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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). 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.

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning **07-01**, 2010, and ending **06-30**, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY INTL CLUB OF MOSES LAKE

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 525

City or town, state or country, and ZIP + 4
MOSES LAKE, WA 98837

D Employer identification number
91-6054987

E Telephone number
(509) 765-3305

F Group Exemption Number ► **0573**

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

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

I Website: ► **N/A**

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (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 \$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. **\$ 67,653**

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	32,665
	4	Investment income	4	512
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 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	30,496
	6c	Less direct expenses from gaming and fundraising events	6c	680
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,816
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	3,980
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,973
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	32,774
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	28,863
	17	Total expenses. Add lines 10 through 16	17	61,637
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,336
	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	87,719
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(1)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	93,054

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2010)

P 22

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	120,444	22 117,588
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	1,024	24 4,109
25 Total assets	121,468	25 121,697
26 Total liabilities (describe in Schedule O)	33,749	26 28,643
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,719	27 93,054

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? **ENCOURAGE & FOSTER THE IDEAL OF SERVICE**

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 GRANT LIST ATTACHED		
(Grants \$ 32,774) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	61,637
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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	61,637

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) Compensation (if not paid, enter -0-)	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
LEE WILLIS	PAST PRESIDENT			
PO BOX 525, MOSES LAKE WA 98837	2	0	0	0
REGAN BONATO	TREASURER			
PO BOX 525, MOSES LAKE WA 98837	4	0	0	0
FRED SKINNER	SECRETARY			
PO BOX 525, MOSES LAKE WA 98837	3	0	0	0
GEORGE MONLUX	DIRECTOR			
PO BOX 525, MOSES LAKE WA 98837	2	0	0	0
KIMBERLY ASHLEY	DIRECTOR			
PO BOX 525, MOSES LAKE WA 98837	2	0	0	0
RANDY DICKINSON	PRESIDENT			
PO BOX 525, MOSES LAKE WA 98837	5	0	0	0
RICHARD HANOVER	PRESIDENT ELECT			
PO BOX 525, MOSES LAKE WA 98837	3	0	0	0
DAVE CAMPBELL	DIRECTOR			
PO BOX 525, MOSES LAKE WA 98837	2	0	0	0
JOHN ABENS	DIRECTOR			
PO BOX 525, MOSES LAKE WA 98837	2	0	0	0
JACK BECKER	DIRECTOR			
PO BOX 525, MOSES LAKE WA 98837	2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this 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 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
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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	X
37 a 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	X
38 a 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	
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	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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		
42 a The organization's books are in care of REGAN BONATO Telephone no 509-765-3305 Located at PO BOX 525 MOSES LAKE, WA ZIP + 4 98837		
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	
44 a 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	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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)	45a	X
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	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 ☐

	Yes	No
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

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"

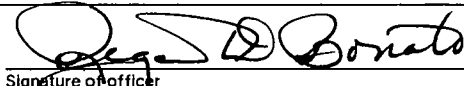
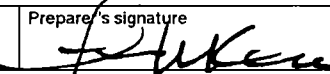
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

☐ Yes ☒ No

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		1-21-12 Date	
	REGAN BONATO, TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> If self-employed
	STROUD W KUNKLE CPA		1-15-12	PTIN
	Firm's name ▶ Sutter Kunkle & Thompson PS	Firm's EIN ▶		
	Firm's address ▶ 112 E Broadway Ave/PO Box 490 Moses Lake WA 98837	Phone no 509-765-4501		

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☒ Yes ☐ No

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

Department of the Treasury
Internal Revenue Service
Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

ROTARY INTL CLUB OF MOSES LAKE

Employer identification number

91-6054987

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

2a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

Washington,

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PRIV AUCTION (event type)	FAIR TICKETS (event type)	3 (total number)	Add col (a) through col (c)
R e v e n u e	1 Gross receipts	18,816	4,710	6,970	30,496
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	18,816	4,710	6,970	30,496
D i r e c t E x p e n s e s	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses			680	680
	10 Direct expense summary Add lines 4 through 9 in column (d)				(680)
	11 Net income summary Combine line 3, column (d), and line 10				29,816

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine line 1, column d, and line 7				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2010

**Open to Public
Inspection**

Employer identification number

ROTARY INTL CLUB OF MOSES LAKE

91-6054987

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
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MEAL ASSESSMENTS	34,705
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MEAL COSTS	(30,725)
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02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	ROTARY INTERNATIONAL PROGRAMS
----------	-------------------------------

GRANTEE	THE ROTARY FOUNDATION
---------	-----------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	11,921
--------	--------

ACTIVITY	ROTARY INTERNATIONAL PROGRAMS
----------	-------------------------------

GRANTEE	GUATEMALA LITERACY PROJECT
---------	----------------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	2,000
--------	-------

ACTIVITY	ROTARY INTERNATIONAL PROGRAMS
----------	-------------------------------

GRANTEE	NICARAGUA PROJECT
---------	-------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	1,000
--------	-------

ACTIVITY	ROTARY INTERNATIONAL PROGRAMS
----------	-------------------------------

GRANTEE	ETHIOPIA WATER PROJECT
---------	------------------------

RELATIONSHIP	NONE
--------------	------

AMOUNT	120
--------	-----

Name of the organization

Employer identification number

ROTARY INTL CLUB OF MOSES LAKE

91-6054987

ACTIVITY INTERNATIONAL SERVICE

GRANTEE RYLA/WORLD AFFAIRS SEMINAR

RELATIONSHIP NONE

AMOUNT 1,274

ACTIVITY COMMUNITY SERVICE

GRANTEE MOSES LAKE SCHOOL DISTRICT

RELATIONSHIP NONE

AMOUNT 2,167

ACTIVITY COMMUNITY SERVICE

GRANTEE NEW HOPE DIAPER DRIVE

RELATIONSHIP NONE

AMOUNT 376

ACTIVITY COMMUNITY SERVICE

GRANTEE DESTINATION HEALTHCARE

RELATIONSHIP NONE

AMOUNT 500

ACTIVITY COMMUNITY SERVICE

GRANTEE WISHING STAR

RELATIONSHIP NONE

AMOUNT 1,026

ACTIVITY COMMUNITY SERVICE

Name of the organization

Employer identification number

ROTARY INTL CLUB OF MOSES LAKE

91-6054987

GRANTEE DOWN UNDER SPORTS

RELATIONSHIP NONE

AMOUNT 311

ACTIVITY SCHOLARSHIP AND SCHOLASTIC PROGRAMS

GRANTEE ROTARY SCHOLARSHIP FOUNDATION

RELATIONSHIP NONE

AMOUNT 5,000

ACTIVITY SCHOLARSHIP AND SCHOLASTIC PROGRAMS

GRANTEE BUSINESS WEEK

RELATIONSHIP NONE

AMOUNT 400

ACTIVITY COMMUNITY SERVICE

GRANTEE HONOR FLIGHT

RELATIONSHIP NONE

AMOUNT 461

ACTIVITY COMMUNITY SERVICE

GRANTEE SAMARITAN HOSPITAL - FETAL MONITOR

RELATIONSHIP NONE

AMOUNT 3,000

ACTIVITY COMMUNITY SERVICE

GRANTEE YOUTH OUTDOOR UNLIMITED

RELATIONSHIP NONE

Name of the organization

Employer identification number

ROTARY INTL CLUB OF MOSES LAKE

91-6054987

AMOUNT 750

ACTIVITY COMMUNITY SERVICE

GRANTEE FARMERS MARKET CARTS

RELATIONSHIP NONE

AMOUNT 1,700

ACTIVITY COMMUNITY SERVICE

GRANTEE ROTARIANS AT WORK DAY

RELATIONSHIP NONE

AMOUNT 330

ACTIVITY COMMUNITY SERVICE

GRANTEE COATS FOR KIDS

RELATIONSHIP NONE

AMOUNT 438

03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
ROTARY INTERNATIONAL DUES	4,649
DISTRICT 5060 DUES	2,720
COMMITTEE EXPENSES	8,581
BULLETIN	175
SUPPLIES	12,563
DISTRICT CONFERENCE/ASSEMBLY	175

Name of the organization

Employer identification number

ROTARY INTL CLUB OF MOSES LAKE

91-6054987

04. Other changes in net assets or fund balances (Part I, line 20)

DESCRIPTION	AMOUNT
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ROUNDING	(1)
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05. Description of other assets (Part II, line 24)

CATEGORY	BEGINNING	
	OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,024	4,109

06. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING	
	OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	5,155	15,893
DUE ROTARY INTERNATIONAL	10,946	3,300
DUE ROTARY SCHOLARSHIP FNDTN	15,906	7,792
DUE NICARAGUA PROJECT	1,200	0
DRAWING CARRYOVER	542	1,658

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **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	Name of exempt organization ROTARY INTL CLUB OF MOSES LAKE	Employer identification number 91-6054987
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 525	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MOSES LAKE, WA 98837	

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

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

- The books are in the care of ▶ **REGAN BONATO PO BOX 525 MOSES LAKE, WA 98837**

Telephone No ▶ **509-765-3305**

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) **0573**. 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 **02-15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year 20__ or▶ ☒ tax year beginning **07-01**, 20 **10**, and ending **06-30**, 20 **11**

- 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	\$
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	\$
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	\$

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.