See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 $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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY INTERNATIONAL - QUINCY ROTARY

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

City or town, state or country, and ZIP + 4
QUINCY, MA 02169

D Employer identification number
04-6114490

E Telephone number
617-471-1000

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: ▶ WWW.QUINCYROTARY.COM

J Organization type (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 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 ▶ $ 145,671.

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	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	8,148.
	4	Investment income		4	9,303.
	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) (attach schedule)		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 69,327.		
	b	Less: direct expenses other than fundraising expenses	6b 31,952.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	37,375.
	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 ▶ MISCELLANEOUS)		8	58,893.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	113,719.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	47,200.
	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	500.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,154.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	46,947.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	95,801.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,918.
	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	269,045.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20	<32,164.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	254,799.

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IRS-OSC

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.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	269,045.	22	254,799.
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	269,045.	25	254,799.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	269,045.	27	254,799.

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

What is the organization's primary exempt purpose? COMMUNITY 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, or other relevant information for each program title.

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

28 ROTARY INTERNATIONAL IS A SERVICE ORGANIZATION THAT MEETS REGULARLY FOR THE PURPOSE OF PROVIDING DONATIONS AND SCHOLARSHIPS TO THE COMMUNITY.

(Grants $ 47,200.) If this amount includes foreign grants, check here ▶ ☐ 28a 95,800.

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 95,800.

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
ROBERT KACHINSKY 346 ADAMS STREET, QUINCY, MA 02169	PRESIDENT 0.00	0.	0.	0.
JOHN J PASCIUCCO, JR 4 WAMPANOAG AVE, NORFOLK, MA 02056	PRESIDENT ELECT 0.00	0.	0.	0.
MARYBETH CURRAN, 440 PLEASANT STREET, NORWOOD, MA 02062	VICE-PRESIDENT 0.00	0.	0.	0.
BENOY PAUL 21 LARRY PLACE, QUINCY, MA 02169	SECRETARY 0.00	0.	0.	0.
JOHN SHARRY 27 GLENDALE AVE, QUINCY, MA 02169	TREASURER 0.00	0.	0.	0.
BRENDAN SMITH 289 BELLEVUE ROAD, SQUANTAM, MA 02171	DIRECTOR 0.00	0.	0.	0.
DOROTHY DIPESA 410 ATHERTON STREET, MILTON, MA 02186	DIRECTOR 0.00	0.	0.	0.
JOSEPH CAPPADONNA 57 KINGS ROAD, CANTON, MA 02021	DIRECTOR 0.00	0.	0.	0.
WALTER C WHITE 38 WINDSOR ROAD, MILTON, MA 02186	DIRECTOR 0.00	0.	0.	0.
MARILYN REISBERG 2001 FALLS BLVD, QUINCY, MA 02169	DIRECTOR 0.00	0.	0.	0.
BRADLEY SHUFORD 49 ABERDEEN STREET, QUINCY, MA 02171	DIRECTOR 0.00	0.	0.	0.
WENDY SIMMONS, 31 BLOOMFIELD STREET, QUINCY, MA 02171	DIRECTOR 0.00	0.	0.	0.
LYNNE HOUGHTON 19 WAYLAND STREET, QUINCY, MA 02171	DIRECTOR 0.00	0.	0.	0.
MARTIN MCGOVERN 43 ELM STREET, WHITMAN, MA 02382	DIRECTOR 0.00	0.	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	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 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 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 (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	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	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. ▶ MA

42a The books are in care of ▶ JOHN SHARRY Telephone no. ▶ 781-830-6220

Located at ▶ 27 GLENDALE ROAD, QUINCY, MA ZIP + 4 ▶ 02169

			Yes	No
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		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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 N/A

			Yes	No
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
N/A				
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."

N/A

(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

▶ Signature of officer — Date: 5/7/10

▶ JOHN M. SHARRY 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 instr.)
	05/04/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GERALD T. REILLY
424 ADAMS STREET
MILTON, MA 02186

EIN ▶

Phone no. ▶ 617-696-8900

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2008)

832174
12-17-08

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
MEALS	25,210.
INTERACT SPONSOR	1,200.
GROUP STUDY EXCHANGE	1,052.
RYLA	1,250.
WEB SITE	1,257.
DINNERS/CONFERENCES	2,025.
GIFTS AND FLOWERS	1,444.
50/50 RAFFLE	819.
MISCELLANEOUS	4,542.
ROTARY DUES	8,148.
TOTAL TO FORM 990-EZ, LINE 16	46,947.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN/(LOSS) IN INVESTMENTS	<32,164.>
TOTAL TO FORM 990-EZ, LINE 20	<32,164.>

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
QUINCY BABE RUTH	NONE	250.
QUINCY XMAS FUND	NONE	500.
MANASHI FUND-BEN PAUL	NONE	200.
THOMAS CRANE LIBRARY	NONE	600.
PMC-JIMMY FUND	NONE	500.
QUINCY MEDICAL CANCER WALK	NONE	500.
INTERFAITH SOCIAL SERVICES	NONE	1,000.
PROJECT WOO	NONE	1,000.
QUINCY SUN	NONE	300.

QUINCY YOUTH HOCKEY	NONE	300.
MERCY SHIPS	NONE	1,000.
QUINCY HS ECONOMICS	NONE	1,000.
BAY STATE COMMUNITY	NONE	500.
QUINCY YOUTH BUILD	NONE	300.
INTERFAITH SOCIAL SERVICES	NONE	1,000.
QUINCY BASEBALL	NONE	300.
SOUTH SHORE HOSPICE	NONE	250.
WOODWARD SCHOOL-PEAK	NONE	800.
MIDDLETOWN RI ROTARY CLEAN WATER	NONE	400.

INTERFAITH SOCIAL SERVICES	NONE	1,000.
QUINCY YOUTH SOCCER	NONE	500.
CITY OF QUINCY COUNCIL ON AGING	NONE	5,000.
SIMONE LEARY 241 NEWBURY AVE QUINCY, MA 02171	NONE	1,500.
CHRISTINE CULGIN 144 SONAMA ROAD QUINCY, MA 02171	NONE	1,500.
VIRGINIA WONG 892 SOUTHERN ARTERY QUINCY, MA 02171	NONE	1,500.
TARA MCFARLAND 140 SUMMITT AVE QUINCY, MA 02171	NONE	1,500.
JONI NASHI 365 MANET AVE QUINCY, MA 02171	NONE	1,500.
CAITLYN MCCARTHY 38 ALGONQUIN ROAD QUINCY, MA 02171	NONE	1,500.
AMY GUAN 81 THORNTON STREET QUINCY, MA 02171	NONE	1,500.

KARA TAN 72 TYLER STREET QUINCY, MA 02171	NONE	1,500.
OSAMAH KMAIL 1439 FURNACE BROOK PARKWAY QUINCY, MA 02171	NONE	1,500.
ANN MARIE PRICE 147 GRANGER STREET QUINCY, MA 02171	NONE	1,500.
ALICIA WOODBURY 264 VINE STREET QUINCY, MA 02171	NONE	1,500.
MATHEW MYERS 19 FILBERT STREET QUINCY, MA 02171	NONE	1,500.
LINDA TRAN 118 DOANE STREET #4 QUINCY, MA 02171	NONE	1,500.
MICHAEL PYLE 20 HUGHES STREET QUINCY, MA 02171	NONE	1,500.
WAI MAN FAN 284 WATER STREET # 2 QUINCY, MA 02171	NONE	1,500.
THAHN TRANG HOAG 375 PALMER ST #2 QUINCY, MA 02171	NONE	1,500.
MEAGAN TOBIN 116 DIXWELL AVE QUINCY, MA 02171	NONE	1,500.

AMANDA YOUNG 25 SPRING STREET QUINCY, MA 02171	NONE	1,500.
EILEEN VO 309 SAFFORD STREET QUINCY, MA 02171	NONE	1,500.
MICHAEL MOTTOLA 591 WILLARD STREET QUINCY, MA 02171	NONE	1,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		47,200.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

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

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 . . . . . ▶ [X]
- 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 INTERNATIONAL - QUINCY ROTARY	04-6114490
	Number, street, and room or suite no. If a P.O. box, see instructions. 27 GLENDALE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. QUINCY, MA 02169	

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
[X] 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 ▶ PAUL BAHARIAN 28 HICKORY LANE - WEYMOUTH, MA 02188
  Telephone No. ▶ 617-377-7538 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 FEBRUARY 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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	$ N/A

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 . . . . . ▶ [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 the return. See instructions.	ROTARY INTERNATIONAL - QUINCY ROTARY		04-6114490
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	27 GLENDALE ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	QUINCY, MA 02169		

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

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

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 ▶ JOHN SHARRY 27 GLENDALE ROAD - QUINCY, MA 02169
  Telephone No. ▶ 781-830-6220 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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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 NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX 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	$	N/A

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 ▶ [signature] Title ▶ CPA Date ▶ 2/12/10

Form **8868** (Rev. 4-2009)

G.T. Reilly & Co. #04-2513210
424 Adams St., Milton, MA 02186

RECEIVED
FEB 16 2010
OGDEN, UT
E2-690 IRS-OSC

823832
05-26-09