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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

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

ROTARY CLUB OF SIMSBURY GRANBY

PO BOX 251

SIMSBURY, CT 06070-0251

D Employer identification number

06-6054328

E Telephone number

(860) 677-1000

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: ▶ N/A

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

J Organization type (check only one) — ☒ 501(c) (4) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 93,098.

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	5,137.
	4	Investment income	4	22.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including <input type="checkbox"/> of contributions reported on line 1)	6a	87,939.
	6b	Less direct expenses other than fundraising expenses	6b	34,153.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	53,786.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	58,945.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	12,608.
	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 2)	16	14,116.
	17	Total expenses (add lines 10 through 16)	17	26,724.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,221.
	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	61,098.
	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	93,319.

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	38,971.	64,019.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)	22,127.	29,300.
25 Total assets	61,098.	93,319.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	61,098.	93,319.

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

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.

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

28	----- ----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28 a
29	----- ----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29 a
30	----- ----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) ▶ <input type="checkbox"/>	32

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)
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	(b) Title and average hours	(c) Compensation (If	(d) Contributions to	(e) Expense account
--	-----------------------------	----------------------	----------------------	---------------------

(a) Name and address	per week devoted to position	not paid, enter -0-.)	employee benefit plans and deferred compensation	and other allowances
----------------------	------------------------------	-----------------------	--	----------------------

NAME	to position	salary	deferred compensation	total compensation
CHERYL VINCENT 43 DRUMLIN ROAD WEST SIMSBURY, CT 06092	DIRECTOR 0	0.	0.	0.
MARK BRADY SIMSBURY, CT 06070	VICE PRESIDENT 0	0.	0.	0.
BRAD JACKSON 2 HAMILTON LANE WEATOGUE, CT 06089	SECRETARY 0	0.	0.	0.
JERRY COHEN 52 MUNNISUNK DRIVE SIMSBURY, CT 06070	TREASURER 0	0.	0.	0.
GERRY WETJEN PO BOX 291 SIMSBURY, CT 06070	SARGENT-AT -ARM 0	0.	0.	0.
JEFF EUTING 28 PINE GLEN ROAD SIMSBURY, CT 06070	BOARD MEMBER 0	0.	0.	0.
RON HUSTON 16 WOODCHUCK HILL RD WEST SIMSBURY, CT 06092	PRESIDENT 0	0.	0.	0.
PHIL CARIGNAN 50 FARMSTEAD LANE WEST SIMSBURY, CT 06092	INTERNATIONAL 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction 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 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 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the 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
39 501(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 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	40a	N/A
b 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	NONE	

42a The books are in care of JERRY COHEN Telephone no 860-677-1000
 Located at 20 TOWER LANE, AVON CT ZIP + 4 06001

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: _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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: _____

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

☐ N/A
☒ **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		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

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.**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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**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 and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors 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

Signature of officer: Jerry Cohen Date: 2/8/10

JERRY COHEN TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: NON-PAID PREPARER Date: 2/8/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4:

Preparer's Identifying Number (See instructions):

EIN: Phone no:

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open to Public Inspection

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

ROTARY CLUB OF SIMSBURY GRANBY

Employer identification number

06-6054328

Part I	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
---------------	---

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

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have 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. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

REVENUE		(a) Event #1 GOLF TOURAMENT (event type)	(b) Event #2 WINE HARVEST (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	47,691.	25,488.	14,760.	87,939.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	47,691.	25,488.	14,760.	87,939.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	21,050.	5,019.	8,084.	34,153.
	8 Direct expense summary Add lines 4- through 7 in column (d)				34,153.
	9 Net income summary. Combine lines 3 and 8 in column (d)				53,786.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

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?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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 contact 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

ROTARY CLUB OF SIMSBURY GRANBY

06-6054328

2/08/10

10 28AM

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	NATIONAL CONTRIBUTION	
DONEE'S NAME:	ROTARY INTERNATIONAL FDN	
DONEE'S ADDRESS:	1560 SHERMAN AVE. EVANSTON, IL 60201, AFFILIATE	
RELATIONSHIP OF DONEE:		
CASH AMOUNT GIVEN:		\$ 3,718.
CLASS OF ACTIVITY:	BOUNDLESS PLAYGROUND	
DONEE'S NAME:	TOWN OF SIMSBURY SIMSBURY, CT 06070,	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 647.
CLASS OF ACTIVITY:	SCHOLARSHIPS	
DONEE'S NAME:	SIMSBURY HIGH SCHOOL SIMSBURY, CT 06092	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CHRYSLIS CENTER INC	
DONEE'S ADDRESS:	278 FARMINGTON AVENUE HARTFORD, CT 06105	
CASH AMOUNT GIVEN:		\$ 1,048.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SIMSBURY SCHOOL SYSTEM SIMSBURY, CT 06070	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	CLEAN RIVERS	
DONEE'S NAME:	FARMINGTON VALLEY WATERSHED	
DONEE'S ADDRESS:	HOPMEADOW STREET SIMSBURY, CT 06070	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	MEMBERSHIPS	
DONEE'S NAME:	FARMINGTON VALLEY YMCA	
DONEE'S ADDRESS:	SALMON BROOK DRIVE GRANBY, CT 06035	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	PROGRAM SERVICES	
DONEE'S NAME:	SIMSBURY LITTLE LEAGUE	
DONEE'S ADDRESS:	HOPMEADOW STREET SIMSBURY, CT 06032	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.

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06-6054328

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STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	EDUCATIONAL	
DONEE'S NAME:	LILLYDALE LITERACY PROJECT	
DONEE'S ADDRESS:	ELLIOT STREET	
	SIMSBURY, CT 06070	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,195.
 CLASS OF ACTIVITY:	 PROGRAM SERVICES	
DONEE'S NAME:	FARMINGTON VALLEY CARILLON	
DONEE'S ADDRESS:	HOPMEADOW STREET	
	SIMSBURY, CT 06070	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
 CLASS OF ACTIVITY:	 TOWN SIGNAGE	
DONEE'S NAME:	TOWN OF SIMSBURY	
DONEE'S ADDRESS:	HOPMEADOW STREET	
	SIMSBURY, CT 06070	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	\$ 2,749.
DUES-ROTARY INTERNATIONAL	6,615.
GROUP HOME HOLIDAY PARTY	1,734.
OFFICE EXPENSES	398.
SCHOOL SPORTS BANQUET	523.
SIMSBURY CELEBRATES	785.
SUPPLIES, SPEAKERS, MISC	852.
WEBSITE	460.
TOTAL	\$ 14,116.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 22,127.	\$ 29,300.
TOTAL	\$ 22,127.	\$ 29,300.

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06-6054328

2/08/10

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STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION OPERATES TO PROVIDE MONEY TO LOCAL AND INTERNATIONAL PROJECTS AND SCHOLARSHIPS.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ROTARY CLUB OF SIMSBURY GRANBY	06-6054328
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 251	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SIMSBURY, CT 06070-0251	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► JERRY COHEN

Telephone No. ► 860-677-1000

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, 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 7/01, 20 08, and ending 6/30, 20 09

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$ 0.

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 \$ 0.

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 \$ 0.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ROTARY CLUB OF SIMSBURY GRANBY	06-6054328
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	SHEIN, COHEN, PALMER & CO., LLC 20 TOWER LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	AVON, CT 06001	

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

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of JERRY COHEN
Telephone No 860-677-1000 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 5/15, 20 10.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE 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 instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Jerry Cohen Title TREASURER

Date 11/10/09

BAA

FIF20502L 03/11/09

Form 8868 (Rev 4-2009)