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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010**

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

**Open to Public Inspection**

Department 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

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) ◀ (insert no)  4947(a)(1) or  527

(Form 990, 990-EZ, or 990-PF)

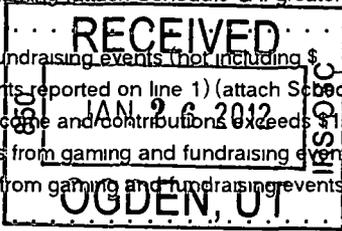
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a 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	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>32,665</b>
	<b>4</b> Investment income	<b>4</b>	<b>512</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> 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)	<b>6b</b>	<b>30,496</b>
	<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	<b>680</b>
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>29,816</b>
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>3,980</b>
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>66,973</b>
<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>32,774</b>	
<b>11</b> Benefits paid to or for members	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>		
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		
<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>28,863</b>	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>61,637</b>	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>5,336</b>	
<b>19</b> 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)	<b>19</b>	<b>87,719</b>	
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>(1)</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>93,054</b>	



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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	117,588
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	1,024	4,109
25 Total assets	121,468	121,697
26 Total liabilities (describe in Schedule O)	33,749	28,643
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,719	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 PO BOX 525, MOSES LAKE WA 98837	PAST PRESIDENT 2	0	0	0
REGAN BONATO PO BOX 525, MOSES LAKE WA 98837	TREASURER 4	0	0	0
FRED SKINNER PO BOX 525, MOSES LAKE WA 98837	SECRETARY 3	0	0	0
GEORGE MONLUX PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
KIMBERLY ASHLEY PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
RANDY DICKINSON PO BOX 525, MOSES LAKE WA 98837	PRESIDENT 5	0	0	0
RICHARD HANOVER PO BOX 525, MOSES LAKE WA 98837	PRESIDENT ELECT 3	0	0	0
DAVE CAMPBELL PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
JOHN ABENS PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
JACK BECKER PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 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

33 Did the organization engage in any activity not previously reported to the IRS? ... 34 Were any significant changes made to the organizing or governing documents? ... 35 If the organization had income from business activities ... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ... 37a Enter amount of political expenditures ... 37b Did the organization file Form 1120-POL for this year? ... 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee ... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved ... 39 Section 501(c)(7) organizations Enter ... 39a Initiation fees and capital contributions included on line 9 ... 39b 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 ... 40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year ... 40c 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 ... 40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ... 40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ... 41 List the states with which a copy of this return is filed ... 42a 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 ... 42b 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 ... 42c At any time during the calendar year, did the organization maintain an office outside of the U S ? ... 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here ... 44a Did the organization maintain any donor advised funds during the year? ... 44b Did the organization operate one or more hospital facilities during the year? ... 44c Did the organization receive any payments for indoor tanning services during the year? ... 44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? ...

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		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)		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		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.		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
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: *Regan Bonato* Date: 1-21-12  
 Type or print name and title: REGAN BONATO, TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: STROUD W KUNKLE CPA  
 Preparer's signature: *[Signature]* Date: 1-15-12  
 Firm's name: Sutter Kunkle & Thompson PS  
 Firm's address: 112 E Broadway Ave/PO Box 490, Moses Lake WA 98837  
 Firm's EIN: \_\_\_\_\_ Phone no: 509-765-4501

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



**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	
		<u>PRIV AUCTION</u> (event type)	<u>FAIR TICKETS</u> (event type)	<u>3</u> (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)**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
<b>MEAL ASSESSMENTS</b>	<b>34,705</b>
<b>MEAL COSTS</b>	<b>(30,725)</b>

**02. List of grants and similar amounts paid (Part I, line 10)**

<b>ACTIVITY</b>	<b>ROTARY INTERNATIONAL PROGRAMS</b>
<b>GRANTEE</b>	<b>THE ROTARY FOUNDATION</b>
<b>RELATIONSHIP</b>	<b>NONE</b>
<b>AMOUNT</b>	<b>11,921</b>

<b>ACTIVITY</b>	<b>ROTARY INTERNATIONAL PROGRAMS</b>
<b>GRANTEE</b>	<b>GUATEMALA LITERACY PROJECT</b>
<b>RELATIONSHIP</b>	<b>NONE</b>
<b>AMOUNT</b>	<b>2,000</b>

<b>ACTIVITY</b>	<b>ROTARY INTERNATIONAL PROGRAMS</b>
<b>GRANTEE</b>	<b>NICARAGUA PROJECT</b>
<b>RELATIONSHIP</b>	<b>NONE</b>
<b>AMOUNT</b>	<b>1,000</b>

<b>ACTIVITY</b>	<b>ROTARY INTERNATIONAL PROGRAMS</b>
<b>GRANTEE</b>	<b>ETHIOPIA WATER PROJECT</b>
<b>RELATIONSHIP</b>	<b>NONE</b>
<b>AMOUNT</b>	<b>120</b>

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
ROUNDING	(1)

## 05. Description of other assets (Part II, line 24)

BEGINNING

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

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

BEGINNING

CATEGORY	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

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](http://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 <b>ROTARY INTL CLUB OF MOSES LAKE</b>	Employer identification number <b>91-6054987</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>PO BOX 525</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MOSES LAKE, WA 98837</b>	

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 <b>Balance due.</b> 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.