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Form **990-EZ**

Department of the Treasury

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)

2008

OMB No. 1545-1150

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.

Open to Public Inspection

Internal Revenue Service For the 2008 calendar year, or tax year beginning July 1 2008, and ending 20 09 June 30 B Check if applicable: Please use IRS C Name of organization D Employer identification number Address change Granby Education Foundation, Inc. 06 lahel or Name change print or Number and street (or P O. box, if mail is not delivered to street address) E Telephone number Initial return type. (860) 653-0550 Termination Specific City or town, state or country, and ZIP + 4 Amended return F Group Exemption nstruc-Granby, CT 06035 Application pending Number . Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method ☑ Cash ☐ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ☐ if the organization is not I Website: ▶ _www.granbyeducationfoundation.org required to attach Schedule B (Form 990. Organization type (check only one)—

501(c) (3)

(insert no) 4947(a)(1) or 527 990-EZ, or 990-PF) Check ► fr 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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 50,559 Contributions, gifts, grants, and similar amounts received. . . 9,529 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 5,092 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . 5c Revenue Special events and activities (complete applicable parts of Schedule G) If any amount is from garning, check here 🕨 🔲 Gross revenue (not including \$ ___ ___ of contributions reported on line 1) 6a 6b Less: direct expenses other than fundraising expenses . Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold , , 7c Gross profit or (loss) from sales of invertion line 7a) 8 8 Other revenue (describe ▶ ďΩ Total revenue. Add lines 1, 2, 3, 4,5c, 6c, 7c, and 9 65,180 9 20,865 10 Grants and similar amounts paid (affach schedule) 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee penerits 12 12 13,739 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 4,354 15 Printing, publications, postage, and shipping. Other expenses (describe > supplies, conference fee, meeting exp, state filing fee, dues 2,691 16 16 Total expenses. Add lines 10 through 16 17 41,649 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 23,531 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 236,084 end-of-year figure reported on prior year's return). ž 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 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (See the instructions for Part II.) 236,084 22 259,615 22 Cash, savings, and investments 23 Land and buildings . 24 24 Other assets (describe ▶ 236,084 25 259,615 25 Total assets 0 26 Total liabilities (describe ▶ 236,084 27 259,615 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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



Form **990-EZ** (2008)

Cat. No 106421

Part III Statement of Program Service Accom	plishments (See the instr	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?	support innovative educat	ional opportunitie	es in the co	(Rec	uired for 501(c)(3)
Describe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner,	4114	(4) organizations 4947(a)(1) trusts,
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others)
28 Grants program - distributed in support of innov	ative educational program	nming			
(Grants \$ 20,865) If this amount incli	udes foreign grants, check	here	. ▶ □	28a	20,865
29 Arts event - production providing unique artistic	opportunities to attendee	s and participant	s	ļ	
				1	
(Grants \$ 8,564) If this amount incli	udes foreign grants, check	here	. ▶ □	29a	8,564
30				[
				1	
	udes foreign grants, check	here	. ▶_ □	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount incl	udes foreign grants, check	here . ,	. ▶ □	31a	l
32 Total program service expenses (add lines 28a th		· · · · · · ·		32	29,429
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the in:	structio	ons for Part IV)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and
	devoted to position	enter -0)	deferred compe	nsation	other allowances
Patricia Percival	Chairperson 10				_
106 Higley Road, West Granby, CT 06090		0		0	0
David Emery	Vice Chair 5	_		_	_
71 Loomis Street, North Granby, CT 06060		0		0	0
Kathy Ungerleider	Secretary 2		1	_	_
12 Strawberry Fields, Granby, CT 06035		0		0	0
Kevin Edwards	Treasurer 10	_			_
18 Kearns Circle, Granby, CT 06035		0		0	0
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Pai	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		✓
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		√
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		1
	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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4955 ▶ 0			
ь	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	40ь		1
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			
е	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		1
41	List the states with which a copy of this return is filed. ▶ Connecticut			
42a	The books are in care of ► Kevin A. Edwards Telephone no. ► (860)	6:	53-05	50
	Located at ▶ 18 Kearns Circle, Granby, CT ZIP + 4 ▶	060	35	
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		Yes	No
	account)?	42b		-
	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.			اا
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_ ✓
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			
			Vac	No
		Γ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	144		
45	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		
	"Yes," Form 990 must be completed instead of Form 990-EZ	1 73		

orm	990-	EZ ((2008)	
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Page 4

Part	Section 501(c)(3) organizations only and complete the tables for lines 50 a	r. All section 501(c)(3) and 51.	organizat	ions mu	st answer questi	ons 4	5–49	
46	Did the organization engage in direct or indirect p	political campaign activit	ies on beh	alf of or in	n opposition to		Yes	No
	candidates for public office? If "Yes," complete S					46		1
	Did the organization engage in lobbying activities					47		✓
48	Is the organization operating a school as describe	ed in section 170(b)(1)(A)	(ii)? If "Yes	," comple	ete Schedule E .	48		1
	Did the organization make any transfers to an ex-		ted organiz	ation?		49a		✓
	If "Yes," was the related organization(s) a section					49b		L
50	Complete this table for the five highest compense each received more than \$100,000 of compensat	ated employees (other the communication from the organization	an officers n. If there i	, director s none, e	s, trustees and key nter "None."	emplo	y ee s) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Com	pensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount ar allowar	nd
NON	E							
							-	
			 					
Total	number of other employees paid over \$100,000							
	Complete this table for the five highest compens		ctore who	each rece	ived more than \$1		of	
	compensation from the organization. If there is no	•	otors wile	04011 1000	Sivod moro trian wi	00,000	O,	
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Con	pensa	tion
NON	E							
Total	number of other independent contractors each re	eceiving over \$100,000						
TOTAL	Under penalties of penury, I declare that I have exami		mpanying sch	edules and	statements, and to the	best of m	y knov	wledge
	and belief, it is true, correct, and complete. Declarat							
Sign	1 /3 //. Col				2/5/20	10		
Here	Signature of officer	, ~			Date			
	Type or print name and title.	ds, Treasu	rer					
Paid	Preparer's signature	Date		Check if self- employed >	Preparer's Identifying	Number (S	See insti	uctions)
Prepa	Firm's name (or yours	- 	<u> </u>		in Þ		-	
Use 0	if self-employed), address, and ZIP + 4				Phone no. ► ()			
May t	the IRS discuss this return with the preparer show	vn above? See instruction	ons		<u>,</u>	□ Y	es [No
					F	om 99 ((2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Nonexempt charitable trusts.

Open

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

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			oundation, Inc.						06		157647		
	rt I			narity Status (All or						ee instru	ctions)	
The	orga	anization is n	ot a private four	ndation because it is:	(Please o	check onl	y one org	ganization	ո.)				
1 2		A church, co	onvention of chu	irches, or association on 170(b)(1)(A)(ii). (At	of churc	hes desc				A)(i).			
3 4		A medical re	esearch organiza	hospital service organation operated in con	junction v								
5		An organizat	• •	ate: r the benefit of a colle mplete Part II.)		versity o	wned or o	operated	by a gov	emmenta	ıl unit d	escrit	ed in
6		A federal, st	ate, or local gov	remment or governme	ental unit	describe	d in sect	ion 170(I	o)(1)(A)(v) .			
7		An organizat	ion that normally	y receives a substanti (1)(A)(vi). (Complete F	al part of			_		•	the ger	neral p	oublic
8				d in section 170(b)(1)		Complete	Part II.)						
9		An organizat receipts from support from	ion that normally n activities relate n gross investm	y receives: (1) more the ed to its exempt func- ent income and unre a after June 30, 1975.	an 33⅓ % tions—su elated bu	of its su bject to o siness ta	pport from certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 3	3%%	of its
10 11		An organization purposes of	tion organized a one or more pu	nd operated exclusive and operated exclusive blicly supported organ at describes the type	vely for t nizations	he benefi describe	it of, to p d in secti	oerform t on 509(a)	he functi)(1) or se	ons of, o	or to ca (a)(2). S	irry oi iee se	ut the
a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).							alified						
f g		organization	, check this box at 17, 2006, has	a written determinated the organization acceptance of the contraction acceptance of the contract							lll sup	oportii 	ng _
		(i) A persor	who directly o	r indirectly controls, only body of the sup				th person	ıs descril	bed in (ii)	11g(i)	Yes	No
			=		-	gameano					11g(ii)		
			(ii) A family member of a person described in (i) above?						11g(iii)				
<u>h</u>				ation about the organ				upports.					
		me of supported (II) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions))		(Iv) Is the organization in col. (I) listed in your governing document? (v) Did you notify the organization in col (I) of your support?			(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support		of		
					Yes	No	Yes	No	Yes	No			
													
			<u></u>										
Tota	ıl												

Sched	lule A (Form 990 or 990-EZ) 2008		<u></u>				Page 2
Par	(Complete only if you chec	janizations I ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)	(1)(A)(vi)
	tion A. Public Support	γ···					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	<u> </u>	 				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	L	L	<u></u>		L	<u>. </u>
_	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a) 2009	(f) Total
_		(a) 2004	(b) 2003	(6) 2000	(u) 2007	(e) 2008	(i) iotai
7	Amounts from line 4		-			 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		-				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		l			 	
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su			4 1 (6)			
14	Public support percentage for 2008 (line		•			14	<u>%</u>
15	Public support percentage from 2007 Sc					15	<u>%</u>
16a	33% % support test-2008. If the organi						_
	and stop here. The organization qualifies						
Ь	331/4 % support test—2007. If the organi box and stop here. The organization qua						
470				-			
1/a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pa	rt IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstar Private foundation. If the organization did	facts-and-circur ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Parganization	t IV how the
10	iodinabaom ii tile organization die	Unicon a Di	o. on mic 10, 10	a, 100, 170, 01	, D, OHGOR IIIS	20x 414 303 II	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support					 -	
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,595	67,163	76,683	59,528	50,559	317,528
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,985	13,564	12,939	10,517	9,529	55,534
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge	72,580	80,727	89,622	70,045	60,088	373,062
_	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						373,062
	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6	72,580	80,727	89,622	70,045	60,088	373,062
IVa	payments received on securities loans, rents, royalties and income from similar sources	463	1,719	5,036	9,993	5,092	22,303
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	463	1,719	5,036	9,993	5,092	22,303
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						395,365
14	First five years. If the Form 990 is for to organization, check this box and stop to the s	here		nd, third, fourth	_		
Sec	tion C. Computation of Public Sup	pport Percer	ntage				
15	Public support percentage for 2008 (lin	e 8, column (f)	divided by lin	e 13, column ((f)	15	94.36 %
16	Public support percentage from 2007 S			<u>'g</u>		16	97.17 %
	tion D. Computation of Investmen					4-1	E CA A
17	Investment income percentage for 2008			-	`"	17	5.64 %
18	Investment income percentage from 20					18	2.83 %
19a	33% % support tests—2008. If the organization of the support tests—2008 is the organization of the organizat	ox and <mark>stop h</mark> e	re. The organiz	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	331/4 % support tests - 2007. If the organ line 18 is not more than 331/4 %, check this	ization did not o box and stop	check a box on here. The orgar	line 14 or line in nization qualifies	19a, and line 16 s as a publicly :	6 is more than 6 supported organ	33⅓ %, and nization ▶ 🏻
20	Private foundation. If the organization						

Schedule A (Fo	rm 990 or 990-EZ) 2008 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Not aphlic	iblo
Not applica	iDie

Granby Education Foundation,	Inc.
Form 990 EZ	

06-1576473

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Part I, Line 10

Grant recipient receiving more than \$5,000

Granby Memorial High School 315 Salmon Brook Street, Granby, CT 06035

Activities

Grant for equipment in school productions	\$	1,240
Grant for equipment used by students in English, History and		
Foreign Languages		6,202
Grant for dance program		500
	-	-
Total of grants awarded to Granby Memorial High School	\$	7,942

There is no relationship between the grant recipient and any board member of the grantor.

Part I, Line 16

Advertising / marketing	\$	826
Conferences / meetings		472
Filing fee		75
Supplies		1,318
	\$	2,691