

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

Form header section A-L including: For the 2008 calendar year, or tax year beginning 9/1/2007, and ending 8/31/2008; Name of organization: Gilbert Albert Community Center Inc; Address: 420 Washington Street, Dorchester, MA 02124; Telephone number: (857) 492-6063; Website: www.gilbertalbertcommunitycenter.org; Organization type: 501(c)(3); Accounting method: Accrual.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total is 0, Expenses total is 0, and Net Assets total is 0. Includes a 'RECEIVED' stamp dated APR 04 2011 from OGDEN, UT.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

Table with 5 rows for Balance Sheets (lines 22-27) showing assets and liabilities at beginning and end of year. Total assets and liabilities are 0.

SCANNED APR 18 2011 POSTMARK DATE MAR 29 2011

<b>Part III Statement of Program Service Accomplishments (See the instructions for Part III.)</b>		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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, or other relevant information for each program title			
28	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated. (See the instructions for Part IV)						
(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	Str	Title				
City	ST ZIP	Hr/WK				
Name NICOLE ALBERT	Str 9 FENWICK PL	Title EXEC DIRECTOR				
City ROXBURY	ST MA ZIP 02119	Hr/WK	00	0	0	0
Name CRISTA SMITH	Str 150 BIRKSHIRE ST	Title TREASURER				
City CAMBRIDGE	ST MA ZIP 02141	Hr/WK	00	0	0	0
Name JEAN BINJOUR	Str 108 MOUNT VERNON	Title CLERK				
City LAWRENCE	ST MA ZIP 01843	Hr/WK	.00	0	0	0
Name CLAUDE HENRY	Str 43 BOURNSIDE ST	Title PRESIDENT				
City DORCHESTER	ST MA ZIP 02124	Hr/WK	.00	0	0	0
Name SIMON DEMOSTHEN	Str 1090 RIVER ST	Title VICE PRESIDENT				
City HYDE PARK	ST MA ZIP 02136	Hr/WK	.00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	.00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	.00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	.00	0	0	0
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶		
42 a	The books are in care of ▶ Name _____ Telephone no. ▶ _____ Located at ▶ _____ City _____ ST _____ ZIP + 4 ▶ _____		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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. ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43   N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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 "

	Yes	No
46		
47		
48		
49a		
49b		

(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
Name None City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the 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
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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**  
 Signature of officer: *Nicole Albert* Date: \_\_\_\_\_  
 Type or print name and title: Nicole Albert

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 3/25/2011  
 Check if self-employed:   
 Preparer's Identifying Number (See instructions): 117-68-5805  
 Firm's name (or yours if self-employed), address, and ZIP +4: Financetec  
 EIN: \_\_\_\_\_  
 Phone no: (617) 379-3372

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