See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
WEST BROADWAY NEIGHBORHOOD ASSOC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1560 WESTMINSTER STREET

City or town, state or country, and ZIP + 4
PROVIDENCE, RI 02909

D Employer identification number
22-2600067

E Telephone number
(401) 831-9344

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.WBNA.ORG

J Tax-exempt status (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 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

L 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 ▶ $ 108,420

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	37,985
	2	Program service revenue including government fees and contracts		2	34,629
	3	Membership dues and assessments		3	16,646
	4	Investment income		4	98
	5a	Gross amount from sale of assets other than inventory	5a 1		
	b	Less cost or other basis and sales expenses	5b 274,588		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(274,587)
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 19,061		
	b	Less direct expenses other than fundraising expenses	6b 3,789		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STM100		6c	15,272
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	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	(169,957)
Expenses	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	40,868
	13	Professional fees and other payments to independent contractors		13	1,285
	14	Occupancy, rent, utilities, and maintenance		14	11,283
	15	Printing, publications, postage, and shipping		15	1,522
	16	Other expenses (describe ▶ STM130)		16	26,409
	17	**Total expenses.** Add lines 10 through 16 ▶		17	81,367
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(251,324)
	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	635,627
	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	384,303

RECEIVED
OCT 08 2010
OGDEN, UT
IRS-OSC
EI-64

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	158,681	22	164,975
23	Land and buildings	703,471	23	415,940
24	Other assets (describe ▶ STM131)	1,112	24	1,112
25	**Total assets**	863,264	25	582,027
26	**Total liabilities** (describe ▶ STM132)	227,637	26	197,724
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	635,627	27	384,303

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

What is the organization's primary exempt purpose? PRESERVE AND PROTECT THE COMMUNITY.

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

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

28 THE WBNA ORGANIZES NEIGHBORS AND BUSINESSES ON THE WEST SIDE OF PROVIDENCE TO PRESERVE AND PROTECT THE COMMUNITY AS A

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 81,367

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 81,367

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
KARI LANG 1560 WESTMINSTER STREET PROVIDENCE, 02909	EXEC DIRECTOR 35	STMA01 36,100	0	0
SEE ATTACHED BOARD MEMBERS 1560 WESTMINSTER STREET PROVIDENCE, 02909	OTHER MEMBERS 0	0	0	0

Part V 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		X
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T			
a	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		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	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		X
c	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 ▶ _____			
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 ▶ _____			
42 a	The organization's books are in care of ▶ KARI LANG Telephone no ▶ 401-831-9344			
	Located at ▶ 1560 WESTMINSTER STREET PROVIDENCE, RI ZIP + 4 ▶ 02909			
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		X
	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		X
	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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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		

d Total number of other independent contractors each 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 Anne Tait, President Date Sept 29, 2010

Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 09-21-2010	Check if self-employed ▶ ☐
Firm's name (or yours if self-employed), address, and ZIP + 4	Damiano & Burk CPAs pc 6 Blackstone Valley Pl Ste109 Lincoln, RI 02865	EIN ▶ 050442623	Preparer's Identifying No (See inst) P00161529
		Phone no ▶ 401-333-2880	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WEST BROADWAY NEIGHBORHOOD ASSOC

Employer identification number
22-2600067

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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 supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(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 III 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	198,247	97,188	168,874	118,300	54,631	637,240
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	198,247	97,188	168,874	118,300	54,631	637,240
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 ln 4						637,240

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	198,247	97,188	168,874	118,300	54,631	637,240
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	200	911	513	343	98	2,065
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						639,305

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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.68 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	98.89 %

16a **33 1/3% support test - 2009.** 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 ▶ ☒

b **33 1/3% support test - 2008.** 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 - 2009.** 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 - 2008.** 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 ▶ ☐

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 year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus under sec 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Name(s) as shown on return	Federal Supporting Statements	2009
		FEIN

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE	6,144	1,231
NOTE PAYABLE-PROV PRES	179,979	179,979
LISC RECOVERABLE GRANT	41,514	16,514
Total	227,637	197,724

Explanation
Salary employee

STATMENT LD

Name(s) as shown on return: WEST BROADWAY NEIGHBORHOOD ASSOC

FEIN: 22-2600067

Statement #100

Form 990EZ, Part I, Line 5(c)
Gain(Loss) from Sale of Other Assets Schedule

Name	1577 WESMINSTER STREET
Date Acquired	OUS -VA
How Acquired	PURCHASE/CONSTRUCTED
Date Sold	2009-06
Purchaser	SPURWINK RI
Gross Sales	$1
Sales Expense	$
Total Net	$1
Accumulated Depreciation	$
Basis	$

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

Description	Amount
DEPRECIATION	12,944
WORK COMP INSURANCE	446
OFFICE SUPPLIES	809
PROGRAM EXPENSES	9,298
DUES AND MEMBERSHIP	1,028
TELEPHONE	1,884
Total	26,409

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

Description	Beginning of Year	End of Year
INVENTORY	644	644
PREPAID INSURANCE	468	468
Total	1,112	1,112

2010 Staff

Executive Director

Kari Lang*#
32 Willow Street, Providence, RI 02909
(H) 273-3821 (W) 831-9344 (F) 831-0388 (E) kari@wbna.org

2010 Officers

President

Anne Tait*
172 Knight Street
Providence, RI 02909
(H) 831-3212 (W) 254-3768 (E) annietaiter@gmail com
Assistant Professor of Art, Roger Williams Univ ,
School of Architecture, Art, and Historic Preservation
Term 1, 2006-2007, Term 2, 2008-2009, Term 3, 2010-2011

Vice President 1

David R, Lawless+
482 West Fountain Street
Providence, RI 02903
(H) 351-0514 (W) 401-292-4345 (E) david lawless@fmr com
Instructional Design Project Manager, Fidelity Investments
Term 1, 2008-2009, Term 2, 2010-2011

Vice President 2

Elaine Collins*
134 Messer Street
Providence, RI 02909
(H) 490-0206 (E) ECollins93@aol com
Ophthalmic Technician, Rhode Island Eye Institute
Term 1, 2007-2008, Term 2, 2009-2010

Treasurer

Jean Poehler*
102 Dexter, #1
Providence, RI 02909
(H) 273-2232 (W) 723-2040 (C) 265 8204
(E) jpoehler@cox net
Construction Estimator
Term 1, 2007-2008, Term 2, 2009-2010

Secretary

Erika Farrell
2 Collins Court
Barrington, RI 02806
(H) 774.239.0872 (W) 401 455.7650 (C)774 239 0872
(E)efarrell@eapdlaw.com
Attorney, Edwards Angell, Palmer and Dodge, LLC
Term 1, 2007-2008, Term 2, 2009-2010

2010 Board of Directors

Manuel Cordero Alvarado*
48 Hammond Street
Providence, RI 02909
(H) 401 490 0828 (W) 401.222 4276 (C) 401.952 8050 (E) manuelcordero@gmail.com
Architect/Assistant School Construction Coordinator, RI Department of Education
Term 1, 2010-2011

Note. *# indicates member works in neighborhood*
** indicates member lives in neighborhood*

Board of Directors Continued

Kurt J. Bodnar*
9 Carol Ct
Providence, RI 02909
(H) 751-8355 (W) 860/701-3400 x139(C) (401) 261-7268 (E) kbodnar@gmail.com
Term 1, 2005-2006, Term 2, 2007-2008, Term 3, 2009-2010
Sailboat Hardware Buyer / Landlord

Sara Emmenecker*
8 Slocum Street, #22
Providence, RI 02909
(H) 617/894-6866 (W) 831-7440 (E) sara.emmenecker@gmail.com
Term 1, 2009-2010
Public Humanities Master's candidate at Brown University

Rachel Newman Greene*
77 Sycamore Street,
Providence RI 02909
(C)617 312-0589 (W)273-2330, ext 103 (E) r.n.greene@gmail.com
Term 1, 2008-2009, Term 2, 2010-2011
Community Strategies Manager, Community Works Rhode Island

Jessica Jennings*#
265 Knight Street
Providence, RI 02909
(C) 617-461-5377 (E) jj@visionwink.com
Term 1, 2009-2010
Filmmaker, VisionWink Productions

Carey L. Jones*
177 Vinton Street, Apt 2
Providence, RI 02909
(C) 718-909-1016 (E) careyj@gmail.com
Term 1, 2010-2011
Senior Architectural Historian, Public Archaeology Laboratory

John E. Richard#
The Avery, 18 Luongo Memorial Square
Providence, RI 02903

Mailing Address (if different) 111 Paine Avenue, Cranston, RI 02910

(C)401-286-0238 (E) jr@averyprovidence.com

Bar Owner, The Avery

Term 1, 2009-2010

James Ruh*
10 Marvin Street
Providence, RI 02909
(H)662-6141 (W) same (C) same (E) JRuh@mac.com
Marketing
Term 1, 2009-2010

Christopher Sanford*
127 Chapin Avenue, 1st Floor
Providence, RI 02909
Mailing Address. PO Box 6154, Warwick, RI 02887
(H) 401-633-4788 (W)Same (C) Same (E) chrissanford78@gmail.com
Entrepreneur, PuroClean Disaster Restoration Services
Term 1, 2009-2010

Jennifer Shimkus*
105 Parade Street, #2
Providence, RI 02909
(H) 401-419-1855 (W) 401-421-2010 (E) jenshimkus@yahoo com
Executive Director, Rhode Islanders Sponsoring Education (RISE)
Term I, 2010-2011

Antonio J. Soares Jr #*
14 Grant Street
Providence, RI 02909
(C) 401-569-6213 (E) kingdomof7@mac com
Entrepreneur
Term 1, 2010-2011

Nancy Walwood
45 Chapin Ave
Providence, RI 02909
(C) 401-523-4439 (E) njwalwood@cox net
Teacher, Hope High School
Real Estate Sales Agent, ReAgent
Term 1, 2010-2011

Jami Wolloff#*
91 Chapin Avenue
Providence, RI 02909
(H) (401) 272-2871 (C)(401) 345-4475 (E) jwolloff@cox net
graphic designer / tavern owner The Scurvy Dog
Term 1, 2009-2010 *Note: *indicates member lives in neighborhood/# indicates member works in neighborhood*

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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**
	WEST BROADWAY NEIGHBORHOOD ASSOC	22-2600067
	Number, street, and room or suite no If a P O box, see instructions 1560 WESTMINSTER STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PROVIDENCE, RI 02909	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ KARI LANG 1560 WESTMINSTER ST Providence, RI 02909

Telephone No ▶ 401-831-9344 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 08-16, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 09 or

▶ [ ] tax year beginning _____, 20___, and ending _____, 20___

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	$
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	$
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	$

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