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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)

2009

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements. emai Revenue Service A For the 2009 calendar year, or tax year beginning 2009, and ending . 20 Check if applicable: C Name of organization D Employer identification number Address change Friends of the Walter Irish Senior Community Center, Inc. 03-0365332 Name change Number and street (or P.O. box, if mail is not delivered to street address) print or E Telephone number Initial return P.O. box 207 802-425-6345 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Application pending Charlotte, VT 05445 Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ If the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ff 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. 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 44687 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 41370 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 387 3 Membership dues and assessments 3 4 2451 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ 6a b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c C 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c Other revenue (describe Miscellaneous 479 8 8 44687 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 7018 10 Grants and similar amounts paid (attach schedule) . 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits . . 12 12 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance, 9 7010. S 14 14 O 105 15 15 Other expenses (describe ► | See Schedule 20675 16 16 Total expenses. Add lines 10 through 16 DEN. 17 From line 9 17 17 27798 16889 18 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 89863 20 Other changes in net assets or fund balances (attach explanation) . . . 20 -1 21 106751 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (B) End of year (See the instructions for Part II.) (A) Beginning of year 89863 106751 22 22 Cash, savings, and investments 23 Land and buildings 23 24 24 Other assets (describe ▶ 89863 106751 25 Total assets 25 26 Total liabilities (describe ▶ 26

7

106751

Form 990-EZ (2009)

Net assets or fund balances (line 27 of column (B) must agree with line 21)

89863

27

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	<u>l.)</u>	ļ	Expenses		
What	What is the organization's primary exempt purpose? Support Municipal Senior Center					(Required for section		
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise)(3) and 501(c)(4) izations and section		
manr	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
each	program title.				for at	a)(1) trusts; optional hers.)		
28	Provide Improvements to Facility and Programs							
20	**************************************			••				
					_			
		includes foreign grants, ch	eck nere	. ▶ ⊔	28a	7018		
29	Provide Food and Groceries for Senior Lunch Progra	am]			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	15152		
30								
) .			
	(Grants \$) If this amount	inalisata fassion sucuto ale		<u></u>	30a			
-		includes foreign grants, ch			Sua			
31	,				١			
		includes foreign grants, ch			31a			
	Total program service expenses (add lines 28a				32	22170		
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and		
	tal Hallo alla addicco	devoted to position	enter -0)	deferred comper	nsation	other allowances		
Robe	erta Whitmore							
23 S	tonewall Lane, Charlotte, VT 05445	President 4	0		0	0		
	nin Mol aughlin	······································						
	r St., Charlotte, VT 05445	Vice-president 2	o		0	•		
_ 	dy Pierce					-		
		Secretary 3			_			
	Lime Kiln Rd., Charlotte, VT 05445		0		0	0		
	er Gates	Treasurer 4						
2247	Ferry Rd., Charlotte, VT 05445		0		0	0		
Robi	na Condict	Director 2						
6 Co	untry Commons, Vergennes, VT 05491	Director 2	0		0	0		
Carl	Herzog			,				
38 W	ishbone Lane, Charlotte, VT 05445	Director 2	0		0	0		
	ara McDonald							
	Red Truck Lane, Hinesburg, VT 05461	Director 2	0		0	0		
	e Nichols							
		Director 2						
1381	Morningside Dr., Charlotte, VT 05445		0		0	0		
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Part	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		1			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1			
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.						
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓			
b	If "Yes." has it filed a tax return on Form 990-T for this year?	35b	 -				
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		1			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None						
b	Did the organization file Form 1120-POL for this year?	37b		7			
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						
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9						
ь	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 ▶; section 4912 ▶; section 4955 ▶						
Ь	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		1			
С	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						
d	Section 501(c)(3) and 501(c)(4) organizations. 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. ▶ None						
42a	The organization's books are in care of ▶ Walter Gates Telephone no. ▶	302-42	5-208	3			
	Located at ▶ 2247 Ferry Rd., Charlotte, VT ZIP + 4 ▶						
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.						
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1			
	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						
			Yes	No			
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		1			

Form 990)-EZ (2009)					Р	age 4
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) nor 7(a)(1) nonexempt cha d 51.	nexempt charita aritable trusts m	able trusts only. A ust answer question	II sectons 46	tion -49t	<u> </u>
	Did the organization engage in direct or indirect			or in opposition to		Yes	No
	candidates for public office? If "Yes," complete \$	Schedule C, Part I			46		√
	Did the organization engage in lobbying activities				47		
	Is the organization a school as described in section		•		48		√
	Did the organization make any transfers to an ex		_		49a		
	If "Yes," was the related organization a section 5				49b		41
	Complete this table for the organization's five high employees) who each received more than \$100,000.						
		(b) Title and average	(c) Compensation	n (d) Contributions to	(e)	Expen	se
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	1	employee benefit plans 8 deferred compensation	other	ount a allowa	
None							
			<u> </u>		 		
					 -		
t	Total number of other employees paid over \$100	,000 ▶	<u> </u>			-	
	Complete this table for the organization's five I \$100,000 of compensation from the organization (a) Name and address of each independent contractor	n. If there is none, enter	"None."	Type of service	(c) Con		
None					· · · · ·		
d	Total number of other independent contractors e	each receiving over \$100	,000 ▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including accomp	panying schedules and is based on all informa	statements, and to the be tion of which preparer has	st of my any kno	knowl wledg	edge e.
Sign Here	Date Officer Signature of officer Date						
	Walter Gates, Treasurer		···				
	Type or print name and title	1	l a:	Danson de liberté de com	mbor Pos		diana\
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nu	mider (See	Instruc	JUONS)
Prepare			employed ▶	 			
Use On	yours if self-employed),			Phone no. ►			
May th	address, and ZIP + 4 V re IRS discuss this return with the preparer shows	above? See instruction	\$		Yes		No
may an	and allocate the folder mar the property differen				m 990		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service Name of the organization Employer identification number Friends of the Walter Irish Senior Community Center, Inc. 03 0365332 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I c Type III-Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (v) Did you notify (i) Name of supported (iii) Type of organization (vii) Amount of (ii) EIN (iv) Is the organization (vi) is the in col (I) listed in your organization in col organization (described on lines 1-9) the organization in support above or IRC section col. (i) of your governing document? (i) organized in the **U.S?** (see instructions)) support? Yes Yes Yes

Total

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.)

Section A. Public Support							
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26978	37970	41242	43696	41370	191256
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	26978	37970	41242	43696	41370	191256
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	400	425	375	5625	700	7525
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	400	425	375	5625	700	7525
8	Public support (Subtract line 7c from line 6.)		-				183731
	tion B. Total Support	() 0005		43000	4.0.000	(1,000	1 10 7 1 1
	llendar year (or fiscal year beginning in)	(a) 2005 26978	(b) 2006 37970	(c) 2007 41242	(d) 2008 43696	(e) 2009 41370	(f) Total 191256
9 10a	Amounts from line 6	20310	3/3/0	41242	43030	41376	191230
	sources	234	1667	1729	1952	245	8033
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	234	1667	1729	1952	245	8033
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.)			658	329	860	1853
13	Total support. (Add lines 9, 10c, 11, and 12.)	27212	39637	43629	45977	4468	201142
14	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	· 					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column ((f) 	15 16	91 % 92 %
Sec	tion D. Computation of Investmer	t Income Pe	ercentage	 -			
17 18	Investment income percentage for 2009 Investment income percentage from 20	,	* * *	•		17 18	3 %
19a	331/3 % support tests—2009. If the organism not more than 331/3 %, check this b	anızation did n	ot check the be	ox on line 14, a	and line 15 is n	nore than 33/ supported org	%%, and line ganization ▶ ☑
b	33% % support tests - 2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more thar	n 331/s %, and
20							

Schedule A (Form 990 or 990-EZ) 2009

FRIENDS OF THE WALTER IRISH SENIOR COMMUNITY CENTER, INC. EIN 03-0365332 FORM 990-EZ FOR YEAR ENDED 6/30/10

Part I, line 10, Grants Paid

Non-Cash to Town of Charlotte

Deck Addition	\$1304
Electrical Changes	1171
Furniture & Fixtures	1998
Kitchen Equip. & Supplies	1614
Program support	628
Miscellaneous	<u>303</u>

Total \$7018

FRIENDS OF THE WALTER IRISH SENIOR COMMUNITY CENTER, INC. EIN 03-0365332 FORM 990-EZ FOR YEAR ENDED 6/30/10

Part I, line 16, Other Expenses

Food and Groceries	\$15,152
Fund Raising	867
Insurance	148
Promotion	2,338
Miscellaneous	<u>2,170</u>
Total	\$20,675