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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 July 1 , 2009, and ending June 30 , 20 10

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 Berea

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P. O. Box 55

City or town, state or country, and ZIP + 4
Berea, Ohio 44017-0055

D Employer identification number
34-6557858

E Telephone number
440-243-6612

F Group Exemption Number ▶ **N/A**

• *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:** ▶ **www.BereaRotary.org**

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

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (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 $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 ▶ $ **102,499**

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	25,773
	2	Program service revenue including government fees and contracts		2	26,341
	3	Membership dues and assessments		3	6,554
	4	Investment income		4	58
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ **20,057** of contributions reported on line 1)	6a 30,355		
	b	Less direct expenses other than fundraising expenses	6b 25,049		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,306
	7a	Gross sales of inventory, less returns and allowances	7a 12,493		
	b	Less cost of goods sold	7b 7,923		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	4,570
	8	Other revenue (describe ▶ **Weekly meeting activities**)		8	925
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	69,527
Expenses	10	Grants and similar amounts paid (attach schedule) NONE IN EXCESS OF $5,000		10	32,847
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ **See Schedule 16 attached**)		16	31,145
	17	**Total expenses.** Add lines 10 through 16 ▶		17	63,992
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,535
	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	24,683
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	30,218

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	13,717	22	19,252
23	Land and buildings	0	23	0
24	Other assets (describe ▶ **Deposits:Oktoberfest and golf outing event**)	10,966	24	10,966
25	**Total assets**	24,683	25	30,218
26	**Total liabilities** (describe ▶ **None**)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	24,683	27	30,218

9-5

20

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

What is the organization's primary exempt purpose? **Club, vocational, community, and international 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	**Weekly dinner meetings attended by an average of 28 members and 5 guests to plan service projects and to feature speakers that educate members on civic and community matters** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	27,145
29	**Scholarships for college studies were awarded to 10 students who graduated from Berea, Olmsted Falls, or Polaris High School. No individual received an amount in excess of $1,000** (Grants $ 10,000) If this amount includes foreign grants, check here ▶ ☐	29a	10,371
30	**Volunteer service and financial support to the City of Berea, civic and community organizations and activities, youth activities at area schools, and Rotary International. No organization received an amount in excess of $2,000** (Grants $ 15,289) If this amount includes foreign grants, check here ▶ ☐	30a	15,629
31	Other program services (attach schedule) SEE SCHEDULE 31 ATTACHED (Grants $ 2,541) If this amount includes foreign grants, check here ▶ ☐	31a	3,119
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	56,264

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
See Schedule IV attached				

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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? SEE LINE 35 STATEMENT ATTACHED	35a		✓
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 Schedule N	36		✓
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		✓
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		✓
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		✓
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		✓
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Allyn R. Adams Telephone no. ▶ 440-243-6612 Located at ▶ P O. Box 55; Berea, Ohio ZIP + 4 ▶ 44017-0055			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		✓
	If "Yes," enter the name of the foreign country. ▶ N/A			
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		✓
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		✓

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	N/A	

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
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 . . ▶

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

▶ Allyn R Adams — Signature of officer — 5-10-11 — Date

▶ **Allyn R. Adams, Treasurer** — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
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 Berea

Employer identification number
34 : 6557858

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name 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
Not Applicable						
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 Scholarship Dinne (event type)	(b) Event #2 Charity Golf Event (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	29,467	20,945	0	50,412
	2 Less. Charitable contributions	9,992	10,065	0	20,057
	3 Gross income (line 1 minus line 2)	19,475	10,880	0	30,355
Direct Expenses	4 Cash prizes	4,073	1,755	0	5,828
	5 Noncash prizes	175	457	0	632
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	5,880	2,734	0	8,614
	8 Entertainment	0	0	0	0
	9 Other direct expenses	2,663	7,312	0	9,975
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(25,049)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				5,306

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				Not Applicable
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:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain.			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		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 ▶ $		

ROTARY CLUB OF BEREA **34-6557858**
SUPPLEMENTAL SCHEDULES AND STATEMENT--FORM 990-EZ
FOR THE YEAR ENDED JUNE 30, 2010

SCHEDULE 16--OTHER EXPENSES

DESCRIPTION	AMOUNT
Meetings and Conferences	28,050
Supplies and Operating Costs	1,095
Community Projects	918
Member Recruiting and Services	403
Youth Projects	371
Sponsor recognition	308
TOTAL	31,145

SCHEDULE 31--OTHER PROGRAM SERVICES

DESCRIPTION	AMOUNT
Encouragement and collection of contributions, primarily from members of Rotary Club of Berea, that then are distributed to community organizations that provide assistance, primarily food products, to needy individuals at Thanksgiving, Christmas, and other times during the year	2,341
Conduct of an annual request to residents of Berea to nominate individuals employed in the City who have been courteous in performing his or her job, consideration of the nominations submitted, and hosting an Employee Courtesy Awards Banquet to honor the winners	778
TOTAL	3,119

SCHEDULE IV--LIST OF OFFICERS AND DIRECTORS

NAME	TITLE	AVERAGE HOURS PER WEEK
Sally King	President	4
Kathleen Olmeda	President Elect	4
Theodore Moss	Vice President	3
John Weaver	Vice President Elect	3
Judith Stull	Secretary	4
Thomas O'Donnell	Assistant Secretary	2
Allyn Adams	Treasurer	4
Allyn Adams	Director	2
Hugh Arey	Director	2
Robert Hammer	Director	2
Robert Huge	Director	2
Rudi Kamper	Director	2
Thomas O'Donnell	Director	2
Kathleen Olmeda	Director	2
Mary Ellen Posze	Director	2
James Sayler	Director	2
Charles Stanko	Director	2
Judith Stull	Director	2
John Weaver	Director	2
Kenneth Weber	Director	2
Hilary Wilson	Director	2

NOTE No officer or director received any compensation, contribution to employee benefit plan or deferred compensation, or expense account and other allowances

The mailing address for all individuals is
C/O Rotary Club of Berea
P O Box 55
Berea, Ohio 44017-0055

LINE 35--STATEMENT REGARDING INCOME FROM SPECIAL EVENTS AND ACTIVITIES

The Gross Revenue reported on Line 6-a is from a Charity Golf Event held in September 2009 and a Scholarship Fund Dinner, Auction, and Raffle held in February 2010 Each event is attended primarily by members of the Organization and invited guests
The Net Income reported on Line 6-c is excluded from unrelated trade or business taxable income because substantially all work is performed for the Organization by members who receive no compensation

The Gross Sales reported on Line 7-a are from the sales of plants in July 2009 and May 2010, poinsettia plants in December 2009, and Rotary logo items throughout the year The sales are made primarily to members of the Organization
The Gross Profit reported on Line 7-c is excluded from unrelated trade or business taxable income because substantially all work is performed for the Organization by members who receive no compensation

Form **8868** (Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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	Employer identification number
File by the due date for filing your return. See instructions.	**Rotary Club of Berea**	**34 6557858**
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P. O. Box 55	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Berea, Ohio 44017-0055	

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

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

- The books are in the care of ▶ **Allyn R. Adams**

Telephone No. ▶ **(440) 243-6612** FAX No. ▶ **(440) 243-6612**

- 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 **February 15**, 20**11**, 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 **July 1**, 20**09**, and ending **June 30**, 20**10**.

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	$ N/A
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	$ N/A
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	$ NONE

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	Employer identification number
File by the extended due date for filing the return. See instructions.	**Rotary Club of Berea**	**34 : 6557858**
	Number, street, and room or suite no. If a P.O. box, see instructions. **P. O. Box 55**	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. **Berea, Ohio 44017-0055**	

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 ▶ **Allyn R. Adams**
Telephone No. ▶ **(440) 243-6612** FAX No. ▶ **(440) 243-6612**
• 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**, 20**11**
5 For calendar year ____, or other tax year beginning **July 1**, 20**09**, and ending **June 30**, 20**10**
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 **All information necessary to properly prepare return has not yet been received from third parties.**

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	$	N/A
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	$	N/A
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	$	NONE

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 ▶ Allyn R Adams Title ▶ **Treasurer** Date ▶ **2-1-11**