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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

2009

OMB No 1545-1150

Open to Public 🛭

Inspection

For the 2009 calendar year, or tax year beginning 5/01 2010 2009, and ending 4/30 Check if applicable Employer identification number Address change WESTERLY COLLEGE CLUB, INC. use IRS label or 05-6009634 Name change PO BOX 1342 Telephone number print or Initial return type. WESTERLY, RI 02891 401 322-1571 Termination Specific Instruc-Amended return Group Exemption tions. Application pendin Number Accounting method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accrual Other (specify) Check ► if the organization is not Website: N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF). X 501(c) (3) ◄ (insert no.) 4947(a)(1) or Tax-exempt status (check only one) -527 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 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 ▶\$ 36,078. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 19,947. Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 13. 4 5a Gross amount from sale of assets other than inventory 5 a **b** Less: cost or other basis and sales expenses 5Ь c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 5с 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) 16,118. 62 b Less: direct expenses other than tundraising expenses
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 8,685 6b 7,433. 6c 7a Gross sales of inventory, less returns and allowances. 7 a b Less: cost of good Sold JUL 3 1) 2010 S c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 7с Other revenue (describe 8 Total revenue. Add lines 7. 2. 3. 4. dc/ Tc. and 8 27,393. 9 SEE STATEMENT 1 10 Grants and similar amounts paid (attach schedule) 21,350. 10 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits. 12 150. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 399. 15 Printing, publications, postage, and shipping 15 Other expenses (describe ► SEE STATEMENT 2 1,713. 16 16 17 Total expenses. Add lines 10 through 16 23,612. 17 18 3,781. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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 8,487. 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 12,268. 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 Cash, savings, and investments 8.487. 22 12,268. Land and buildings 23 Other assets (describe > 24 25 Total assets 8,487. 25 12,268. Total liabilities (describe ► 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 8,487. 27 12,268.

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

Form 990-EZ (2009)

	90-EZ (2009) WESTERLY COLLEC				-600)9634 Page 2
Part				ons.)	/D	Expenses
	the organization's primary exempt purpose? Pl				5017	uired for section c)(3) and (4)
Descri	be what was achieved in carrying out to be the services provided, the number of	he organization's exempt purp	oses. In a clear and co	ncise manner,	orga	nizations and section (a)(1) trusts, optional thers)
progra	m title	ir persons benefited, or other i	relevant information for	eacn	for o	(a)(1) trusts, optional thers)
	SCHOLARSHIPS AWARDED TO	14 CURRENT COLLEGE	STUDENTS	-		
_				-		
-			-			
		his amount includes foreign gr			28 a	
_	DONATION TO THE COMMUNIT	- 		<u>501 (C) (3) </u>		
_	ORGANIZATION), PO BOX 11	<u>61, CHARLESTOWN, RI</u>	<u>02813</u>			
_						
(Grants \$ 9,350.) If t	his amount includes foreign gr	ants, check here		29 a	
30	<u> </u>					
-		· 				
-	-	·				
7	Grants \$) If t	his amount includes foreign gr	ants check here		30 a	
	Other program services (attach schedul		arts, crieck fiere		30 a	
		e) his amount includes foreign gr	ante chaek hara	▶□	31 a	
	otal program service expenses (add l		ants, theth here		32	
Part			nlovoos Lukaashaa			-td (C th
Part	IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar	t0 ne and	(e) Expense account and other allowances
	(a) Name and address	to position	not paid, enter -0)	deferred compensa	tion	and other allowances
PATR	ICIA BAILEY	CO-PRESIDENT	0.		0.	0.
	UNTERS HARBOR	2.00			• •	
	LESTOWN, RI 02813	2.00				
	Y MUGGE	VICE DECIDENT				
		VICE PRESIDENT			0.	0.
	OYES NECK RD	2.00				
WEST	ERLY, RI 02891					
DORI	S_JACQUES	CORR SECTY	0.		0.	0.
410	WESTERLY BRADFORD RD	2.00		İ		
WEST	ERLY, RI 02891	7				
	A PHILIPS	ASST RECD SECTY	0.		0.	0.
	KLONDIKE RD	2.00			٥.	0.
		_				
	LESTOWN, RI 02813	60 2272777				
	T_BURKE	CO-PRESIDENT			0.	0.
	IASSACHAUG_RD	2.00				
WEST	ERLY, RI 02891					
MARY	SUE BISBEE	ASST TREAS	0.		0.	0.
213	SHORE RD	7 2.00				
	ERLY, RI 02891	1				
	PERRY	RECD SECTY	0.		0.	0.
	OYES NECK RD	2.00			٠.	· · ·
	ERLY, RI 02891	_				
	· · · · · · · · · · · · · · · · · · ·					
	RAH C. MYERS	TREASURER			0.	0.
	OCK RIDGE RD	_ 2.00				
WEST	ERLY, RI 02891	1.				
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	m 990-EZ (2009) WESTERLY COLLEGE CLUB, INC. 05-6009634	·	Pa	age 3
Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATE	TEME	NT_	3
			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		Х
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.			ś
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25.		v
1	reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		<u>X</u>
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	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	.A		<u>.</u>
i	b Did the organization file Form 1120-POL for this year?	37 b	***************************************	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?	38 a	á:	X
I	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	25.4	· *	
39	Section 501(c)(7) organizations Enter:	₩(}"	, *	`` 🦓
i	a Initiation fees and capital contributions included on line 9	,		**
	b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		Š.	
40	a obstant out (a) organizations. Enter amount of tax imposed on the organization during the year ander.	*	5	* 1
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			لستا
	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	40 ь	*	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	, , , , , , , , , , , , , , , , , , , ,		٠
	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	40 e		X
41	List the states with which a copy of this return is filed NONE			
42:	a The organization's books are in care of ► DEBORAH C. MYERS Telephone no ► 401 32 Located at ► PO_BOX_1342_WESTERLY_RI ZIP + 4 ► 02891-			- - -
I	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:	42 b	Yes	No X
	Tes, enter the hame of the foreign country.	ř.	*,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			Ì
•	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	42 c	***************************************	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.		▶ □	N/A
.•	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	Г		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u>
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		<u>x</u>

Р	age	4
		_

►X Yes No

Form **990-EZ** (2009)

Form,990-EZ (2009) WESTERLY COLLEGE CLUB, INC. 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.

46	Did the organization engage in direct or indire	ect political campaign ad	tivities on behalf of or	in opposition to candidate	es	Yes	No_
	for public office? If 'Yes,' complete Schedule	C, Part I		• •	46		X
47	3				47		X
48	Is the organization a school as described in s	section 170(b)(1)(A)(ii)?	If 'Yes,' complete Sch	edule E	48		_ X
49 a	a Did the organization make any transfers to a	n exempt non-charitable	related organization?	•	. 49a		X
b	If 'Yes,' was the related organization a section	n 527 organization?			49b		
50	Complete this table for the organization's five employees) who each received more than \$1	highest compensated e 00,000 of compensation	employees (other than from the organization	officers, directors, trustees If there is none, enter 'No	s and key		
	(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) Ex	pense int and lowance	<u> </u>
NON	NE	-					
		 	-				
		-					
		 					
		-					
							
		-					
	f Total number of other employees paid over \$:100,000	<u> </u>	_!			
•	Total number of other employees paid over 4		<u> </u>				
51	Complete this table for the organization's five compensation from the organization. If there	e highest compensated i is none, enter 'None '	ndependent contractor	s who each received more	than \$10	00,000	of
	(a) Name and address of each independent con	stractor paid more than \$100,000)	(b) Type of service	(c) Com	pensatio	
NON						-	
	<u></u>						
		10.00					
C	d Total number of other independent contracto	rs each receiving over \$	100,000	<u> </u>			
	Under penalties of perjury, I declare that I have exa	mined this return, including according than officer) is based on	ompanying schedules and state	ements, and to the best of my know	vledge and b	elief, it i	s
		VV	an intermediate of which prope	\	`		
Sig	n Lulyman (own		7 \ 2 3	//0		
Her	e Signature of officer	. 0		Date			
	DEBORAH C. MYERS			TREASURER			
	Type or print name and title						
			Date	Check if Prej	parer's Ident	fying Nu	ımber
Paid		ino CPA	7/23/1		107167		
Pre	er's Firm's name (or ARTHUR H. LATHI						
Use	Vours if self-		 -	EIN ► C	5-0462	2585	
Onl				Phone no ► (401			

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

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

WESTERLY COLLEGE CLUB, 05-6009634 TNC 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.) 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 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 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(bX1XAXV). 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.) X 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type II c | Type III — Functionally integrated Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (u) FIN (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) organization in col (i) listed in your organization in col (i) organized in the your support? governing document? Yes Yes No Yes No No Total Schedule A (Form 990 or 990-EZ) 2009 BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Par	t II Support Schedule for				b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	t I.)			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')		 		_		· -
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-through 3						
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	10000					
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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	ţ	1.4	₹ ,≿		,	
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from	• •	•	ne 11, column (f)		14 15	<u>%</u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did	I not check the bo	ox on line 13, and	the line 14 is 33	-1/3 % or more, c	heck this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	:IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and Private foundation of the organization of the or	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies as	box and stop he a publicly suppo	re. Explain in Part orted organization.	IV how the
18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 1/a			estructions

Schedule A (Form 990 or 990-EZ) 2009 WESTERLY COLLEGE CLUB, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

	Complete only if you check	cked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support				· <u>-</u>		
Calen	dar year (or fiscal yr 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 'unusual grants.')	29,699.	19,374.	15,819.	15,261.	19,947.	100,100.
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	13,618.	10,915.	13,750.	10,185.	16,118.	64,586.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		•		•	,	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge					-	0.
6	Total. Add lines 1 through 5	43,317.	30,289.	29,569.	25,446.	36,065.	164,686.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	5,000.	0.	0.	0.	0.	5,000.
С	Add lines 7a and 7b	5,000.	0.	0.	0.	0.	5,000.
8	Public support (Subtract line		* , *		*	* :	
	7c from line 6.) .	मारे ० ०व	##. X		* (10/4)		159,686.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6.	43,317.	30,289.	29,569.	25,446.	36,065.	164,686.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	8.	38.	285.	42.	13.	386.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			200.			0.
	Add lines 10a and 10b	8.	38.	285.	42.	13.	386.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (add ins 9, 10c, 11, and 12)		8 40 .	· · · · // //	y N , § § 1;	. Y	165,072.
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section 501(c)	
	organization, check this box and				·		<u> </u>
	tion C. Computation of Pu						06.7
	Public support percentage for 20	• •		ne 13, column (f))		15	96.7%
	Public support percentage from					16	94.1%_
	tion D. Computation of Inv						
17	Investment income percentage f	•		=	mn (f)).	17	0.2%
18	Investment income percentage f						0.4%
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	ox and stop here	. The organization	n qualifies as a pi	ublicly supported	organization	► <u>X</u>
	33-1/3 support tests — 2008. If this not more than 33-1/3%, check	this box and sto l	p here. The organ	ization qualifies a	as a publicly supp	orted organization	s, and line 18

Schedule A (Form 990 or 990.E2) 2009 MESTERLY COLLEGE CLUB, INC. 05-6009634 Page 4 Page 1V Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule /	A (Form 990 o	r 990-E2	Z) 2009	WEST	ERLY	COLL	EGE	CLU	B, II	NC.	05-6009634 Page	4
Part II, line 1/a or 1/b; and Part III, line 12. Provide any other additional information. See instructions.	Part IV	Suppleme	ental In	format	ion. C	omple	te this	part	to p	rovide	the	e explanations required by Part II, line 10;	_
		Part II, Iin	e 1/a	or 17b;	and P	art III,	line 1	2. P	rovid	e any	othe	ner additional information. See instructions.	_
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization						Employer identifica	ition number
WESTERLY COLLEGE CLUB, IN	IC.					05-600963	4
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the organ	nization ar	nswered 'Y	es' to Form 990, Part I	V, line	17.	
1 Indicate whether the organization i				owing activities Check	all that	apply.	
Mail solicitations		J		Solicitation of non-			
Internet and email solicitations	:			Solicitation of gove	_	=	
Phone solicitations	•					-	
—				Special fundraising	events		
In-person solicitations 2a Did the organization have written or	r oral agraama	ant with an		al (maludina afficacia di		trustana ar lau	
employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundraising	services	irusiees or key s?	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en	tities (func	•	-			
		1			(v) Ar	mount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or	retained by)	(vi) Amount paid to
or entity (fundraiser)		have custor	ly or control butions?	from activity	tundr	aiser listed in col (i)	(or retained by) organization
					<u> </u>	COI (1)	organization
		Yes	No				
							-
					i		
	<u> </u>	+		··· <u>-</u> -			
					1		
		1			!		
	i	1					
	i					!	
		<u> 1</u>	l				
			,				
Total			▶				
3 List all states in which the organiz	ation is registei	red or lice	nsed to so	olicit funds or has been	notified	it is exempt fro	m registration
or licensing							
	- 	_					
_	 .						
	 .	-					
							_ _
							
		-					

		G (Form 990 or 990-EZ) 2009 WESTERI Fundraising Events. Complete if	the organization a	nswered 'Yes' to Fo	rm 990. Part IV. I	09634 ine 18, or		age 2
		reported more than \$15,000 on F	(a) Event #1 SEPTEMBERFEST	(b) Event #2	(c) Other Events	(d) Tota (Add col	al Even	 nts
R			(event type)	(event type)	(total number)	COI.	. (c)) 	
ピーシーエン ー	1	Gross receipts	6,325.		_	<u> </u>	6,3	325.
E	2	Less: Charitable contributions				<u> </u>		
	3	Gross income (line 1 minus line 2)	6,325.			_	6,3	325.
	4	Cash prizes						
	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
X	8	Entertainment						
EXPENSES	9	Other direct expenses	2,275.				2,2	275.
Š	10 11	Direct expense summary. Add lines 4- t Net income summary. Combine lines 3, o	(-,		•	•		275. 050.
Par	ť III		ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported mo		
REVENUE		4.6,000 0 0 0 0.00	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	l gamıı (a) thro (c))	ng ough
Ü	1	Gross revenue						
D X	2	Cash prizes						
D-RECT	3	Non-cash prizes						
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thi	rough 5 in column (d)		•	•		
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7	<u> </u>	•		, <u>- : - :</u>
9	Ente	er the state(s) in which the organization o	perates gaming activitie	es			YES	NO
		he organization licensed to operate gamin No,' explain:	g activities in each of th	nese states?		9a		
	_ _						××	ż
		re any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	10a		
t	7 TI C	′es,' explain 						

11 Does the organization operate gaming activities with nonmembers?

11

12

Schedule G (Form 990 or 990-EZ) 2009 WESTERLY COLLI	EGE CLUB,	INC.	05-600963	4	P	age 3
					YES	NO
13 Indicate the percentage of gaming activity operated in:						
a The organization's facility			13a %			
b An outside facility		L	13b %			
14 Enter the name and address of the person who prepares	the organization	on's gaming/special event	s books and records.		` .	
Name. ►						
Address: -						
15a Does the organization have a contact with a third party fi		-	_	15 a		
b If 'Yes,' enter the amount of gaming revenue received by	the organization	on \$	and the amount		^	
of gaming revenue retained by the third party \$						
c If 'Yes,' enter name and address of the third party					* *	~ \
				· »		.
Name •				4	÷	*
				/ ×	Q.	
Address				7 8	* 3	
				ŀ		2. 4
16 Gaming manager information				1	<<-	٠,
				2 3	. 20%	***
Name •						~ ~]
				**	è	
Gaming manager compensation \$				A S.	* 7	} ^
				` ` `	8"	
Description of services provided				١ .	. 8	
Π	— .			4/3	i #	Š & 4
Director/officer Employee	∐ Ind	dependent contractor		ده دي	2	\$ 6. 4
				.		[]
17 Mandatory distributions				* *	<i>*</i>	2 8
a Is the organization required under state law to make cha state gaming license?	ırıtable distribut	tions from the gaming pro	ceeds to retain the		->	لتقسم
				17a		,
b Enter the amount of distributions required under state la		ited to other exempt orga	nizations or spent in the	# . A.		
organization's own exempt activities during the tax year		· · · · · · · · · · · · · · · · · · ·				لــــا
BAA	TEEA3703L 02/0	5/10	Schedule G (Form 990	or 99	90-EZ)	2009 (

2009	FEDERAL STATEMENTS	PAGE '
	WESTERLY COLLEGE CLUB, INC.	05-600963
STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO	10 DUNTS PAID	
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIPS AWARDED TO SIX CURRENT COLLEGE STUDENTS NONE GENERAL PURPOSES COMMUNITY 2000 EDUCATION FND PO BOX 1161	12,000
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	CHARLESTOWN, RI 02813	9,350
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES ADVERTISING/PUBLICITY BANK FEES OFFICE SUPPLIES STATE FILING FEES SUPPLIES	16 \$ TOTAL \$	363. 55. 1,213. 20. 62. 1,713.
(A) DID THE ORGANIZAT INDIRECTLY, TO PAY PRE	ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS TON, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR MIUMS ON A PERSONAL BENEFIT CONTRACT? TON, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR NAL BENEFIT CONTRACT?	NO NO