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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008Department 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 Jul 1 , 2008, **and ending** Jun 30 , 2009

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

C Name of organization
Edward King House Senior Center, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
35 King Street
 City or town, state or country, and ZIP + 4
Newport RI 02840

D Employer identification number
05-0312277

E Telephone number
(401) 846-7426

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) ►

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

I Website: ► **www.theedwardkinghouse.com**

J Organization type (check only one) — ☒ 501(c) (3) (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 ► \$ **171,669.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	91,172.
2 Program service revenue including government fees and contracts	2	59,981.
3 Membership dues and assessments	3	9,469.
4 Investment income	4	11,047.
5a Gross amount from sale of assets other than inventory	5a	0.
b Less cost or other basis and sales expenses	5b	61,872.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-61,872.
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
a Gross revenue (not including \$ 0. of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	0.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.
7a Gross sales of inventory, less returns and allowances	7a	0.
b Less cost of goods sold	7b	0.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.
8 Other revenue (describe ►)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	109,797.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	104,187.
13 Professional fees and other payments to independent contractors	13	20,388.
14 Occupancy, rent, utilities, and maintenance	14	65,109.
15 Printing, publications, postage, and shipping	15	5,004.
16 Other expenses (describe ► See Other Expenses Statement)	16	74,144.
17 Total expenses (add lines 10 through 16)	17	268,832.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-159,035.
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	746,780.
20 Other changes in net assets or fund balances (attach explanation)	20	-4,096.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	583,649.

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	405,345.	254,847.
23 Land and buildings	341,435.	335,138.
24 Other assets (describe ►)	0.	0.
25 Total assets	746,780.	589,985.
26 Total liabilities (describe ► See L-26 Stmt)	0.	6,336.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	746,780.	583,649.

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

Form 990-EZ (2008)

SCANNED MAR 22 2010

REVENUE

EXPENSES

ASSETS

76

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

What is the organization's primary exempt purpose? Provide Activities/Services to Seniors in Newport, RI
 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	The Organization maintains a Senior Citizens' Center in Newport, RI, offering activities, services, meals, and assistance to elderly residents in and around the area. (Grants \$ 80,683.) If this amount includes foreign grants, check here ☐	28a	76,241.
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	76,241.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
David Bell 35 King Street Newport RI 02840	Executive Director 40.00	17,692.	0.	
Mansfield Lyon 380 Gibbs Avenue Newport RI 02840	President 0.00	0.	0.	
Allan Booth 11 LeRoy Avenue Newport RI 02840	Vice President 0.00	0.	0.	
Margot Rous 421 Bellevue Avenue #2A Newport RI 02840	Secretary 0.00	0.	0.	
Wayne Porter 65 Roberts Street West Warwick RI 02893	Interim Treasurer 0.00	0.	0.	
Charles Duncan 25 Third Street Newport RI 02840	Director 0.00	0.	0.	
Dottie Hopkins 46 Chastellux Avenue Newport RI 02840	Director 0.00	0.	0.	
Michael Hunter 33 Brenton Road Newport RI 20840	Director 0.00	0.	0.	
Kathleen Managhan 2 Marlborough Street Newport RI 02840	Director 0.00	0.	0.	
Mary Jane Mann 7 Bliss Road Newport RI 02840	Director 0.00	0.	0.	
George Menas 44 Toppa Boulevard Newport RI 02840	Director 0.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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		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	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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 section 4912 section 4955		
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		X
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		
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		X
41 List the states with which a copy of this return is filed _____		

42a The books are in care of Rosemary Bucci Telephone no (815) 414-1228
 Located at 35 King Street Newport RI ZIP + 4 02840

	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)? If 'Yes,' enter the name of the foreign country. _____		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 _____		X

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 _____

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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.

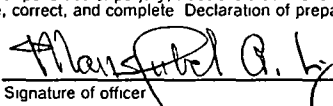
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		☒
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		☒
48 Is the 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?		☒
49b 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
None				
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
None		
Total number of other independent contractors 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		01/15/10 Date		
	Mansfield Lyon Type or print name and title		President		
Paid Preparer's Use Only	Preparer's signature	Barbara M. Holmes CPA Date 02/15/10	Check if self-employed ☒	Preparer's Identifying Number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	Barbara M. Holmes CPA, CFP, MS, LLC 420 Middle Highway Barrington RI 02806	EIN		Phone no

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 'unusual grants'.)	120,317.	81,444.	95,752.	97,900.	91,697.	487,110.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	120,317.	81,444.	95,752.	97,900.	91,697.	487,110.
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						487,110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	120,317.	81,444.	95,752.	97,900.	91,697.	487,110.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,108.	7,302.	19,963.	35,673.	28,413.	100,459.
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						587,569.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	82.90 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	90.73 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ☐b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal yr 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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 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						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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)

[illegible]

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return
Edward King House Senior Center, Inc.

Employer Identification No
05-0312277

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable	0.	4,390.
Accrued Payroll	0.	1,946.
Totals to Form 990-EZ, Part II, line 26	0.	6,336.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Supplies	32,829.
Insurance	5,245.
Investment Fees	5,156.
Meals and Entertainment	99.
Automobile	477.
Advertising	2,528.
Travel	96.
Depreciation	17,289.
Telephone and Internet	5,793.
Licensing	10.
Small Tools and Equipment	4,203.
Donation	104.
Dues and Subscriptions	315.
Total	<u>74,144.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business ☐ Person ☒ <u>Marie Paiva</u> <u>84 Bay View Park</u> <u>Middletown RI 02842</u> Foreign city _____ Foreign country _____ Business ☐ Person ☒ <u>Teresa Trifero</u> <u>207 Coggeshall Avenue</u> <u>Newport RI 02840</u> Foreign city _____ Foreign country _____ Business ☐ Person ☒ <u>Mark Woods</u> <u>575 East Main Road</u> <u>Middletown RI 02842</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week <u>0.00</u>	0.	0.	
Business ☐ Person ☒ <u>Teresa Trifero</u> <u>207 Coggeshall Avenue</u> <u>Newport RI 02840</u> Foreign city _____ Foreign country _____ Business ☐ Person ☒ <u>Mark Woods</u> <u>575 East Main Road</u> <u>Middletown RI 02842</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week <u>0.00</u>	0.	0.	
Business ☐ Person ☒ <u>Mark Woods</u> <u>575 East Main Road</u> <u>Middletown RI 02842</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week <u>0.00</u>	0.	0.	

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Class Instructors	8,875.
Accounting	5,833.
Consulting	5,680.
Total	<u>20,388.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Postage and Delivery	3,176.
Printing	1,828.
Total	<u>5,004.</u>

Filing Fee: \$10.00

ID Number: 000031119



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

NON-PROFIT CORPORATION

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION**

Pursuant to the provisions of Section 7-6-40 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is Senior Citizens' Center, Inc.
2. The following amendment to the Articles of Incorporation was adopted by the corporation:

[Insert Amendment]

Amend the name of the corporation to:
Edward King House Senior Center, Inc.

6/11/09 11:19 AM
RECEIVED
MAY 11 2009
085097

FILED
MAY 11 2009
By DS 11/19
085097

3. The amendment was adopted in the following manner:

(check one box only)

☐ The amendment was adopted at a meeting of the members held on _____, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.

☐ The amendment was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.

☒ The amendment was adopted at a meeting of the Board of Directors held on April 14, 2009 and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

4. Date when amendment is to become effective Upon filing of these Articles of Amendment
(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Under penalty of perjury, we declare and affirm that we have examined these Articles of Amendment to the Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct

Edward King House Senior Center, Inc. f/k/a
Senior Citizens' Center, Inc.

Date: 4-30-09

Print Corporate Name

By Mansfield C. Lyon
Mansfield Lyon

☒ President or ☐ Vice President (check one)

AND

By Margot Rous
Margot Rous

☒ Secretary or ☐ Assistant Secretary (check one)



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

May 11, 2009 11:19 AM

A handwritten signature in black ink, appearing to read "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

