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Short Form
Return of Organization Exempt From Income TaxUnder 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

2008

Open to Public
Inspection

► 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
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROTARY INTERNATIONAL CIRCLEVILLE ROTARY CLUB	D Employer identification number 31-6050361
	Number and street (or P O box, if mail is not delivered to street address) 1752 CROSSINGS BLVD	E Telephone number 740-412-2433
	City or town, state or county, and ZIP + 4 CIRCLEVILLE OH 43113	F Group Exemption Number ► 0573

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

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

J Organization type (check only one) — 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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L 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 ► \$ 41,749

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	1,426
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	18,106
4 Investment income	4	804
5a Gross amount from sale of assets other than inventory	5a	43
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c	43
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	21,370
b Less direct expenses other than fundraising expenses	6b	4,419
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	16,951
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 ► _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	37,330
10 Grants and similar amounts paid (attach schedule)	10	18,540
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	763
16 Other expenses (describe ► See Statement 4)	16	14,058
17 Total expenses. Add lines 10 through 16	17	33,361
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,969
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	33,562
RECEIVED changes in net assets or fund balances (attach explanation) See Statement 5	20	-734
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	36,797

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

167 Net Assets	MAY 24 2010 (See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,562	22	36,740
23 Land and buildings		23	
24 Other assets (describe ► See Statement 6)	24		57
25 Total assets	33,562	25	36,797
26 Total liabilities (describe ► _____)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,562	27	36,797

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 7

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, or other relevant information for each program title

28 See Statement 8

Expenses
(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts,
optional for others)

(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	13,353
29 See Statement 9				
(Grants \$	12,136) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	16,980
30				
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31 Other program services (attach schedule)				
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)			32	30,333

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for 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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
KEITH SUMMERS 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	IMMED PST PR	0	0
CRAIG WELLMAN 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	PRESIDENT	0	0
KIM HARTER 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	SECRETARY	0	0
PATRICIA FOUCHE 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	TREASURER	0	0
DONALD BRADLEY 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	VICE PRES	0	0
JOHN MOATS 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	BOARD MEMBER	0	0
CHRIS YINGLING 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	PRESIDENT EL	0	0
SUE FREY 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	BOARD MEMBER	0	0
SERENA DRESBACH 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	BOARD MEMBER	0	0
RICH ELSEA 1752 CROSSINGS BLVD	CIRCLEVILLE OH 43113	BOARD MEMBER	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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	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
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, 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?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____	40b	X
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or 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 disqualified persons during the year under sections 4912, 4955, and 4958		
d 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 ► None		
42a The books are in care of ► PATRICIA FOUCHE 1752 CROSSINGS BLVD Located at ► CIRCLEVILLE, OH	Telephone no ► 740-412-2433 ZIP + 4 ► 43113	
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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
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 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 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	45	X

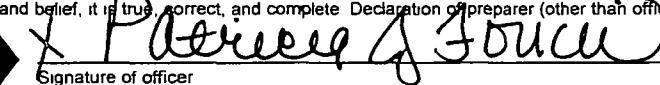
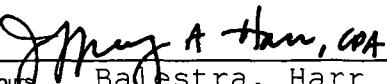
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating 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(s) a section 527 organization?	49b	
50	Complete this table for the 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
Total number of other employees paid over \$100,000				

51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000		

Sign Here	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			
		5-17-10	Date	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
		5/17/10		P00642474
	Firm's name (or yours if self-employed, address, and ZIP + 4)	Balestra, Harr & Scherer, CPAs, Inc.		EIN <input type="checkbox"/> 31-1413363
	PO Box 875		Phone <input type="checkbox"/> 740-474-5210	
	Circleville, OH 43113-0875		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Yes No

Form 990-EZ (2008)

Form 990

Special Events Schedule

2008

For calendar year 2008, or tax year beginning

7/01/08 , and ending

6/30/09

Name _____

ROTARY INTERNATIONAL CIRCLEVILLE
ROTARY CLUB

Employer Identification Number

31-6050361

	(A)	(B)	(C)	Others	Total
Gross receipts	9,895	8,131	1,750	1,594	21,370
Less contributions	0	0	0	0	0
Gross revenue	9,895	8,131	1,750	1,594	21,370
Less direct expenses	4,419	0	0	0	4,419
Net income (loss)	5,476	8,131	1,750	1,594	16,951

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBERSHIP DUES	\$ 5,550
MEAL RECEIPTS	<u>12,556</u>
Total	\$ <u>18,106</u>

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
EDWARD JONES LTCG					\$ 43	\$ 43	\$ 0	\$ 43
Total					\$ 43	\$ 43	\$ 0	\$ 43

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization		Class of Activity	Date of Gift
Description of Property	Cash Contribution	Noncash Contribution	Book Value	FMV
RI DUES & ROTARIAN MAGAZINE			Explanation	Purpose
RI DISTRICT DUES	1,560			
Total	6,404			

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
TRAVEL & TRAINING	351
CHAMBERS DUES	229
MEAL COSTS	11,367
LAW DAY	148
MEMBERSHIP MISC.	1,004
INSURANCE	125
MISC. EXPENSE	451
GSE TEAM	233
FOUR WAY TEST	150
Total	\$ <u>14,058</u>

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON EDWARD JONES INVESTMENT	\$ <u>-734</u>
Total	\$ <u>-734</u>

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
RAFFLE JACKPOT	\$ <u> </u>	\$ <u>57</u>
	<u> </u>	<u>57</u>

Federal Statements

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER:
FIRST: THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE;
SECOND: HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS; THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS; AND THE DIGNIFYING BY EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY;
THIRD: THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS, AND COMMUNITY LIFE;
FOURTH: THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE: THE CLUB HAS ROUGHLY 78 MEMBERS WHO, AS A BUSINESS COMMUNITY, ARE GIVING BACK BY NOT ONLY PARTICIPATING IN THE CLUB'S PROGRAM'S BUT ALSO PROVIDING LEADERSHIP TO THE COMMUNITY AT LARGE. THE EXPENSES PRIMARILY REPRESENT ADMINISTRATIVE EXPENSES AND COSTS RELATED TO FELLOWSHIP ACTIVITIES.

Statement 9 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

CHARITABLE CONTRIBUTIONS: THE CLUB HAS MADE CONTRIBUTIONS FROM ITS FUNDS FOR WORTHY ORGANIZATIONS WITH CHARITABLE PURPOSES, AND CHARITABLE ORGANIZATIONS WHOSE ACTIVITIES ARE SUPPORTED BY THE VOLUNTEERISM OF THE CLUB MEMBERS.

Federal Statements**Special Events Direct Expenses**

Description	Amount
Column C	\$
PUMPKIN SHOW BOOTH	4,419
MISC. EXPENSE	
SubTotal	4,419
Total	<u>4,419</u>

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.

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**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 ROTARY INTERNATIONAL CIRCLEVILLE ROTARY CLUB	Employer identification number 31-6050361
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 511 SYCAMORE DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CIRCLEVILLE OH 43113	

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

<input 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 checked="" 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 ► PATRICIA FOUCH

Telephone No ► 740-412-2433

FAX No ►

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

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time
until 2/15/10, to file the exempt organization return for the organization named above. The extension is
for the organization's return for
► calendar year or
► tax year beginning 7/01/08, and ending 6/30/09

- 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	\$
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	\$
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	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

- 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 File by the extended due date for filing the return. See instructions	Name of Exempt Organization ROTARY INTERNATIONAL CIRCLEVILLE ROTARY CLUB	Employer identification number 31-6050361
	Number, street, and room or suite no. If a P O box, see instructions 511 SYCAMORE DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CIRCLEVILLE OH 43113	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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 ► PATRICIA FOUCH
Telephone No ► 740-412-2433 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

4 I request an additional 3-month extension of time until 5/17/10
 5 For calendar year 2008, or other tax year beginning 7/01/08, and ending 6/30/09
 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
 Additional time is requested to gather information to prepare a complete and accurate return.

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 \$
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 and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. 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	8c \$

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 ►

Patricia Fouch

Title ►

CDA

Date ►

2/21/10

Form 8868 (Rev. 4-2009)