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EXTENSION GRANTED UNTIL MAY 15, 2011

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY CLUB OF CHILLICOTHE, FIRST CAPITAL, OHIO

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
213 SOUTH PAINT STREET

City or town, state or country, and ZIP + 4
CHILLICOTHE, OH 45601-3828

D Employer identification number
31-1343330

E Telephone number
(740) 702-2600

F Group Exemption Number ▶

- 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: ▶ FIRSTCAPITALROTARY.COM

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

J Tax-exempt status (check only one) — ☒ 501(c)(04) ◀ (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 97,740.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,000.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	11,630.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	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)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 82,241.		
	b	Less: direct expenses other than fundraising expenses	6b 56,227.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	26,014.
	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 ▶ SEE STATEMENT 2)		8	2,869.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	41,513.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4 STMT 3		10	30,083.
	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 ▶ SEE STATEMENT 1)		16	22,342.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	52,425.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<10,912.>
	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	41,213.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	30,301.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	41,213.	22	30,301.
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	41,213.	25	30,301.
26	**Total liabilities** (describe ▶)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	41,213.	27	30,301.

SCANNED APR 18 2011

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, 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 SEE STATEMENT 6

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 0.

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
RANDY DREWYOR	PAST PRESIDENT 1.00	0.	0.	0.
ROBIN FOWLER (11)	PRESIDENT 1.00	0.	0.	0.
BEN VANHORN	TREASURER 1.00	0.	0.	0.
CINDY DRUMMOND (13)	SECRETARY 1.00	0.	0.	0.
ERIC BRAUNLIN (13)	PRESIDENT ELECT 1.00	0.	0.	0.
CHRIS SCOTT (12)	BOARD MEMBER 1.00	0.	0.	0.
BRAD JACOBS (11)	VICE PRESIDENT 1.00	0.	0.	0.
JASON RHOADES (12)	BOARD MEMBER 1.00	0.	0.	0.
STEVE EARLEY (14)	BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for 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	33		X
34	Were any changes made to the organizing or governing documents? 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 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 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?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ OH			
42a	The organization's books are in care of ▶ JOHN R SAMS Telephone no. ▶ (740) 702-2600 Located at ▶ 213 S PAINT ST, CHILLICOTHE, OH ZIP + 4 ▶ 45601-3828			
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 N/A			
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 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 46-49b 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 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
N/A				

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."

N/A

(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 ▶

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

Signature of officer — Date: 3/31/11

Type or print name and title: JEAN VANHOOSEN, TREASURER

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶ Phone no. ▶

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

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

2009

Open To Public Inspection

Name of the organization: ROTARY CLUB OF CHILLICOTHE, FIRST CAPITAL, OHIO

Employer identification number: 31-1343330

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

2 a 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 EASY RIDER RODEO BEER A (event type)	(b) Event #2 FIRST THURSDAY EVE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	64,262.	17,979.		82,241.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	64,262.	17,979.		82,241.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	47,770.	8,457.		56,227.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(56,227.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				26,014.

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
9a	a Is the organization licensed to operate gaming activities in each of these states?		
	b If "No," explain:		
10a	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
	b If "Yes," explain:		
11	11 Does the organization operate gaming activities with nonmembers?		
12	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions.				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
CLUB MEETING EXPENSES	16,401.
LIABILITY INSURANCE	0.
STATE FILING FEES	200.
OTHER EXPENSE	1,489.
CLUB SERVICE PROJECTS	4,252.
TOTAL TO FORM 990-EZ, LINE 16	22,342.

FORM 990-EZ OTHER REVENUE STATEMENT 2

DESCRIPTION	AMOUNT
INTEREST	113.
CLUB FELLOWSHIP	1,581.
MEMBER DONATIONS	1,175.
TOTAL TO FORM 990-EZ, LINE 8	2,869.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATES ADDRESS	PURPOSE OF PAYMENT	AMOUNT
ROTARY INTERNATIONAL	PO BOX 71394 CHICAGO, IL 606941394	DUES	1,866.
ROTARY DISTRICT 6690	PO BOX 359 MARIETTA, OH 457500359	DUES	580.
PUMP HOUSE ART GALLERY	CHILLICOTHE, OH 45601	DUES	780.
CHAMBER OF COMMERCE	CHICAGO, OH 45601	DUES	175.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,401.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ROSS COUNTY JR LIVESTOCK CHILLICOTHE, OH 45601	NONE	520.
REINSTORM RIDING CENTER CHILLICOTHE, OH 45601	NONE	174.
UNITED WAY 213 S PAINT ST CHILLICOTHE, OH 45601	NONE	500.
CAMPUS CRUSADE FOR CHRIST	NONE	500.
PUMP HOUSE ART GALLERY CHILLICOTHE, OH 45601	NONE	1,000.
FIRST CAPITAL ROTARY FOUNDATION CHILLICOTHE, OH 45601	NONE	9,000.
SOUTH CENTRAL OHIO BIG BROTHERS SECOND ST CHILLICOTHE, OH 45601	NONE	200.
CHILLICOTHE PARKS & RECREATION CHILLICOTHE, OH 45601	NONE	350.
PICKAWAY ROSS CAREER TECHNOLOGY CENTER CROUSE CHAPEL RD CHILLICOTHE, OH 45601	NONE	100.

ROTARY FOUNDATION PO BOX 71394 CHICAGO, IL 60694	NONE	3,000.
ROTARY FOUNDATION PO BOX 71394 CHICAGO, IL 60694	NONE	1,000.
CHILLICOTHE ROSS PUBLIC LIBRARY PAINT ST CHILLICOTHE, OH 45601	NONE	1,000.
CHILLICOTHE ROSS PUBLIC LIBRARY PAINT ST CHILLICOTHE, OH 45601	NONE	1,000.
FIRST CAPITAL ROTARY FOUNDATION 213 S PAINT ST CHILLICOTHE, OH 45601	NONE	2,025.
HABITAT FOR HUMANITY CHILLICOTHE, OH 45601	NONE	250.
GALLIPOLIS ROTARY CLUB GALLIPOLIS, OH 45631	NONE	250.
GALLIPOLIS ROTARY CLUB GALLIPOLIS, OH 45631	NONE	250.
SALVATION ARMY FOURTH ST CHILLICOTHE, OH 45601	NONE	488.
FIRST CAPITAL ROTARY FOUNDATION 213 S PAINT ST CHILLICOTHE, OH 45601	NONE	1,000.

ROSS COUNTY JR CHILLICOTHE, OH 45601	NONE	50.
MAJESTIC THEARTRE SECOND ST CHILLICOTHE, OH 45601	NONE	2,000.
OSU ALUMNI ASSOCIATION CHILLICOTHE, OH 45601	NONE	100.
ROTARY FOUNDATION PO BOX 71394 CHICAGO, IL 60694	NONE	1,925.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		26,682.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE CLUB GAINS PUBLIC RECOGNITION THROUGH ITS FUNDRAISERS AND CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS. CLUB MEETINGS HELP BRING EVERYONE TOGETHER. ACTIVITIES INCLUDE A 4 WAY SPEECH CONTEST, SUPPORT OF LOCAL NONPROFITS, FIRE SAFETY BROCHURES FOR SCHOOLS, EXCHANGE STUDENT AND KIDS CHRISTMAS PARTY FOR SPECIAL NEEDS STUDENTS.

THE CLUB WAS FOUNDED TO PROVIDE SERVICE TO THE LOCAL COMMUNITY THROUGH SERVICES PROJECTS AND FUNDRAISING.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ [X]

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	Employer identification number
File by the extended due date for filing your return See instructions	ROTARY CLUB OF CHILLICOTHE, FIRST CAPITAL, OHIO	31-1343330
	Number, street, and room or suite no. If a P.O. box, see instructions. 213 SOUTH PAINT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHILLICOTHE, OH 45601-3828	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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

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 ▶ 213 S PAINT ST - CHILLICOTHE, OH 45601-3828
  Telephone No. ▶ (740) 702-2600 FAX No. ▶ (740) 702-2612
- 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, 2011.

5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

6 If the tax year entered in line 5 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
VOLUNTEERS CHARGED WITH THE RESPONSIBILITY TO COMPLETE FORM 990 HAVE NOT COMPLETED COMPILATION OF THE NECESSARY INFORMATION.

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	$ 0.
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	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

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 ▶ John R Sams Title ▶ CPA Date ▶ 2/11/11