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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

As Filed Data -

DLN: 93492304007541

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

## **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

and ending 12-31-2010

**Open to Public Inspection** 

A	ddress	change Westerville Industry and Commerce Corpor			31-1083219		
_	ame ch		ot delivered to street address)	Room/suite		ber	
	ııtıal ret				(614) 9	01-640	9
	erminat mondoc	d return  City or town, state or country, and ZIP + 4			F Group Exemption		
_		Westerville, OH 43081			Number 🟲		
		<u> </u>	_				
		ting method Cash Accrual Other (specify)	<u> </u>		_		
		N/A		I	H Check ► ✓ required to att		organization is <b>not</b>
J Tax	-Exem	pt status(check only one) $ \sim$ 501(c)(3) $\sim$ 501(c)( ) $\blacktriangleleft$	(insert no )   4947(a)(1) or	527	(Form 990, 99		
		▶ 🔽 if the organization is not a section 509(a)(3) sup					
		A Form 990-EZ or Form 990 return is not required tion chooses to file a return, be sure to file a complet		oostcard)	may be required (s	ee ins	tructions) But if the
		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross rec		r If total asse	ets (Part II, line 25, col	umn (B	) below) are \$500,000 or
	<u></u>	Form 990 instead of Form 990-EZ	<u> </u>		<b>►</b> \$		458
Pa	rt I	Revenue, Expenses, and Changes in N Check if the organization used Schedule O to res			S (See the instruct	ions fo	or Part I) . . . <b>. ▽</b>
	1	Contributions, gifts, grants, and similar amounts re	· · ·			· 1	,
	2	Program service revenue including government fee:				2	
	3	Membership dues and assessments	y and contracts			3	9
	4	Investment income				4	449
	5a	Gross amount from sale of assets other than invent	orv	   <sub>5a</sub>			772
a)	b	Less cost or other basis and sales expenses .	ory	5a 5b	0		
킱	٥	Gain or (loss) from sale of assets other than invent	ory (Subtract line 5h from			5c	
Revenue	6	Gaming and fundraising events	ory (Subtract fine 55 non	Time 5a)			
ш	a	Gross income from gaming (attach Schedule G if greater than	\$15.000)	6a			
	b	Gross income from fundraising events (not includin			ing events		
	<b>"</b>	reported on line 1) (attach Schedule G if the sum of \$15,000)					
	С	Less direct expenses from gaming and fundraising	events	6c	0		
	d	Net income or (loss) from gaming and fundraising e	vents (Add lines 6a and 6	5b and sub	otract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowanc	es	7a			
	ь	Less cost of goods sold		7b	0		
	С	Gross profit or (loss) from sales of inventory (Subtr	act line 7b from line 7a)			7с	
	8	Other revenue (describe in Schedule O)				8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	8			9	458
	10	Grants and similar amounts paid (list in Schedule C	·)			10	5,000
	11	Benefits paid to or for members				11	
	12	Salaries, other compensation, and employee benefi	ts			12	
o O	13	Professional fees and other payments to independe	nt contractors			13	3,800
Expenses	14	Occupancy, rent, utilities, and maintenance .				14	
Ë	15	Printing, publications, postage, and shipping .				15	
	16	Other expenses (describe in Schedule O)				16	368
	17	Total expenses. Add lines 10 through 16				17	9,168
B	18	Excess or (deficit) for the year (Subtract line 17 fro	m line 9)			18	-8,710
sters.	19	Net assets or fund balances at beginning of year (fr	om line 27, column (A)) (	(must agre	e with		
NetA		end-of-year figure reported on prior year's return)				19	310,190
ž	20	Other changes in net assets or fund balances (expl	aın ın Schedule O) .			20	
	21	Net assets or fund balances at end of year Combin	e lines 18 through 20			21	301,480

Part II Balan	ice Sheets						
Check	ıf the organization used	Schedule O to respond to	any question in t	hıs Part II .			<u></u>
	(See the instruct	ions for Part II)		(A) Beginning	ofyear		(B) End of year
22 Cash, savings,	and investments .				147,190	22	74,580
23 Land and buildi	ings					23	
24 Otherassets (	describe in Schedule O)		.		163,000	24	226,900
25 Total assets					310,190	25	301,480
26 Total liabilities	(describe in Schedule (	0)	ľ			26	· · · · · · · · · · · · · · · · · · ·
27 Net assets or f	und balances (line 27 of	column (B) <b>must</b> agree wit	h line 21) .		310,190	27	301,480
Part III State	ment of Program S	Service Accomplishm	nents			Τ	Expenses
Check	ıf the organization used	Schedule O to respond to	any question in t	hıs Part III	<u>.                                    </u>	1 '	quired for section 501 (3) and 501(c)(4)
To advance, encour Westerville and Ble growth, employmen and commercial life Describe what was	ndon, Sharon, O range and t opportunities, stability of the community and t achieved in carrying out	rial, economic, commerciand Genoa Townships by su of employment in existing o stabilize the general eco the organization's exempt of persons benefited, and	ch means as will industry, advanc nomy of the area purposes In a c	improve the nor ement of the in-	mal dustrial e manner,	494 opt	anizations and section 47 (a)(1) trusts, ional for others)
	ompany within a specifie	romote our tax exempt pur d period of time, the loans s amount includes foreign o	are forgiven		nues are	28a	
(Grants \$ ) 30	Ifthu	s amount includes foreign ç	grants, check her	re I	<u>• ୮</u>	29a	
(Grants \$ )	If this	s amount includes foreign o	grants, check her	e l	<u>• ୮                                   </u>	30a	
<b>31</b> O ther program s (Grants \$ )	ervices (describe in Sch If this	nedule O) . . . s amount includes foreign ç	 grants, check her	e	·广	31a	
32 Total program se	ervice expenses (add line	es 28a through 31a) .			. ▶	32	5,000
Part IV List of	Officers, Directors, Trus	stees, and Key Employees.	List each one even if	f not compensated	(See the ins	truction	ns for Part IV )
Check	ıf the organizatıon used	Schedule O to respond to					<u>l</u>
(a) Name	e and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paic enter -0)	i, employe	ntributions e benefit p I compens	lans &	(e) Expense account and other allowances
See Additional Data	a Table						

Pa	<b>Other Information</b> (Note the statement requirements in the instructions for Palich Check if the organization used Schedule O to respond to any question in this Part V	· —		
	Check if the organization used Schedule O to respond to any question in this Fait V	,	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a description of each activity in Schedule O	etailed 33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confidence amended documents if they reflect a change to the organization's name. Otherwise, explain the Schedule O (see instructions)			No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7 others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report to Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 50 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax require			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net a the year? If "Yes," complete applicable parts of Schedule N			No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37Ь		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employe	e <b>or</b> were		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this r	return? 38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	0		
b	Gross receipts, included on line 9, for public use of club facilities	0		
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 -, section 4912 -, section 4955 -			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exces transaction during the year or did it engage in an excess benefit transaction in a prior year that has reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	not been . 40b		No
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managed disqualified persons during the year under sections 4912, 4955, and 4958	•		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she transaction? If "Yes," complete Form 8886-T			Νo
41	List the states with which a copy of this return is filed OH			
42a	The organization's books are in care of by <u>Julie Colley</u> PO Box 6107  Located at by Westerville, OH		14) 901 3081	-6409
L	At any time during the calendar year, did the organization have an interest in or a signature or other			I
D	over a financial account in a foreign country (such as a bank account, securities account, or other fi	· ·	Yes	No
	account)?	42b		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 Financial Accounts.	Bank and		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check her and enter the amount of tax-exempt interest received or accrued during the tax year	e		<b>▶</b> Γ
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead	of		
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be instead of Form990-EZ	be completed 44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide a</i> in Schedule O			No

orm 990-l	EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle Y Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		Νο
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 must be completed instead of Form990-EZ								No
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I								No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ			_			_	
	47-49b and 52.  Check if the organization used							Г
	One of the organization as oa		to any quostion in time .				Yes	No
<b>7</b> Did tl	he organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		Νo
<b>8</b> Is the	e organization a school described	d in section 170(b)(1)(A	)(II)? If "Yes," complete s	Schedule E		48		Νo
<b>9a</b> Did tl	he organization make any transfe	ers to an exempt non-cha	ırıtable related organıza	tion?		49a		Νo
<b>b</b> If "Ye	es," was the related organization	a section 527 organizat	ion?			49b		No
	plete this table for the organization oyees) who each received more t	than \$100,000 of compe		ation If ther	re is none, ente	r "None	e "	
	and address of each employee and more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee l	tributions to benefit plans & compensation	a	e) Expe count a r allowa	and
ONE								
·								
<b>60(f)</b> Tot	al number of other employees pa	ıd over \$100,000 .				•		
1 Comp	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen n Ifthere is none, enter '	'None "		• each received m		an \$10 Compen	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	'None "					
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	'None "					
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	'None "					
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	'None "					
of con (a) N	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	'None "					
of con (a) N	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	'None "					
(a) NONE	plete this table for the organization mpensation from the organization	on's five highest compen  If there is none, enter '  Indent contractor paid mo  contractors each receiving	re than \$100,000 g over \$100,000	<b>(b)</b> Type	e of service	(c) C	Compen	sation
1 Composition of column of	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and co	on's five highest compen If there is none, enter ' Indent contractor paid mo Indent contractor paid mo Indent contractor paid mo Indent contractors each receiving the second of the sec	g over \$100,000  on 501(c)(3) organization	(b) Type	of service  (a)(1) nonexen	npt cha	aritable (es	trusts
1 Composition of column of	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and co	on's five highest compen If there is none, enter ' Indent contractor paid mo Indent contractor paid mo Indent contractor paid mo Indent contractors each receiving the second of the sec	g over \$100,000  on 501(c)(3) organization	(b) Type	7 (a)(1) nonexen	npt cha	aritable (es	trusts
of composition of control of cont	plete this table for the organization mpensation from the organization ame and address of each independent and address of each independent of the organization complete. Scheust attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the contract of the organization. It is true, correct, and complete is the organization of the organization complete is the organization complete is the organization of th	on's five highest compen If there is none, enter ' Indent contractor paid mo Indent contractor paid mo Indent contractor paid mo Indent contractors each receiving the second of the sec	g over \$100,000  on 501(c)(3) organization	(b) Type	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable (es	trusts
of composition (a) N. ONE  ONE  ONE  ONE  ONE  ONE  ONE  ON	plete this table for the organization mpensation from the organization ame and address of each independent and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contains the service of the organization of the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contains the organization of the organization o	on's five highest compen If there is none, enter indent contractor paid motor of the contractors each receiving the contractors each receiving the contractors and the contractors examined this return, incomplete. Declaration of present the complete of th	g over \$100,000  on 501(c)(3) organization  luding accompanying sch  parer (other than officer)	ons and 4947	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable (es   st of my prepare	trusts No r has a
inder penal nowledge a nowledge.  ign ere	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete of officer    Julie Colley Treasurer   Type or print name and title	on's five highest compen If there is none, enter indent contractor paid motor of the contractors each receiving the contractors each receiving the contractors and the contractors examined this return, incomplete. Declaration of presenting the complete of the contractors are contractors.	g over \$100,000  on 501(c)(3) organization  luding accompanying sch  parer (other than officer)	(b) Type  ons and 4947 edules and st is based on a	of service  7 (a)(1) nonexen  all information of  11-10-28 te  Preparer's taxpay (See instructions)	npt cha	aritable (es   st of my prepare	trusts No r has ar
61 Composition of column o	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule.  Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete. The correct of the organization complete Schedule.  Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the corre	on's five highest compen If there is none, enter indent contractor paid motor of the contractors each receiving the contractors each receiving the contractors and the contractors examined this return, incomplete. Declaration of presenting the complete of the contractors are contractors.	g over \$100,000  on 501(c)(3) organization  luding accompanying sch  parer (other than officer)	ons and 4947	of service  7 (a)(1) nonexen  attements, and to all information of the service of	npt cha	aritable (es   st of my prepare	trusts No r has ar

## DLN: 93492304007541

## OMB No 1545-0047

Inspection

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Westerville Industry and Commerce Corpor

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

31-1083219 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** 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 it 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the 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	(iv) Is the organizat col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the ection A. Public Support	e organization r	alls to qualify u	nder the tests i	istea below, pie	ease co	mpiete i	art III.)
	endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1	3 7	150,008	20,009		9	170,041
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
4	the organization without charge		3 7	150,008	20,009		9	170,041
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly		,	130,000	20,003			170,011
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0
6	Public Support. Subtract line 5 from							170,041
	line 4 ection B. Total Support							
	endar year (or fiscal year beginning	( ) 2225	(1) 2007	( ) 2222	( N 2222			(6)
	(n) <b>&gt;</b>	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	(f) Total
7	A mounts from line 4	8	7	150,008	20,009		9	170,041
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,877	2,723	3,155	1,310		449	11,514
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0
11	<b>Total support</b> (Add lines 7 through 10)							181,555
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	check this box and stop here			thırd, fourth, or fı	fth tax year as a	501(c)(i	3) organız	ation, ▶┌
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))		14		93 660 %
15	Public Support Percentage for 2009			11 (0)(1)(1)				
	33 1/3% support test—2010. If the	•	•	on line 12 and li	no 14 io 22 1/20/	15	L shock t	92 420 %
LOA	and <b>stop here.</b> The organization qua	=		•	He 14 IS 33 1/3%	or more	i, check ti	IIIS DOX <b>▶</b> ▼
17a	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	organization did n qualifies as a pu — <b>2010.</b> If the orga tion meets the "fa ets the "facts and	not check the box iblicly supported anization did not c acts and circumst circumstances"	on line 13 or 16 a organization heck a box on line ances" test, chec test The organiza	e 13, 16a, or 16t k this box and <b>st</b> tion qualifies as	o and line op here. a publici	e 14 Explain y support	<b>▶</b> ┌
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizar supported organization Private Foundation If the organizat	nization meets the tion meets the "fa	e "facts and circu acts and circumst	mstances" test, c ances" test The	heck this box and organization qual	d <b>stop h</b> e lifies as a	<b>ere.</b> a publicly	<b>▶</b> □
	instructions			, ,	. =, 22.11.			<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 13 Total support (Add lines 9, 10c, 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15

16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization

Westerville Industry and Commerce Corpor

**Employer identification number** 

31-1083219

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1009	Other Assets 1009	Notes and Loans Receivable - Beginning \$163000 Notes and Loans Receivable - Ending \$226900

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	State audit fees \$300

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$68

### **Additional Data**

**Software ID:** 10000105

**Software Version:** 2010v3.2

**EIN:** 31-1083219

Name: Westerville Industry and Commerce Corpor

## 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
Bruce Bailey 33 East Schrock Road Westerville, OH 43081	Trustee O	0		
Gene Hollins 300 Spruce Street Floor One Columbus, OH 43215	Trustee O	0		
Michael Heyeck 113 Ormsbee Ave Westerville, OH 43081	Trustee O	0		
Karl Craven 64 E Walnut Street Westerville, OH 43081	Trustee O	0		
Julie Colley 21 S State Street Westerville, OH 43081	Secr/Treas 1 00	0		
Janet Davis 99 Commerce Park Dr Westerville, OH 43082	Vice President 0	0		
Tom Bell 935 Eastwind Drive Westerville, OH 43081	President 0	0		