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Form **990-EZ**

25

26

27 832171 12-17-08

Total assets

Total liabilities (describe

Net assets or fund balances (line 27 of column (B) must agree with line 21)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Department of the Treasury Open to Public Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. JUN 30, For the 2008 calendar year, or tax year beginning JUL 1. 2008 and ending 2009 Check if applicable D Employer identification number C Name of organization use IRS Address ROTARY INTERNATIONAL PALESTINE label or Name change print or ROTARY CLUB 75-6036799 type Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ation BOX 612 (903) 723-8894 Amended City or town, state or country, and ZIP + 4 tions F Group Exemption Application PALESTINE, TX 75802 Number > G Accounting method: X Cash] Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.PALESTINEROTARY.ORG H Check X if the organization is not Organization type (check only one) X 501(c) (4) 4 (insert no.) 4947(a)(1) or 527required to attach Schedule B (Form 990, 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. 121.464. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 32,722. 1 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 87,598. 3 Membership dues and assessments 3 Investment income 4 656. 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 488 reported on line 1) 6a 6b Less: direct expenses other than fundraising expenses 488. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe 8 121,464. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 IRS-0SC 58,530. Grants and similar amounts paid (attach schedule SCHEDULE 1 10 10 JAN 1 2 2010 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits? 12 12 5,340. 13 13 Professional fees and other payments to independent contractors OGDEN, UT SCHEDULE 403. Occupancy, rent, utilities, and maintenance 14 14 2,935. 15 15 Printing, publications, postage, and shipping 65,677. SCHEDULE 2 Other expenses (describe 16 16 132,885. 17 17 Total expenses, Add lines 10 through 16 <11,421.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 46,249. (must agree with end-of-year figure reported on prior year's return) 20 Set 20 Other changes in net assets or fund balances (attach explanation) 34,828. 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 46,249. 22 33,216. 22 Cash, savings, and investments 23 23 Land and buildings 0. 1,612. Other assets (describe OTHER DEPRECIABLE ASSETS 24 24 46,249. 34,828. 25

ا. 0 26

46,249. 27



0.

34.828.

Form **990-EZ** (2008)

ROTARY INTERNATIONAL PALESTINE

For	m 990-EZ (2008) ROTARY CLUB			75-	-60367	99 Page 2
P	art III Statement of Program Service Accomplishme			penses		
Wh	at is the organization's primary exempt purpose? CIVIC ORGANIZA	(Required	for 501(c)(3) ganizations and			
	cribe what was achieved in carrying out the organization's exempt purposes. In vided, the number of persons benefited, or other relevant information for each p		trusts; optional			
_	TO PROVIDE THROUGH THE ROTARY CLUB,		·			
	COMMUNITY INVOLVEMENT, LEADERSHIP					
	ASSISTANCE WITH OTHER PROJECTS TO E	SETTER OUR COM	MUNITY			
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		28a	58,530.
29						
	(Grants \$) If this amount includes foreign	grants, check here .			298	
30						
						
	(Grants \$) If this amount includes foreign	arosto aboak boro		$\overline{}$	30a	
31	(Grants \$) If this amount includes foreign Other program services (attach schedule)	grants, check here			Jour	
J 1	(Grants \$) If this amount includes foreign	grants check here			31a	
32	Total program service expenses (add lines 28a through 31a)	grants, check fiere .	<u></u>		32	58,530.
	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	en if not compensated	(See the		
		I			ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee	(e) Expense account and
	(a) name and address	position	-0)		efit plans & deferred	other allowances
		,		con	npensation	
BI	RENDA BEAZLEY	PRESIDENT		}		
<u>P</u> 2	ALESTINE, TX	6.00	0.		0.	0.
	EON WILLHITE	_PRESIDENT-ELE	CT			
	ALESTINE, TX	6.00	0.	.	0.	0.
	AROL HERRINGTON	SECRETARY	_	-	_	
_	ALESTINE, TX	6.00	0.	<u>.</u>	0.	0.
	AVID HENNESSE	TREASURER	0.		0.	_
	ALESTINE, TX LOAN SHUFFLER	6.00 PAST PRESIDEN		+	<u> </u>	0.
	ALESTINE, TX	6.00	0		0.	0.
_	ARSON WAGES	DIRECTOR AT L		1		
	ALESTINE, TX	6.00	0	.	0.	0.
	EON WHILLHITE	ADMINISTRATIO				
	ALESTINE, TX	6.00	0		0.	0.
J	OHN HIGGINBOTHAM	MEMEBERSHIP D	IRECTOR			
P	ALESTINE, TX	6.00	0	•	0.	0.
<u>S</u> 1	JSAN LEONARD	_PUBLIC RELATI	ONS DIRE	TO!	R	
_	ALESTINE, TX	6.00	0	•	0.	0.
_	ICHAEL GORBY	_SERVICES DIRE			_	_
_	ALESTINE, TX	6.00	0	•	0.	0.
	ON AND LISA SAFFORD	PROGRAM DIREC			•	
	ALESTINE, TX	6.00	0	•	0.	0.
	RENDA WALKER	FOUNDATION DI				
Ε.	ALESTINE, TX	6.00	0	•	- 0.	0.
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83: 12:	2172 -17-08				Form	990-EZ (2008)

ROTARY INTERNATIONAL PALESTINE Form 990-EZ (2008) ROTARY CLUB 75-6036799 Other Information (Note the statement requirements in the instructions for Part VI.) Yes No 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 but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 X 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 your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 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? N/ 35b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N X 36 0. 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? X 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 unpaid at the start of the period covered by this return? 38a X N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39 N/A 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 N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 section 4911 ► N/A N/A ; section 4955 b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 40b X did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disgualified persons during the year under 0. sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed.
NONE 723-8894 42 a The books are in care of ▶ SLOAN SHUFFLER Telephone no. ► (903) Located at ► 2907 W. OAK, PALESTINE, ТX **▶** 75803 ZIP + 4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 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. X

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

Form 990-EZ (2008)

44

Yes No

X

Form 990-EZ (2008)

	1777	
ROTA	AR Y	CLUB

75-6036799

Page 4

Pai	t VI	Section 501(c)(3) organizations only. All section 5	01(c)(3) organizations mu	st answer question	s 46-49 and co		te the			
		tables for lines 50 and 51.					1			
		e organization engage in direct or indirect political campaign activities on	behalf of or in opposition to	candidates for public	1		Yes	No		
		? If "Yes," complete Schedule C, Part I	4.4.00.4.11			46 47				
	, , , , , , , , , , , , , , , , , , ,									
		s," was the related organization(s) a section 527 organization?	ganizations			49a 49b		—		
		plete this table for the five highest compensated employees (other than of	ficers, directors, trustees and	kev employees) who	each received m		an \$10	0.000		
	of co	mpensation from the organization. If there is none, enter "None."		T.,	(D) Contribution	ıs				
		(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	to employee benefit plans & deferred compensation	oth	E) Expe ccount er allow	and		
		er of other employees paid over \$100,000 Idea this table for the five highest compensated independent contractors	who each received more than	\$100,000 of compe	nsation from the	organ	ızatıon.			
	is non	ne, enter "None." N/A								
_	-	(a) Name and address of each independent contractor paid more the	nan \$100,000	(b) Type of se	rvice (c) Cor	npensa	tion		
Total	numb	er of other independent contractors each receiving over \$100,000 Under penaltigs of perury, I declare that I have examined this return, including acco	>	and to the heat of a	w knowledge and b	aliad ik				
Sign Here		Signature of officer Leon A. Willhite Type or print name and title	formation of which preparer has an	y knowledge	Date L	Ι.	20(1)	<u> </u>		
Paid Prepa		Preparer's signature▶	I	eck if self- nployed	P005823	umber 67	(See ins	tr)		
	Only Firm's name (or yours if self-employed), address, and 2IP+4 PALESTINE, TEXAS 75802 BOLTON, SULLIVAN, TAYLOR & WEBER, L.L.P. EIN ► 75 118 Phone ► no. 903-							38801 729-2229		
May 1	he IR	S discuss this return with the preparer shown above? See instructions					000 57	<u>No</u>		

ROTARY INTERNATIONAL PALESTINE ROTARY CLUB EIN 75-6036799

YEAR ENDED 6-30-09

FORM 990 EZ, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

POLIO PLUS EXPENSE	\$ 2,000.00
DSG GRANT EXPENSE	5,898.53
SCHOLARSHIP DISBURSEMENTS	13,769.00
RYLA EXPENSE	3,368.56
DICTIONARY PROJECT EXPENSE	2,000.00
ACADEMIC OLYMPIC EXPENSE	541.25
ROTARY PARK MAINTENANCE	833.75
STUDENT GUEST EXPENSE	365.20
ROTARY FOUNDATION DISBURSEMENT	11,270.00
EXCHANGE STUDENT EXPENSE	2,098.51
SENIOR MEDALS EXPENSE	1,102.34
SCRYE EXPENSE	1,300.00
GROUP STUDY EXCHANGE EXPENSE	1,807.42
SPECIAL CLUB DONATIONS	10,000.00
RED CROSS DONATION	1,000.00
INTERACT CLUB EXPENSE	205.09
WORLD COMM SERVICE DIST. PRO	970.39
TOTAL	\$ 58,530.04

ROTARY INTERNATIONAL PALESTINE ROTARY CLUB EIN 75-6036799

YEAR ENDED 6-30-09

FORM 990 EZ, LINE 16 - OTHER EXPENSES

DISTRICT & INTERNATIONAL DUES	\$18,697.00
CONFERENCE AND CONVENTIONS	4,299.84
CLUB SUPPLIES	2,462.88
CLUB MEAL EXPENSE	38,090.68
SOCIAL EVENT EXPENSE	1,244.50
MEMORIAL EXPENSE	181.00
WINTER CONFERENCE EXPENSE	350.00
PARADE EXPENSE	350.50
TOTAL	\$65,676.40

FORM 990-EZ - INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	SCHEDULE 3
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

828111 04-25-08		н	Asset No	2008 D
ļ	* TOTAL 990-EZ PG 1 DEPR	TRAILER	Description	2008 DEPRECIATION AND AMORTIZATION REPORT
		11/14/08	Date Acquired	V REPORT
		в 200рв	Method	
		5.00	Life	
	-	ветун	< > 0 C]
(D) - Asset disposed	2,015.)в 2,015.	Unadjusted Cost Or Basis	
posed			Bus Exc	990-EZ
			Section 179 Expense	ı
			Reduction In Basis	75-6036799 ROTARY INTERNATIONAL F ROTARY CLUB P. 0. Box 612 Palestine, Texas 7580
¹ITC, Salvage,	2,015.	2,015.	Basis For Depreciation	ERNATIONA B 612 Texas 7
* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone			Beginning Accumulated Depreciation	AL PALESTINE
nercial Revita			Current Sec 179 Expense	INE
lization Deduc	403.	403.	Current Year Deduction	1
tion, GO Zone	403.	403.	Ending Accumulated Depreciation	

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) ► See separate instructions. ► Attach to your tax return. Name(s) shown on return Business or activity to which this form relates

Attachment Sequence No 67 Identifying number

	INTERNATIONAL P.	ALESTINE		L		^^ -			BE 6036500
ROTARY		· Undoo Cooking 42	IO Notes Wasser bases				Z PAGE		75-6036799
	ection To Expense Certain Property				ea pro	репу,	complete Part	1 1	
	n amount. See the instructions f	_		ses			•	1 2	250,000.
	t of section 179 property place	-						3	800,000.
_									
_			•		•		• • •	. 4	
	tion for tax year Subtract line 4 from line 1 (a) Description of prop			ately, see ost (busine			(c) Elected	··	
6	(a) Description of prop	io ty	(5) 00	on tousing	33 030 (-	(0) 2.100.100		
7 Lieted or	operty. Enter the amount from I					7	· · · · · · · · · · · · · · · · · · ·		
•	operty. Enter the amount from li cted cost of section 179 proper		in column (c) lines	· 6 and ·	ا 7			8	
	e deduction. Enter the smaller of	-	in column (c), intes	o and	' .		•	9	
	er of disallowed deduction from I			• • • •	•			10	
-	s income limitation. Enter the sm			 han zer	 a) or lu	 ne.5		11	
	179 expense deduction. Add line				•	116 0	• • • • • • • • • • • • • • • • • • • •	12	
	er of disallowed deduction to 20	•		triair in	• →	13	• ••	- 1 '-	
	t use Part II or Part III below for					10		1	
	Special Depreciation Allowan	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		ot includ	le liste	ed prop	ertv.)		
			, , , , , , , , , , , , , , , , , , , ,						
14 Special o	depreciation for qualified proper	ty (other than list	ed property) place	d in sen	vice di	unna th	e tax vear	14	
•	subject to section 168(f)(1) elec	• •				-.		15	
	preciation (including ACRS)			• • • • • • • • • • • • • • • • • • • •	••			16	
	MACRS Depreciation (Do not	include listed pr	operty.) (See instru	ctions.)				1	
L _ ,		•	Section A				-		
17 MACRS	deductions for assets placed in	service in tax ve	ears beginning befo	re 2008	}			17	
	ecting to group any assets placed in service	•	•			neck here]	
	Section B - Assets F							ation Syste	m
(8	a) Classification of property	(b) Month and year placed in service	(c) Basis for deprect (business/investment) only - see instructed	ntuse	(d) I	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-yea	ar property								·
	ar property		2,0	015.	5	YRS	НҮ	200DB	403.
	ar property								·
	ear property								
	ear property	1							
f 20-ye	ear property	1							
	ear property]			2	5 yrs.		S/L	
		/			27	'.5 yrs.	MM	S/L	
h Resi	dential rental property	/			27	.5 yrs.	MM	S/L	
		/			3	9 yrs.	ММ	S/L	
i Noni	residential real property						- MM	S/L	
	Section C - Assets PI	aced in Service	During 2008 Tax	Year Us	sing tl	ne Alte	rnative Depre	ciation Sys	tem
20a Clas	s life							S/L	
b 12⋅y		1			1	2 yrs.		S/L	
c 40-y		/			4	0 yrs.	MM	S/L	
Part IV	Summary (See instructions.)								
21 Listed p	roperty. Enter amount from line	28						21	
	dd amounts from line 12, lines 1		nes 19 and 20 in co	lumn (g), and	line 21	•		
	re and on the appropriate lines							22	403.
	ets shown above and placed in								
	of the basis attributable to secti					23			· ·

ROTARY INTERNATIONAL PALESTINE

Form 4562 (2008)

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ROTARY CLUB

75-6036799 Page 2

P	art V Listed Property (Inc			er vehicle	es, cellu	ılar telep	hone	s, certain o	compute	rs, and p			r entertaii	
	recreation, or amuse Note: For any vehicle		using the	standard	mileagu	n mte or	dodu	otina longo		· comp	lata ambu	240 24	h colum	no (a)
	through (c) of Section	on A, all of Section E	3, and Sec	tion C if a	pplicat	ole.		curry rease	expense	-, comp	ete only		D, COIUITI	15 (a)
Sec	ction A - Depreciation and O	ther Information (Caution: S	ee the in	structio	ns for lin	nits fo	r passeng	er autom	obiles.)				
<u> 242</u>	Do you have evidence to suppor		nent use cla	ımed?	Ye	s L	No	24b If "Y	es," is th	<u>e evider</u>	nce writte	en?	Yes	No
	Type of property (list vehicles first)	(b) (c) Date Busines ced in investme rvice use percen	nt ott	(d) Cost or ner basis		(e) s for depred iness/inves use only)	tment	(f) Recovery period	Meti	a) hod/ ention	Depred dedu	ciation	(i Elect section cos	ed 179
25	Special depreciation allowand used more than 50% in a qua	· ·		-		_		ax year an	d	25				
 26					···			•		, 20				
			%]						
			%											
			%											
<u>27</u>	Property used 50% or less in	a qualified busines	s use:										<u> </u>	
			%						S/L -					
			%						S/L -					
			%					<u> </u>	S/L -					
28	Add amounts in column (h), li	ines 25 through 27.	Enter here	and on	line 21,	page 1				28				
<u> 29</u>	Add amounts in column (i), lir	ne 26. Enter here ar	<u>nd on line 7</u>	<u>, page 1</u>								29		
			Section E	3 - Inforn	nation	on Use o	of Vet	hicles						
lf y	mplete this section for vehicle: ou provided vehicles to your e se vehicles.											ng this s	ection fo	r
			(4	a)	(I	b)		(c)	(4	i)	(e	:)	(f)	
30	Total business/investment miles	driven during the	Veh	ıcle	Veh	ncle	\	/ehicle	Veh	icle	Veh	ıcle	Vehi	cle
	year (do not include commuting	g miles)									<u></u>			
31	Total commuting miles driver	n during the year												
32	2 Total other personal (noncommuting) miles driven		.											
33	Total miles driven during the	•		- 1							}			
	Add lines 30 through 32		.											
34	Was the vehicle available for	•	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	_No	Yes	No
	during off-duty hours?					ļ —			ļ <u> </u>					
35	Was the vehicle used primar	• •												
	than 5% owner or related pe		٠ 📗				-		 					
36	Is another vehicle available for	or personal				1								
_	use?	<u> </u>							<u>. </u>	<u></u>			l i	-
	Sec swer these questions to deter ners or related persons.	ction C - Question mine if you meet ar										re not m	ore than	5%
	Do you maintain a written po	blicy statement that	prohibits a	ıll person	al use o	of vehicle	es, inc	cluding co	nmuting	, by you	r		Yes	No
•	employees?													
38	Do you maintain a written po	**					exce	pt commu	ting, by y	our	·	-		
	employees? See the instruct	-	•			-		•						<u></u>
	Do you treat all use of vehicle	es by employees as	s personal	use?									ļ	
39			employees	, obtain i	nformat	tion from	your	employee	s about				1	
	Do you provide more than five	ve venicles to your		17									<u> </u>	<u> </u>
	Do you provide more than fix the use of the vehicles, and		on received											$\overline{}$
40		retain the information		<u>-</u>	nonstra					•			<u> </u>	┼
41	the use of the vehicles, and one of the use of the vehicles, and one of the use of the u	retain the information	fied autom	obile der		ation use	?		ehicles.	•	•	•		
41	the use of the vehicles, and one of the requirement	retain the information	fied autom Yes, * do n	obile der		ation use	?	covered ve	ehicles.			-		<u></u>
41	the use of the vehicles, and one of the use of the vehicles, and one of the use of the u	retain the information its concerning qualities, 39, 40, or 41 is	fied autom	obile der		ation use	?		ehicles.	(e) Amortiz period or pe	ation		(f) mortization or this year	
40 41 P	Do you meet the requiremen Note: If your answer to 37, 3 art VI Amortization (a)	retain the informations the concerning qualities, 39, 40, or 41 is	fied autom Yes, " do no (b) Date amortization begins	obile der	(c)	ation use	?	(d)	ehicles.	Amortiz	ation		mortization	
40 41 P	Do you meet the requirement Note: If your answer to 37, 3 art VI Amortization (a) Description of costs	retain the informations the concerning qualities, 39, 40, or 41 is	fied autom Yes, " do no (b) Date amortization begins	obile der	(c)	ation use	?	(d)	ehicles.	Amortiz	ation		mortization	
40 41 P	Do you meet the requirement Note: If your answer to 37, 3 art VI Amortization (a) Description of costs	retain the informations the concerning qualities, 39, 40, or 41 is	fied autom Yes, " do no (b) Date amortization begins	obile der	(c)	ation use	?	(d)	ehicles.	Amortiz	ation		mortization	
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(Rev April 2008)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return

OMB No 1545 1709

Internal Revenue	Service		File a separate a	pplication for each	return			
If you areIf you areDo not comp	filing for an Auto filing for an Addi plete Part II unle	itional (Not ss you have	already been granted a	Extension, comp	and check this box elete only Part II (on part extension on a previous needed	ously file]
				-	extension—check this		d complete ► []
	rporations (includ ncome tax return		filers), partnerships, R	EMICs, and trusts	s must use Form 7004	1 to requ	est an extension	of
one of the relectronically returns, or a	eturns noted be y if (1) you want composite or cor	low (6 mont the addition asolidated Fo	hs for a corporation r al (not automatic) 3-m orm 990-T Instead, you	required to file Fo sonth extension of u must submit the	vant a 3-month autom orm 990-T) However, r (2) you file Forms 99 fully completed and si and click on e-file for (you can 0-BL, 60 gned pag	not file Form 88 169, or 8870, gro- ge 2 (Part II) of For	68 up
Type or	Name of Exemp	t Organization			Еп	iployer id	entification number	er
print	Rotary Tat	ernationa	1 Palestine Rota	ry Club		75 6	03 6799	
File by the due date for filing your return. See	Number, street,	and room or :	suite no If a P O box, so e, and ZIP code For a fo	ee Anstructions	instructions			_
instructions	Palestine	TX	75802					
Check type	of return to be	filed (file a	separate application fo	or each return)				
☐ Form 99	0		Form 990-T (corpo	oration)			Form 4720	
☐ Form 99	0-BL		🗌 Form 990-T (sec	401(a) or 408(a) tr	rust)		Form 5227	
💢 Form 99	0-EZ		Form 990-T (trust	other than above)		Form 6069	
☐ Form 99	0-PF		☐ Form 1041-A				Form 8870	
Telephone If the orga If this is for the whole a list with the until I	anization does not a Group Returne group, check the names and Elliest an automatch vary 15.	ot have an orn, enter the this box Ns of all me atic 3-mont 2010	ffice or place of busin organization's four dig ightharpoonup in the important of the extension version (6) months for a	FAX No ess in the United git Group Exempt part of the group vill cover	States, check this bo ion Number (GEN) o, check this box . juired to file Form or the organization nai	× ► [extension of ti	ime
	organization's r							
► \(\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	calendar year 20 tax year beginn	ing	July 1	, 20 08 , and e	nding	June	2.30,20.09	-
2 If this	tax year is for le	ss than 12 n	nonths, check reason	☐ Initial return	☐ Final return ☐	Change i	n accounting per	riod
less ar	ny nonrefundable	credits Se				3a	s - O-	
payme	ents made Includ	de any prior	PF or 990-T, enter any year overpayment allo	wed as a credit		3b	s - O-	
- c Balan	ce Due. Subtract	Hine 3b from	line 3a. Include your	payment with this	form, or, if required,			
Syster	n) See instruction	ons	equired, by using EFT			3c	s - O-	
	you are going to t instructions	make an ele	ectronic fund withdraw	al with this Form	8868, see Form 8453	-EO and	Form 8879-EO	
For Privacy	Act and Paperwo	rk Reduction	Act Notice, see Instruc	ctions	Cat No 27916D	Fo	orm 8868 (Rev 4-2	2008)