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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public
Inspection

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.

A For the 2011 calendar year, or tax year beginning		July 1	, 2011, and ending		June 30	20	12	
B Check if applicable		C Name of organization		D Employer Identification number				
<input type="checkbox"/> Address change		KENOSHA ROTARY FOUNDATION INC.		39-1261654				
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite		E Telephone number		
<input type="checkbox"/> Initial return		10110 LAKESHORE DRIVE				262-694-4148		
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4				F Group Exemption Number ►		
<input type="checkbox"/> Amended return		PLEASANT PRAIRIE, WI 53158-5008						
<input type="checkbox"/> Application pending								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►						H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
I Website: ►								
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527								
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.								
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						► \$ 40,482		
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. <input type="checkbox"/>								
Revenue	1 Contributions, gifts, grants, and similar amounts received			5a	1	5000		
	2 Program service revenue including government fees and contracts			5b	2			
	3 Membership dues and assessments				3			
	4 Investment income				4	461		
	5a Gross amount from sale of assets other than inventory							
	b Less: cost or other basis and sales expenses							
	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			
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b	35021			
c Less: direct expenses from gaming and fundraising events				6c	2570			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				6d		32451		
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				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		37912		
Expenses	10 Grants and similar amounts paid (list in Schedule O)				10			
	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	1850		
	15 Printing, publications, postage, and shipping				15			
	16 Other expenses (describe in Schedule O)				16	40802		
	17 Total expenses. Add lines 10 through 16				17	42652		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-4740		
	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	117546		
	20 Other changes in net assets or fund balances (explain in Schedule O)				20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20				21	112806		

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 Schedule 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

	Yes	No
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		✓
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a		✓
-----	--	---

35b		✓
-----	--	---

35c		✓
-----	--	---

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

36		✓
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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

37a		
-----	--	--

37b		✓
-----	--	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

38a		✓
-----	--	---

38b		
-----	--	--

39a		
-----	--	--

39b		
-----	--	--

39 Section 501(c)(7) organizations. Enter:

40a		
-----	--	--

40b		✓
-----	--	---

40c		
-----	--	--

40d		
-----	--	--

40e		✓
-----	--	---

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► *Char Adams* Telephone no. ► *262-658-7622*

ZIP + 4 ► *53140*

Located at ► *KENOSHA, WI*

	Yes	No
42b		✓

42c		✓
-----	--	---

42d		
-----	--	--

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: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

43		
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44a		
-----	--	--

44b		✓
-----	--	---

44c		✓
-----	--	---

44d		
-----	--	--

45a		✓
-----	--	---

45b		✓
-----	--	---

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

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

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		✓
-----	--	---

44b		
-----	--	--

44c		
-----	--	--

44d		
-----	--	--

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		✓
-----	--	---

44c		
-----	--	--

44d		
-----	--	--

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

44c		
-----	--	--

44d		
-----	--	--

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		✓
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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

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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

Edward Doody, President

Type or print name and title

Date

11/8/13

Paid Preparer Use Only

Print/Type preparer's name

STEPHEN H BARASCH CPA

Preparer's signature

STEPHEN H BARASCH CPA

Date

12-21-2012

Check If self-employed

PTIN

P00280227

Firm's name ► STEPHEN H BARASCH CPA ASS

Firm's EIN ► 39-1674044

Firm's address ► 10110 LAKESHORE DRIVE PLEASANT PRAIRIE, WI 53158-5008

Phone no. 262-694-4148

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

► Yes No

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

KENOSHA ROTARY FOUNDATION INC.

Employer identification number

39-1261654

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(I)		
11g(II)		
11g(III)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?	(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
					Yes	No	
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33½% support test—2011. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42931	10059	43612	77188	37451	211,241
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .	42931	10059	43612	77188	37451	211,241
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 Public support (Subtract line 7c from line 6.) . . .						211,241

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . .	42931	10059	43612	77188	37451	211,241
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	97	8	67	19	461	652
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b . . .	97	8	67	19	461	652
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .	43028	10067	43679	77207	37912	211,893
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . .	15	99.69%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . .	16	99.93%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . .	17	00.31%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . .	18	00.07%
19a 33½% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**STEPHEN BARASCH <shbaraschcpa@gmail.com>****Board**

1 message

Judy Rossow <judyrossowkenosha@yahoo.com>
Reply-To: Judy Rossow <judyrossowkenosha@yahoo.com>
To: Steve Barasch <shbaraschcpa@gmail.com>

Fri, Dec 21, 2012 at 2:13 PM

2011 - 2012 officers

President - John Thomsen, 7854 47th Avenue, Kenosha, WI 53142
VP - Mark Molinaro, 1011 12th Street, Kenosha, WI 53140
Past Pres. Rolly Peckus, 310 E. Pointview Dr., Racine, WI 53402
President Elect - Ed Doody, 5516 2nd Avenue, Kenosha, WI 53140
Secretary - Gil Dosemagen, 710 55th Street, Kenosha, WI 53140
Treasurer - Char Adams, 219 Evergreen Lane, Twin Lakes, WI 53181
Director 1 - Tom O'Neal, 40300 Bloomfield Road, Genoa City, WI 53128
Director 2 - Phil Lehner, 7764 N. 81st Street, Milwaukee, WI 53223
Director 3 - Karen Young, 8511 64th Street, Kenosha, WI 53142

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► 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.

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or; (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-File for Charities & Nonprofits.

Type or print	Name of Exempt Organization <i>Kenosha Rotary Foundation Inc</i>	Employer identification number <i>39 1261654</i>
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. <i>10110 LAKESHORE DRIVE C/O STEPHEN H BARASCH CPA</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <i>PLEASANT PRAIRIE, WI 53158-5008</i>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► ... STEPHEN H. BARASCH, CPA

Telephone No ► (262) 694-4148 FAX No. ► (262) 694-4789

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb. 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20..... or July / 1, 2011, and ending June 30, 2012
- tax year beginning July / 1, 2011, and ending June 30, 2012

2 If this tax year 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 \$ <u>0</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>0</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ <u>0</u>

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

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization <i>Kenosha Rotary Foundation Inc</i>	Employer identification number <i>39-1261657</i>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <i>10110 LAKESHORE DRIVE C/O STEPHEN H BARASCH CPA</i>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <i>PLEASANT PRAIRIE, WI 53158-5008</i>	

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990-PF Form 1041-A Form 6069
 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870
 Form 990-EZ Form 990-T (trust other than above) Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► STEPHEN H. BARASCH, CPA

Telephone No ► (262) 694-4148 FAX No. ► (262) 694-4789

- If the organization does not have an office or place of business in the United States, check this box

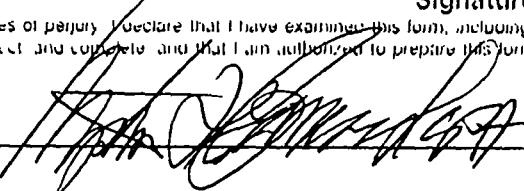
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May 15, 2013
- 5 For calendar year July 1, 2011, and ending June 30, 2012
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Unexpected death of foundation secretary

8a 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	8a \$ <u>0</u>
8b 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 and any amount paid previously with Form 8868	8b \$ <u>0</u>
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit in FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <u>0</u>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 

Title ► *John D. Johnson, CPA*

Authorizing Taxpayer Representative

Date ►

11-6-2012

Form 8868 (Rev. 4-2009)

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