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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 of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200 000 and total assets less than $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

2010

Open to Public Inspection

A For the 2010 calendar year ~~or tax year beginning~~ ~~, 2010 and ending~~ , 20

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

C Name of organization: WESTMINSTER VILLAGE Resident Association

Number and street (or P O box if mail is not delivered to street address): 5801 W. Bethel Avenue

Room/suite:

City or town state or country and ZIP + 4: Muncie, Indiana 47304-9549

D Employer identification number: 20-8814493

E Telephone number: (765) 289-5627

F Group Exemption Number ▶

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 ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (4) ◀ (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 $50 000 A Form 990 EZ or Form 990 return is not required though Form 990 N (e-postcard) may be required (see instructions) But if the organization chooses to file a return be sure to file a complete return

L Add lines 5b 6c and 7b to line 9 to determine gross receipts If gross receipts are $200 000 or more or if total assets (Part II line 25 column (B) below) are $500 000 or more file Form 990 instead of Form 990 EZ ▶ $ 73349

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions gifts grants and similar amounts received		1	65341
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15 000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15 000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory less returns and allowances	7a 8008		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	8008
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue** Add lines 1 2 3 4 5c 6d 7c and 8 ▶		9	73349
Expenses	10	Grants and similar amounts paid (list in Schedule O) See Statement 1		10	65319
	11	Benefits paid to or for members		11	
	12	Salaries other compensation and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy rent utilities and maintenance		14	
	15	Printing publications postage and shipping		15	
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses** Add lines 10 through 16 ▶		17	65319
Net Assets	18	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	22060
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	30090

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R 21

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash savings and investments	22060	22	30090
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	22060	25	30090
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	22060	27	30090

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization s primary exempt purpose?
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 and 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 See Statement 2

(Grants $) If this amount includes foreign grants check here ▶ ☐ 28a 65319

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 (describe in Schedule O)
(Grants $) If this amount includes foreign grants check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 65319

Part IV **List of Officers, Directors Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this 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
Marjorie Davis	President 3 to 10	-0-	-0-	-0-
Grace Soule	Vice-President 1 to 3	-0-	-0-	-0-
Florence Arnold	Secretary 3 to 6	-0-	-0-	-0-
Jack E. Fetz	Treasurer 3 to 10	-0-	-0-	-0-

Part V **Other Information** (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization s name Otherwise explain the change on Schedule O (see instructions)	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 explain in Schedule O 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 a section 501(c)(4) 501(c)(5) or 501(c)(6) organization 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 (see instructions)?	35b	N/A	
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
37a	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
38a	Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If Yes complete Schedule L Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts included on line 9 for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A section 4912 ▶ N/A section 4955 ▶ N/A			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ Indiana			
42a	The organization s books are in care of ▶ Jack E Fetz Telephone no ▶ (765) 289-5627			
	Located at ▶ 5801 W. Bethel Ave., Muncie, Ind. ZIP + 4 ▶ 47304-9549			
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 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If Yes to line 44c has the organization filed a Form 720 to report these payments? *If No provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions)	45a		X
46	Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If Yes complete Schedule C Part I	46		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 47–49b and 52 and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If Yes complete Schedule C Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non charitable related organization?	49a		
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

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

d Total number of other independent contractors each receiving over $100 000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here

▶ Jack E. Fetz — Signature of officer — Date 4-8-11

▶ Jack E. Fetz — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer s signature	Date	Check ☐ if self employed	PTIN

Firm s name ▶ Firm s EIN ▶

Firm s address ▶ Phone no

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

FORM 990 EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
GIFTS AND AWARDS	64 592
OFFICE SUPPLIES	287
SALES TAX	440
TOTAL TO FORM 990 EZ LINE 10	65 319

FORM 990 EZ STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

THE ORGANIZATION PROVIDES ASSISTANCE TO NEW RESIDENTS OF THE RETIREMENT HOME IN THEIR TRANSITION TO THE FACILITY THEY ALSO OPERATE A USED ITEM SHOP OF DONATED ITEMS FOR SALE TO RESIDENTS AND EMPLOYEES AT REASONABLE PRICES

	EXPENSES
TO FORM 990 EZ LINE 28	65 319

FORM 990 EZ PART 111 STATEMENT OF ORGANIZATION S PRIMARY EXEMPT PURPOSE STATEMENT 3

EXPLANATION

THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE HEALTH AND WELFARE OF THE RESIDENTS OF WESTMINSTER MUNCIE RETIREMENT APARTMENTS

FORM 990 EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION DURING THE YEAR RECEIVE ANY FUNDS DIRECTLY OR INDIRECTLY TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

B) DID THE ORGANIZATION DURING THE YEAR PAY PREM IUMS DIRECTLY OR INDIRECTLY ON A PERSONAL BENEFIT CONTRACT? NO