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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 dohor 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. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 and 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

Open to Public Inspection

C Name of organization    NoRTH END CLUB	_			alendar year, or tax year beginning AP	R 1,	2011	and ending	MAR 3	31, 2	1012
Investment changer   Investment community	В	Check if applicab	le	C Name of organization				D Em	ployer id	entification number
Number and Steet (or P.O. Dos., If mail is not delivered to street address)   Room/suite   Felephone number   4.01 - 8.47 - 9.867		Addre	ess change							
Terminated   2.6 BROOKDALE ROAD - PO BOX 4042		Name	change						) <u>5</u> -60	20625
Particle return   City or town, sate or country, and ZiP + 4   Facup Exemption   Number   Napotative report   Napotative re	L	Initial	return			•	Roor	n/suite <b>E</b> Te	lephone n	number
		Term	nated	26 BROOKDALE ROAD - PO	BOX	4042		4	<u> 101-8</u>	347-9867
According Method:   X   Cash	L	Amer	ded return					F Gr	oup Exem	ption
Website: N/A   Tracecempt status (check only one)		Applic	ation pending	MIDDLETOWN, RI 02842				Nu Nu	mber ►	
Tax-exempt status (check only one)	G	Accour	iting Meth	od: X Cash Accrual Other (spec	;ify) ▶			<b>H</b> Ch	ieck ► [	old X if the organization is <b>not</b>
K Check In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or F	1	Websit	ie: 🕨					red	quired to a	attach Schedule B
SSO,000. A Form 990-E2 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.  1. Add hines 50, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II).   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (8) below) are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,000 or more, file Form 990-E2.   SSC 5, column (9) below are \$500,	<u>J</u>	Tax-ex	empt stat	us (check only one) — 501(c)(3) 🗶 501(c)	<u>(7)</u> ◄	<b>【</b> (insert no.)	4947(a)(1) or	527(Fd	orm 990,	990-EZ, or 990-PF).
A return, be sure to the a complete return.	K	Check	<b>▶</b> □	if the organization is not a section 509(a)(3) support	ıng organız	ation or a section	on 527 organization	and its gross r	eceipts ai	re normally <b>not</b> more than
L Add lines 5b, 6c, and 7b, to kine 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 930-E2    Feart I   Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part I.)    Check if the organization used Schedule 0 to respond to any question in this Part I   [X]    Contributions, girls, grants, and similar amounts received   1   1, 235.   Program service revenue including government fees and contracts   2   1   1, 235.   Program service revenue including government fees and contracts   3   11, 0.39.   Investment income   See Schedule 0   5a		\$50,00	0. A Form	990-EZ or Form 990 return is not required though F	orm 990-N	(e-postcard) m	ay be required (see i	nstructions). E	But if the d	organization chooses to file
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Check if the organization used Schedule O to respond to any question in this Part I										
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2   Program service revenue including government fees and contracts   3   Memborship dues and assessments   4   Investment income   See Schedule O   4   143.	_		Check	if the organization used Schedule O to respond to an	y question	in this Part I				
3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from gaming events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming events (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 8 b Less: cost of goods sold 9 Total revenue, (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue, Add lines, 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue, Add lines, 1, 2, 3, 4, 5c, 6d, 7c, and 8 11 Sealers, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional lees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16 18 Excess or (delect) for the year (Subtract line 7b from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 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 Net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		1							1	1,235.
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16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  16 5,095.  17 34,738.  18 418.  21 106,114.		15							<del>                                     </del>	
17   Total expenses Add lines 10 through 16   17   34,738.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   418.     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   106,114.     20   Other changes in net assets or fund balances (explain in Schedule 0)   20   0.     21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   106,532.						g <sub>a</sub> ,	s Sahodul	. 0		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 418.  418.  418.  418.  418.  418.		4		·		5et	e Schedule	_		
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				···					-	
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   106,532.				. , ,	/ onlume /	۸۱۱			10	#TO•
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   106,532.	\ss	1,3				nj)			10	106 114
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   106,532.	Net A	20			•					
		1		-	•	1				
TOTAL SOCIAL (2011)	1 H					,	<del>-</del>		<u> </u>	
	'	, .,	- wpoint		,				17	)

1				
orm 990-EZ (2011) NORTH END CLUB		0	5-60206	25 Page 2
Part II Balance Sheets. (see the instructions for Part II.)				
Check if the organization used Schedule O to res			(D) F	<u>X</u>
00 Cook course and supertments	<del>  - '</del>	A) Beginning of year 53,544.		nd of year
22 Cash, savings, and investments 23 Land and buildings		00 -0	22	50,982. 92,596.
24 Other assets (describe in Schedule O) See Schedule O		5,866.		5,694.
25 Total assets	-	450 000	25	$\frac{3,034.}{149,272.}$
26 Total liabilities (describe in Schedule 0) See Schedule O		45 000	26	42,740.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		106,114.	27	106,532.
Part III Statement of Program Service Accomplishmen	•	_		penses
Check if the organization used Schedule O to res	pond to any questic	on in this Part III		for section and 501(c)(4)
What is the organization's primary exempt purpose? See Schedule O				ons and section
Describe the organization's program service accomplishments for each of its three largest program s		es In a clear and concise	4947(a)(1 for others	) trusts; optional
nanner, describe the services provided, the number of persons benefited, and other relevant inform	<del> · · · · · · · - · · - · · - · · · · </del>		101 0111013.	·/
8 CONTRIBUTIONS TO COMMUNITY CHARITIE	S		-	
	· · · · · · · · · · · · · · · · · · ·		-	
(O			_   _	
(Grants \$ 1,660.) If this amount includes foreign g SCHOLARSHIP FUND CONTRIBUTIONS	rants, cneck nere	<u> </u>	28a	·
S SCHOLARSHIP FUND CONTRIBUTIONS	<del>-</del>			
			-	
(Grants \$ 750 • ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		
30	rame, entert mere			
(Grants \$ ) If this amount includes foreign g	rants, check here	▶[	30a	
31 Other program services (describe in Schedule O)		_		
(Grants \$ ) If this amount includes foreign g	rants, check here	<u>▶</u> L	31a	
32 Total program service expenses (add lines 28a through 31a)			32	<del></del>
Part IV List of Officers, Directors, Trustees, and Key E			e the instructions (	or Part IV)
Check if the organization used Schedule O to res	···		) Health benefits.	(a) Fotimated
(a) Name and address	(b) Title and average hour per week devoted to	compensation (Forms	contributions to employee benefit	(e) Estimated amount of other
(a) Name and address	position		lans, and deferred compensation	compensation
ALAN LEVADA	PRESIDENT		oomponoution	
ADAN DEVADA	3.00	0.	0.	0.
STEPHEN MEDEIROS	VICE PRESIDE			
	3.00	0.	0.	0.
GLENN WILLIAMS	SECRETARY			
	5.00	0.	0.	0.
WILLIAM GILL	TREASURER			
	3.00	0.	0.	0.
AL VEIRIA	STEWART			
	-		•	_
	10.00	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.
	-	0.	0.	0.

132172 02-08-12

Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V  $\mathbf{x}$ Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X 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) Х 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a N b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Х 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 Х 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X N/A 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 0. a Initiation fees and capital contributions included on line 9 39a 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **N/A** ; section 4912 **▶** N/A ; 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 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? N/A40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers N/A 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 N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes." complete Form 8886-T 40e 41 List the states with which a copy of this return is filed. **None** Telephone no.  $\triangleright 401 - 847 - 9867$ 42a The organization's books are in care of ► WILLIAM GILL, TREASURER Located at ▶ 26 BROOKDALE ROAD - P.O. BOX 4042, MIDDLETOWN, R ZIP+4 ▶ 02842 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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 If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d ın Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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)

X

45a

Form 990-EZ (2011)

Form 990-EZ (2	011) NORTH END CLUB		05-60206	25 <sup>1</sup>	Page 4
	ganization engage, directly or indirectly, in political campaign activities on behalf of or in o Implete Schedule C, Part I	pposition to candidates for pi	1	Yes	No X
	Section 501(c)(3) organizations and section 4947(a)(1) nonex	empt charitable tru			
	organizations and section 4947(a)(1) nonexempt chantable trusts must answer	•	-		(0)(0)
	or lines 50 and 51. Check if the organization used Schedule O to respond to ar	•			
			_	Yes	No
	ganization engage in lobbying activities or have a section 501(h) election in effect during t	he tax year? If "Yes," complet	Sch. C, Part II	47	
	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<del></del>	48	
	ganization make any transfers to an exempt non-charitable related organization?		<u> </u>	49a	
	as the related organization a section 527 organization?	discretes a trustees and less as	_	49b	
	this table for the organization's five highest compensated employees (other than officers, ,000 of compensation from the organization. If there is none, enter "None."	directors, trustees and key er	npioyees) who ead	in received i	nore
	(a) Name and address of each employee (b) Title and average	e hours (c) Reportable	(d) Health benefits,	(e) Estim	ated
	paid more than \$100,000 per week devote	1 ' ' ' -	contributions to employee benefit	amount of	
	N/A position	11-27 1000-111100)	plans, and deferred compensation	compens	ation
				-	
*		j			
<del></del>					
f Total num	ber of other employees paid over \$100,000				
51 Complete	this table for the organization's five highest compensated independent contractors who e	ach received more than \$100	,000 of compensa	tion from the	e
	on. If there is none, enter "None." N/A				
(a) Name and	address of each independent contractor paid more than \$100,000	b) Type of service	(c) C	ompensatio	<u>n</u>
		· · ·			
			Ì		
	has of other understanded and ready and the same of th				
	ber of other independent contractors each receiving over \$100,000	1) nanayamat		• • • • • • • • • • • • • • • • • • • •	
	ganization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1 trusts must attach a completed Schedule A	r) nonexempt	▶ □	Yes [	□ No
Under penalties of	perjury. I declare that I have examined this return, including accompanying schedules and statements, are parer (other than officer) is based on all information of which preparer has any knowledge	nd to the best of my knowledge and	belief, it is true, corr	ect, and comp	lete
	W Thompson in the property of		4/14	112	
Sign Here	Signature of officer		Date	1	
	WILLIAM GILL, TREASURER				
	Type or print name and title		= -7-1		
D-11		Date Check	if   PTIN		
Paid	Jeremiah L. Jeremiah L.	self- emplo	1		
Preparer	Harrington, EA, ATA Harrington, EA, ATO			<u> 21873</u>	
Use Only	Firm's name > Jeremiah L. Harrington, Inc.		1 ► 05-037		<u> </u>
	Firm's address ► 210 Bellevue Avenue Newport, RI 02840	Phone no	. 401-84	1-202	4
May the IRS dis	couss this return with the preparer shown above? See instructions		<b>▶</b> [3	Yes [	No
	The state of the s			orm 990-EZ	

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

NORTH END CLUB

Employer identification number 05-6020625

Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
NEWPORT FEDERAL_	36.
PEOPLES CREDIT UNION	107.
Total Included on Form 990-EZ, line 4	143.
Form 990-EZ, Part I, Line 7, Gross Profit from Sales of Inventor Income:	_
1. Gross Receipts	
2. Returns and Allowances	
3. Line 1 less line 2	32,398.
4. Cost of Goods Sold (line 13)	15,529.
5. Gross Profit (line 3 less line 4)	16,869.
Cost of Goods Sold:	***
6. Inventory at Beginning of Year	3,100.
7. Merchandise Purchased	15,357.
8. Cost of Labor	0.
9. Materials and Supplies	0.
10. Other Costs	0.
11. Add Lines 6 through 10	18,457.
12. Inventory at End of Year	2,928.
13. Cost of Goods Sold (line 11 less line 12)	15,529.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	

### SCHEDULE Q

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization  NORTH END CLUB		r identification number
Grantee Name: VARIOUS		
Amount Given:		750.
Activity Classification: CHARITABLE CONTRIBUTION	S	
Grantee Name: VARIOUS		
Amount Given:		1,660.
Total included on Form 990-EZ, line 10		2,410.
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
BANK SERVICE CHARGES		213.
BUILDING REPAIRS		249.
TELEPHONE		425.
HOUSE SUPPLIES		1,070.
LICENSE & PERMITS		1,185.
DUES & SUBSCRIPTIONS		611.
OFFICE SUPPLIES		323.
TELEVISION		1,019.
Total to Form 990-EZ, line 16		5,095.
Form 990-EZ, Part II, Line 24, Other Assets:	·	
Description	Beg. of Year	End of Year
INVENTORY	3,100.	2,928.
Other Depreciable Assets	2,766.	2,766.
Total to Form 990-EZ, line 24	5,866.	5,694.

#### SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2011**Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NORTH END CLUB 05-6020625 Form 990-EZ, Part II, Line 26, Other Liabilities: Description Beg. of Year End of Year MORTGAGE PAYABLE 45,608. 42,403. SALES TAX PAYABLE 284. 337. Total to Form 990-EZ, line 26 45,892. 42,740. Form 990-EZ, Part III, Primary Exempt Purpose - YOUTH ACTIVITY SUPPORT WITH DONATIONS AND SCHOLARSHIPS. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.