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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

RHODE ISLAND COLLEGE ALUMNI ASSOCIATION

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

600 MOUNT PLEASANT AVENUE

City or town, state or country, and ZIP + 4

PROVIDENCE, RI 02908

D Employer identification number

05-6051361

E Telephone number

(401) 456-8105

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 methodCash Accrual Other (specify)

I Website: WWW.RIC.EDU

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)(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\$474,486

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	309,168		
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
	4	Investment income	4	7,971		
	5a	Gross amount from sale of assets other than inventory	5a	63,283		
	b	Less cost or other basis and sales expenses	5b	74,128		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-10,845		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	6c	13,507		
	a	Gross revenue (not including \$2,033 of contributions reported on line 1)	6a	24,723		
	b	Less direct expenses other than fundraising expenses	6b	11,216		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	1,715		
	7a	Gross sales of inventory, less returns and allowances	7a	1,715		
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	67,626		
	8	Other revenue (describe)	9	389,142		
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	104,546		
	10	Grants and similar amounts paid (attach schedule)	11			
	11	Benefits paid to or for members	12			
	12	Salaries, other compensation, and employee benefits	13	12,168		
	13	Professional fees and other payments to independent contractors	14	178		
Net Assets	14	Occupancy, rent, utilities, and maintenance	15	33,997		
	15	Printing, publications, postage, and shipping	16	226,428		
	16	Other expenses (describe)	17	377,317		
	17	Total expenses (add lines 10 through 16)	18	11,825		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	473,818		
	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)	20	-49,618		
	20	Other changes in net assets or fund balances (attach explanation)	21	436,025		
	21	Net assets or fund balances at end of year (combine lines 18 through 20)				

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

244,437

22

230,245

23 Land and buildings

23

24 Other assets (describe)

286,809

24

226,182

25 Total assets

531,246

25

456,427

26 Total liabilities (describe)

57,428

26

20,402

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

473,818

27

436,025

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO SERVE APPROXIMATELY 50,000 ALUMNI AND TO PROMOTE INTERST IN RHODE ISLAND COLLEGE THROUGH ITS TIME, TALENT AND RESOURCES - FINANCIAL AND OTHERWISE THE ASSOCIATE PROVIDES SUPPORT FOR SCHOLARSHIPS, FACULTY RESEARCH GRANTS, PROGRAMS AND COMMUNICATIONS WITH ALUMNI AND FRIENDS OF THE COLLEGE PRIMARILY THROUGH AN ANNUAL APPEAL (THE ANNUAL FUND)			
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			
28 RHODE ISLAND COLLEGE SCHOLARSHIP FUND Financial support to Rhode Island College including need and merit based scholarships to students and assistance with faculty programming Approximately 150 students were awarded scholarships (Grants \$ 104,546) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	104,546
29 COLLEGE SUPPORT PROGRAM Financial support provided to the College in an effort to promote Alumni interest through annual reunions and special events The Alumni Association sponsored more than 10 events in addition to an annual alumni awards recognition ceremony honoring 38 alumni (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	107,159
30 ALUMNI PUBLICATIONS Alumni publications serve as a means to promote interest in the college The magazines are sent out two times a year to more than 40,000 reachable alumni In addition, electronic newsletters are sent out each month as a means to provide current information on events and programs (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	88,761
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	300,466

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

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

No

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

No

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

No

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

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

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

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?

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ CATHERINE HANRAHAN Telephone no ▶ (401) 456-8086

600 Mount Pleasant Ave

Located at ▶ Providence, RI ZIP + 4 ▶ 02908

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

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

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43

44

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

44

Yes

No

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

No

Form 990-EZ (2008)

Part VISection 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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
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 received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 are 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				

Please 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		2010-04-26 Date			
Paid Preparer's Use Only	WILLIAM FAZIOLI, TREASURER Type or print name and title					
	Preparer's signature	DONALD SULLIVAN	Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	SULLIVAN & COMPANY CPAS LLP 50 HOLDEN STREET PROVIDENCE, RI 02908		EIN	Phone no. (401) 272-5600	
May the IRS discuss this return with the preparer shown above? See instructions.					Yes	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization RHODE ISLAND COLLEGE ALUMNI ASSOCIATION	Employer identification number 05-6051361
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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
5	<input checked="" type="checkbox"/>	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)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(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?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

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 any "unusual grants ")	367,569	309,788	348,786	342,321	309,168	1,677,632
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 line 1-3	367,569	309,788	348,786	342,321	309,168	1,677,632
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						1,677,632

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	367,569	70,921	348,786	342,321	309,168	1,677,631
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,448	70,921	70,428	73,325	75,597	345,719
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)						2,023,350
12 Gross receipts from related activities, etc (See instructions)					12	98,727
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	82.910 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	84.880 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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 for 2007 Schedule A, Part IV -A, line 27g	16	

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% 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% Tests - 2007. If the organization did not check a box on line 14 or line 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 05-6051361

Name: RHODE ISLAND COLLEGE ALUMNI ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Victor Ventura 75 Southwinds Drive Kingston, RI 02828	President 1 00	0	0	0
jason anthony 21 samuel court cranston, RI 02920	vice president 1 00	0	0	0
william fazioli 229 quarry street east providence, RI 02914	treasurer 1 00	0	0	0
kathleen swann 306 fry pond road west greenwich, RI 02817	secretary 1 00	0	0	0
ellen kitchell 11 hunters run N Providence, RI 02904	past president 1 00	0	0	0
eleanor o'neill 600 mt pleasant avenue providence, RI 02908	executive director 35 00	0	0	0
allan fung 252-F mayfield avenue cranston, RI 02920	director 1 00	0	0	0
sharon garlington 61 rutherghlen avenue providence, RI 02907	director 1 00	0	0	0
paul hackley 2 woodmansee court west kingston, RI 02892	director 1 00	0	0	0
babara loomis smith 32 woodland road barrington, RI 02806	director 1 00	0	0	0
patricia nevola testa 12 hickory drive cranston, RI 02921	director 1 00	0	0	0
sydney williams 9 peckham avenue newport, RI 02840	director 1 00	0	0	0
kristen dean 93 eleventh street providence, RI 02906	director 1 00	0	0	0
margaret dooley 74 roger williams avenue rumford, RI 02916	director 1 00	0	0	0
brian mageau 61 sanwood drive harrisville, RI 02830	director 1 00	0	0	0
erin O'gara dollard 23 mann avenue newport, RI 02840	director 1 00	0	0	0
kathryn gray sasso 154 mann school road smithfield, RI 02917	director 1 00	0	0	0
judy spremulli 44 village avenue cranston, RI 02920	director 1 00	0	0	0
michael browner 419 massasoit avenue east providence, RI 02914	at-large director 1 00	0	0	0
ann gancz-teixeira 1 georgianna drive cumberland, RI 02864	at-large director 1 00	0	0	0
joseph graziano 191 wentworth avenue cranston, RI 02905	at-large director 1 00	0	0	0
paul bourget 365 elm street woonsocket, RI 02895	foundation rep - past preside 1 00	0	0	0
catherine hanrahan 600 mt pleasant avenue providence, RI 02908	fiscal manager 8 75	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RHODE ISLAND COLLEGE ALUMNI ASSOCIATION

Employer identification number
05-6051361

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.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a 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 activities?

☐ 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 990-EZ 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	(b) Event #2	(c) Other Events	(d) Total Events
			Golf Tournament			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	26,756			26,756
Direct Expenses	2	Less Charitable contributions	2,033			2,033
	3	Gross revenue (line 1 minus line 2)	24,723			24,723
	4	Cash Prizes				
	5	Non-cash Prizes	1,189			1,189
	6	Rent/Facility costs				
	7	Other direct expenses	10,028			10,028
	8	Direct expense summary Add lines 4 through 7 in column (d)				11,217
	9	Net income summary Combine lines 3 and 8 in column (d).				13,506

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))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	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)				

		Yes	No
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?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

	Yes	No
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 contract 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 ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ► \$ _____		

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No **67**

Name(s) shown on return RHODE ISLAND COLLEGE ALUMNI ASSOCIATION	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 05-6051361
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	178

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	178
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2008 General Explanation Attachment**Name:** RHODE ISLAND COLLEGE ALUMNI ASSOCIATION**EIN:** 05-6051361

Identifier	Return Reference	Explanation
Form 990EZ, Part I	Salaries, Compensation and Employee Benefits	All individuals who provide services to the Rhode Island College Alumni Association are employees of Rhode Island College. This includes the Executive Director, Eleanor O'Neill. These individuals are compensated by Rhode Island College for the services they provide to the Rhode Island College Alumni Association.

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** RHODE ISLAND COLLEGE ALUMNI ASSOCIATION**EIN:** 05-6051361

Item No.	1
Class of Activity	
Donee's Name	RHODE ISLAND COLLEGE
Donee's Address	600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908
Amount (FMV)	104,546
Purpose of Payment to Affiliate	SPRING AND FALL SCHOLARSHIPS to rhode island college students
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule**Name:** RHODE ISLAND COLLEGE ALUMNI ASSOCIATION**EIN:** 05-6051361

Description	Beginning of Year Amount	End of Year Amount
accounts receivable	31,299	25,389
inventory	7,231	7,475
publicly traded securities	246,035	192,581
prepaid and other current assets	1,617	288
Other Depreciable Assets	627	449

TY 2008 Other Changes in Net Assets Schedule

Name: RHODE ISLAND COLLEGE ALUMNI ASSOCIATION

EIN: 05-6051361

Description	Amount
Unrealized Losses	-49,618

TY 2008 Other Expenses Schedule**Name:** RHODE ISLAND COLLEGE ALUMNI ASSOCIATION**EIN:** 05-6051361

Description	Amount
Miscellaneous Expense	868
General Insurance	703
alumni events	42,864
SponsoRshipS/Promotional/Fundraising	2,022
Brick Campaign	3,612
college support	64,250
alumni publications	88,761
contract services	12,119
database information management	5,166
board meeting expense	830
bank and investment fees	2,362
travel	663
director expense	2,208

TY 2008 Other Liabilities Schedule**Name:** RHODE ISLAND COLLEGE ALUMNI ASSOCIATION**EIN:** 05-6051361

Description	Beginning of Year Amount	End of Year Amount
accounts payable and accrued expenses	55,498	17,895
deferred revenue	1,930	2,507

TY 2008 Other Revenues Schedule

Name: RHODE ISLAND COLLEGE ALUMNI ASSOCIATION

EIN: 05-6051361

Description	Amount
Royalties	67,626

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: RHODE ISLAND COLLEGE ALUMNI ASSOCIATION

EIN: 05-6051361

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.