OOO R

Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 20	olo calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011			
B Che	eck if app	C Name of organization		D Employer	identification number
_	Iress cha	THE GRADUATE CLUB ASSOCIATION		06-0367	660
┌ Nar	ne chang	Doing Business As		E Telephone	number
┌ _{Init}	ıal return	Number and street (or P O box if mail is not delivered to street address)	Doom/suito		
_	mınated	155 ELM STREET	Room/suite	(203) 62	
_	ended re olication p	NEW HAVEN, CT 06508		G Gross receip	ots \$ 1,238,265
,		F Name and address of principal officer	117 - 3		
		SANDRA GERVAIS	H(a) Isthisa	group return for affil	lates? Yes No
		PO BOX 1875 NEW HAVEN,CT 06508	H(b) Are all a	affiliates included	P Yes □ No
		NEW HAVEN, CT 00300			t (see instructions)
Ta:	x-exemp	t status	H(c) Group	exemption n	umber 🟲
J W	ebsite:	► N/A			
K Form	n of orga	nization 🔽 Corporation ┌─ Trust ┌─ Association ┌─ Other 🕨	L Year of form	mation 1892	M State of legal domicile CT
Pa	rt I	Summary		•	
Governance		riefly describe the organization's mission or most significant activities O PROVIDE FOOD AND BEVERAGES AS WELL AS FACILITIES TO MEMBE	RS AND GUES	STS	
≣	_				
γο _κ		heck this box 🔭 if the organization discontinued its operations or disposed o		5% of its net	assets ı
ය න්	3 N	umber of voting members of the governing body (Part VI, line 1a)	•	3	18
Activities &		umber of independent voting members of the governing body (Part VI, line 1b)		4	18
星		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	30
ទូ		otal number of volunteers (estimate if necessary)		6	35
•		otal unrelated business revenue from Part VIII, column (C), line 12		7a	180,565
	ВΝ	et unrelated business taxable income from Form 990-T, line 34	Daile a	7b	0 6
		Contributions and grants (Bort VIII line 1h)	Prior	Year	Current Year
₫	8	Contributions and grants (Part VIII, line 1h)		1,276,911	253,250 941,614
Revent	-	Investment income (Part VIII, inle 2g)		1,270,911	941,014
Æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,475	41,904
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		10,170	
		12)		1,292,386	1,236,768
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	-	728,769	723,979
क्	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) 🕩			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		612,542	588,925
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,341,311	1,312,904
	19	Revenue less expenses Subtract line 18 from line 12		-48,925	-76,136
Net Assets or Fund Balances				of Current ear	End of Year
A.SS 189		Total assets (Part X, line 16)		614,132	640,730
7 S	21	Total liabilities (Part X, line 26)		850,547	953,281
	22	Net assets or fund balances Subtract line 21 from line 20		-236,415	-312,551
Under	ledge ar	Signature Block es of perjury, I declare that I have examined this return, including accompanying so d belief, it is true, correct, and complete. Declaration of preparer (other than office			
		*****	201	12-04-12	
Sign		Signature of officer	Dat		
Here		SANDRA GERVAIS GENERAL MANAGER			
		Type or print name and title			
		rint/Type Preparer's signature DOUGLAS FARRINGTON DOUGLAS FARRINGTON		Check if self-	PTIN
Paid		reparer's name DOUGLAS FARRINGTON DOUGLAS FARRINGTON TIME MARCUM LLP	l e	employed 🕨 🦳	
Prepa	arer L				Firm's EIN •
Use (1 -	rm's address ▶ 53 STATE STREET FLOOR 38			Phone no (617) 742- 9666
——— Mav t	he IRS	BOSTON, MA 02109 discuss this return with the preparer shown above? (see instructions)			✓ Yes 「No

Form	1990 (2010)				Page ∡
Par		f Program Service A	Accomplishments to any question in this Part III		୮
1	Briefly describe the or	<u> </u>			,
THE ACT	CLUB CATERS TO THE	PROFESSIONAL PERSO INCLUDE HOLIDAY DIN	ON WITH EXPANDED FACILITIES INERS, DINNER DANCES, THEAT		
2	Did the organization un	idertake any significant p	rogram services during the year wh	nich were not listed on	
	the prior Form 990 or 9				es 🔽 No
_					
3	services?		significant changes in how it cond	· · · · · · · · · · · · · · · · · · ·	es 🗸 No
_	•	e changes on Schedule O			
4	Section 501(c)(3) and	501(c)(4) organizations	each of the organization's three lai and section 4947(a)(1) trusts are venue, if any, for each program sei	required to report the amount of	
4a	(Code) (Expenses \$	853,752 including grants of \$) (Revenue \$	967,196)
	SERVICE OF FOOD AND BE	VERAGES AND USE OF FACILIT	IES TO MEMBERS AND THEIR GUESTS TR	Ansient use of lodging facilities	BY GUESTS OF MEMBERS
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program service (Expenses \$	es (Describe in Schedule including	O) grants of \$) (Revenue \$)
4e	Total program service	expenses > \$	853,752		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	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	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νo
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 253,250			
Đ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club and solutions 180,461 facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c			R.I
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		N o
U	II 165, has temed a roth 726 to report these payments. If IND, provide an explanation in Schedule O	エー・エー・エー・エー・エー・エー・エー・エー・エー・エー・エー・エー・エー・エ	i .	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		L
17	List the States with which a copy of this Form 990 is required to be filed ►CT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 SANDRA GERVAIS 155 ELM STREET NEW HAVEN, CT 06508 (203) 624-3197

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) SAL BRANCATI PRESIDENT	1 00	х		х				0	0	0
(2) DALE BRUCKHART VICE PRESIDENT	1 00	х		х				0	0	0
(3) PETER GRAEB TREASURER	1 00	х		х				0	0	0
(4) EDWARD SEIBERT SECRETARY	1 00	х		х				0	0	0
(5) PAT GUIDO PAST PRESIDENT	1 00	х						0	0	0
(6) PHYLLIS RYAN DIRECTOR	1 00	х						0	0	0
(7) MELINDA DANIELS DIRECTOR	1 00	х						0	0	0
(8) ROY L DE BARBIERI DIRECTOR	1 00	х						0	0	0
(9) VINCENT PETRINI DIRECTOR	1 00	х						0	0	0
(10) KYLE BALLOU DIRECTOR	1 00	х						0	0	0
(11) ALTHEA BROOKS DIRECTOR	1 00	х						0	0	0
(12) MARILYN BURLENSKI DIRECTOR	1 00	х						0	0	0
(13) JOHN VISCONTI DIRECTOR	1 00	х						0	0	0
(14) CARL YOHANS DIRECTOR	1 00	х						0	0	0
(15) CYNTHIA CAVALLARO DIRECTOR	1 00	х						0	0	0
(16) TIMOTHY CHAUCER DIRECTOR	1 00	х						0	0	0
										Form 990 (2010)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	Name and Title A verage Position (check all hours that apply) c							(D) Reportable compensation from the	(E) Reportable compensation from related	1	(F) Estima amount o	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
(17) A	ANDREW CARRANO CTOR	1 00	х						0		0		0
	JOSEPH RINI CTOR	1 00	х						0		0		0
	SANDRA GERVAIS RAL MANAGER	65 00			х				104,538		0		17,194
1 b	Sub-Total												
c d	Total from continuation sheets Total (add lines 1b and 1c) .						<u> </u>	 	104,538		0		17,194
2	Total number of individuals (inc \$100,000 in reportable comper	luding but not lir	nited to	thos	e lıs) who	·		<u> </u>		
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc	•							-	ated employee	3	Yes	No No
4	For any individual listed on line organization and related organiz										4		No
5	Did any person listed on line 1a services rendered to the organi								-	r individual for •	5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	highest compe		ndep	ende	ent o	ontra	ctors	that received more	than			
	Nai	(A) me and business ad	dress						Descri	(B) ption of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶0

		(2010)					Pa	age 9
Part \	<u>/##</u>	Statement of Reven	<u>ie</u>			(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under
								512, 513, or 514
nts nts	1a	Federated campaigns	1a					
gra	b	Membership dues	. 1b	179,652				
ts, am⊤	С	Fundraising events	. 1c					
igi ilai	d	Related organizations	. 1d					
ons, sim	е	Government grants (contributions)						
Contributions, gifts, grants and other similar amounts	_	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in li	73,598					
and	h	Total. Add lines 1a-1f			253,250			
				Business Code				
Program Serwce Revenue	2a	FOOD, BEVERAGE, ROOM		722100	710,072	632,382	77,690	
æ	b	GUEST ROOMS		722100	128,042			
ясе	C	SERVICE CHARGES		722100	103,500	103,500		
Seri	d e							
an		All other program service rev	venue.					
aBo,								
Δ		Total. Add lines 2a-2f			941,614			
	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds	(4) 5				
	6a	Gross Rents	(ı) Real 17,819	(II) Personal				
	ь	Less rental	1,497					
	c	expenses Rental income	16,322					
		or (loss)			16,322		13,875	2,447
	u	Net rental income or (loss)	(ı) Securities	(II) O ther	10,322		13,073	2,111
	7a b	from sales of assets other than inventory	(i) Securities	(ii) o thei				
		Net gain or (loss)						
venue		Gross income from fundraisii (not including						
Other Revenue		of contributions reported on See Part IV, line 18						
Õ		Less direct expenses						
		Net income or (loss) from fur		_				
		Less direct expenses	ctivities See Part IV, line 19	a b				
		Net income or (loss) from ga		-				
	10a	Gross sales of inventory, les	s					
	Ь	Less cost of goods sold .	a . b					
	С	Net income or (loss) from sa	les of inventory 🟲					
		Miscellaneous Revenue		Business Code	35 503	25 502		
	11a	MISCELLANEOUS	<u></u>	722100	25,582	25,582		
	Ь	·						
	c							
		All other revenue	•					
	е	* Total. Add lines 11a-11d .	· · · · · · · · · · · · · · · · · · ·		25,582			
	12	Total revenue. See Instructi	ons		1,236,768	800,506	180,565	2,44

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	125,708		125,708	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	492,640	337,914	154,726	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,731	5,302	2,429	
9	Other employee benefits	41,029	27,904	13,125	
10	Payroll taxes	56,871	34,087	22,784	
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting	5,400		5,400	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	75		75	
12	Advertising and promotion	10,136		10,136	
13	Office expenses	68,147	38,301	29,846	
14	Information technology	7,329		7,329	
15	Royalties				
16	Occupancy	114,655	103,189	11,466	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	48,241		48,241	
21	Payments to affiliates		=		
22	Depreciation, depletion, and amortization	57,272	51,545	5,727	
23	Insurance	29,307	27,192	2,115	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	COST OF SERVICES	203,610	203,610		
b	REPAIRS AND MAINTENANCE	18,513	17,032	1,481	
c	BAD DEBT EXPENSE	11,894		11,894	
d	ENTERTAINMENT AND PROMO	7,234	5,736	1,498	
e	MISCELLANEOUS	5,622	450	5,172	
f	All other expenses	1,490	1,490		
25	Total functional expenses. Add lines 1 through 24f	1,312,904	853,752	459,152	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 16,825 1 10,640 1,188 2 10.286 2 Savings and temporary cash investments 3 3 186,230 4 162,534 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 18,067 17,662 10,254 13,742 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 1.158.048 10a Part VI of Schedule D 734,511 ь Less accumulated depreciation 10b 378.097 10c 423.537 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3.471 15 2,329 15 16 614,132 16 640,730 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 143,402 17 138.538 17 Accounts payable and accrued expenses . 18 18 53.202 19 19 50.986 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 653.943 23 763.757 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 850.547 26 953.281 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -250,882 27 -345.048 Unrestricted net assets 14,467 32,497 28 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ -236,415 33 -312,551 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 614,132 640,730 34

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.2	236,76
2	Total expenses (must equal Part IX, column (A), line 25)	2			312,90
3	Revenue less expenses Subtract line 2 from line 1	3		-76,13	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2	236,41
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		- 3	312,55
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
Ь	Were the organization's financial statements audited by an independent accountant?		2b		o N
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c		Νο
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

me of the organization GRADUATE CLUB ASSOCIATION		-	loyer identificat	ion number	
organizations Maintaining Donor organization answered "Yes" to Form			or Accounts.	Complete	ıf the
-	(a) Donor advised funds	(b) Funds and ot	her account	ts
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor actions are the organization's property, subject to the	-		sed	☐ Yes	┌ No
Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b conferring impermissible private benefit				☐ Yes	┌ No
rt II Conservation Easements. Complet	e if the organization answered "Yes	s" to Form	າ 990, Part IV	, lıne 7.	
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ation or pleasure) Preservation o Preservation o	f a certified	cally importantl d historic struct onservation	•	
,			Held at the I	End of the Y	ear
Total number of conservation easements		2a			
Total acreage restricted by conservation easemer	ts	2b			
Number of conservation easements on a certified l	nistoric structure included in (a)	2c			
Number of conservation easements included in (c)	acquired after 8/17/06	2d			
Number of conservation easements modified, trans the taxable year Number of states where property subject to conse		·	e organization d	idinig	
Does the organization have a written policy regard enforcement of the conservation easements it hold		nandling of	violations, and	┌ Yes	Г No
Staff and volunteer hours devoted to monitoring, in					
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easem	ents during	; the year 🟲 \$ _		
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of	section		┌ Yes	┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's finan				
Complete if the organization answered			ner Similar <i>A</i>	\ssets.	
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or res	earch in fu			
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or resear			•	
(i) Revenues included in Form 990, Part VIII, line	1		► \$		
(ii) Assets included in Form 990, Part X			► \$		
If the organization received or held works of art, hi following amounts required to be reported under SF		ts for finan	·		
Revenues included in Form 990, Part VIII, line 1			► \$		
Assets included in Form 990, Part X				· · ·	

ar	Titl Organizations Maintaining Co	ollections of Art	t, His	tori	<u>cal Trea</u>	asures	s, or O	<u>the</u>	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing tha	t are a s	significa	nt u	se of its c	ollectio	n	
а	Public exhibition		d	\sqcap	Loan or	exchang	je progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's c Part XIV	ollections and expla	aın hov	w the	y further t	he orgai	nızatıon	's ex	empt purp	ose in		
•	During the year, did the organization solicit assets to be sold to raise funds rather than			,					ılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						swered	Y" t	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar											
а	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or ot	her ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able							
_								_		A mou	ınt	
C _ı	Beginning balance						-	1c				
d	Additions during the year						—	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete											
	P	(a)Current Year	(b)	Prior \	Year (c)Two Yea	ars Back	(d)	Three Years	Back (e)Four Ye	ears Back
•	Beginning of year balance											
b	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
_	Provide the estimated percentage of the year	r end balance held	as		<u> </u>							
а	Board designated or quasi-endowment											
_	·											
b	Permanent endowment 🕨											
c a	Term endowment ► Are there endowment funds not in the posse	acion of the organia		+6-+	ara bald a	nd nd m.		l f or	+ h a			
a	organization by	ssion of the organiz	ation	llial a	are neru ar	iiu auiiii	mstered	101	tile		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization	•								3b		
	Describe in Part XIV the intended uses of th											
a	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 990	, Part)	X, line	<u> 10.</u>				
	Description of investment				a) Cost or ot sıs (ınvestm		Cost or o		(c) Accun depreci		(d) Bo	ok value
а	Land				3:	1,000						31,000
b	Buildings				64	1,223				64,223		(
c	Leasehold improvements				850	0,653				509,053		341,600
d	Equipment		•				<u> </u>					
e	Other				21	2,172				161,235		50,937

423,537

Part VII Investments—Other Securities. See	Form 990, Part X, line 1: T		£
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line T	13. (c) Method o	fustion
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
	l		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

· (·	Reconcination of change in Net Assets from Form 990 to Financial Statemen	113	1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,236,768
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,312,904
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-76,136
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-76,136
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,238,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,497
3	Subtract line 2e from line 1	3	1,236,768
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,236,768
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	1	1,314,401
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,497
3	Subtract line 2e from line 1	3	1,312,904
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,312,904
Par	t XIV Supplemental Information		· · ·
Con	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV ,	lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
PART XII, LINE 2D - OTHER ADJUSTMENTS		ALLOCABLE RENTAL EXPENSES
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ALLOCABLE RENTAL EXPENSES

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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
THE GRADUATE CLUB ASSOCIATION

Employer identification number 06-0367660

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE GOVERNING BODY OF THE ORGANIZATION IS ELECTED BY ITS MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		VARIOUS DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF FORM 990 WAS PROVIDED TO THE GOVERNING BODY BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS OF DETERMINING COMPENSATION OF THE CLUB MANAGER INCLUDES A REVIEW AND APPROVAL BY THE EXECUTIVE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GRADUATE CLUB ASSOCIATION MAKES ALL INFORMATION AVAILABLE TO ITS MEMBERSHIP UPON REQUEST