</u> | <u>34,306.</u> |

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
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Name of the organization

ROTARY INTERNATIONAL CLUB OF SALEM

Employer identification number
93-0273165

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)

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.

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 File by the due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions. ROTARY INTERNATIONAL CLUB OF SALEM | Employer identification number (EIN) or 93-0273165 |
| | Number, street, and room or suite no. If a P O. box, see instructions. P.O. BOX 3981 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions SALEM, OR 97302 | |

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

0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|----------------|--------------------------|----------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 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 |

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

FEBRUARY 15, 2014, 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, 2012, and ending JUN 30, 2013.2 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

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

Form 8868 (Rev. 1-2013)