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Form **990-EZ**

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations 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

Open to Public Inspection

	Α	For t	he 2008 calendar	year, or tax year beginning	9/01	, 2008, and er	iding 8/31		, 2	2009		
	В	Check	,							Employer identification number		
		Addres	s change Please use IRS	ا م	04-2348294							
		Name change label or 150P MAIN ST - BOY 876								Telephone number		
		Initial return type. NORTH ANDOVER, MA 01845							978-682-5786			
		Termin	lation Specific					9,	8-682	-3/80		
		Amended return Instruc- tions.							oup Exen	nption		
	Ш	Applica	ation pending						mber	<u> </u>		
			Section 501(c)(3 must atta	R) organizations and 4947(a)(1) ach a completed Schedule A (h	nonexempt charita Form 990 or 990-EZ,	ble trusts).	G Accounting Other (spec			Cash X Accrual		
	ı	Webs	site: ► N/A				H Check ► Z	attach	Schedule	nization is not e B (Form 990,		
	J	Organ	ization type (check or	nly one) $ X = 501(c) (2)$	(insert no) 4947	7(a)(1) or 527	990-EZ, or	990-PF)			
		Chec	k ►if the org	anization is not a section 509(a	a)(3) supporting org	anization and its	gross receipts a	re norn	nally not	t more than		
		\$25,0	000 A return is no	ot required, but if the organization	ion chooses to file a	return, be sure to	o file a complete	e return				
		ınste	ad of Form 990-E			<u> </u>			► \$	107,361.		
	Pa	<u>rt I</u>	Revenue,	Expenses, and Changes	in Net Assets o	r Fund Baland	es (See the	ınstru	ctions :	for Part I.)		
e A		1		fts, grants, and similar amount					1			
8		2	Program service	revenue including government	fees and contracts			L	2			
\geqslant		3	Membership due:	s and assessments				L	3			
SCANNED		4	Investment incon			1		L	4	107,361.		
f				om sale of assets other than in	ventory	5a						
Ö				er basis and sales expenses		_ 5 b						
	RE			ale of assets other than inventory (Subt					5c			
APR	R E V E N			ctivities (complete applicable parts of S	chedule G) If any amoun	t is from gaming , che	ck here.	\sqcup				
\mathcal{R}	Ñ	а	Gross revenue (r	not including \$	of contribu	lions						
\bowtie	Ĕ		reported on line	•		6a						
6				enses other than fundraising ex		6Ь	-					
2010				from special events and activities (Sub		1 1		_	6c			
1				ventory, less returns and allow	ances	7a						
			Less cost of goo			7b						
		_	-	oss) from sales of inventory (S	ubtract line /b from	line /a)		. -	7c			
		8	Other revenue (descri					–) ⊦	8			
		9_		idd lines 1, 2, 3, 4, 5c, 6c, 7c,		RECE	IVED		9	107,361.		
	Ì	10		ar amounts paid (attach schedi	ule)				10			
	E	11	Benefits paid to			-	2010	-	11			
	X	12	,	ompensation, and employee be		NAR 22	2010	-	12			
	E	13		s and other payments to indepe	endent contractors		(3)	<u> </u>	13			
	EXPENSE	14		, utilities, and maintenance		OCOE			14	149,463.		
	s	15 Printing, publications, postage, and shipping OGDEN, UT					_ <u></u>	15				
		16	Other expenses (desc					· ·	16			
-		<u> 17_</u>		(add lines 10 through 16)					17	149,463.		
		18	Excess or (deficit	t) for the year (Subtract line 17	from line 9)			<u> </u>	18	-42,102.		
	N S E E T T	19	9 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	471,121.		
	' T	20	Other changes in	n net assets or fund balances (attach explanation)	SEE S	TATEMENT 1		20	-2,000.		
	,		Net assets or fun	nd balances at end of year Cor	mbine lines 18 throu	igh 20		P	21	427,019.		
Į	Pa	rt II	Balance S	heets. If Total assets on line		\$2,500,000 or mo	re, file Form 990) instea	d of For	m 990-EZ.		
				(See the instructions for P	art II)		(A) Beginning			(B) End of year		
	22		sh, savings, and ii	nvestments				,250.		56,298.		
	23		nd and buildings					<u>,765.</u>		504,257.		
	24		er assets (describ	pe ► <u>SEE STATEMENT 2</u>)			,640.		11,317.		
	25		al assets		_			, 655.		571,872.		
	26			cribe - SEE STATEMENT				<u>, 534 .</u>		144,853.		
	27	Net	assets or fund b	alances (line 27 of column (B)	must agree with hir	ne 211	ı 471	.121.	27	427.019		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008) CENTER REALTY T	RUST OF NORTH ANDO	VER	04	-234	18294 Page
Part III Statement of Program Se		Expenses			
What is the organization's primary exempt purpose? <u>SE</u> Describe what was achieved in carrying out the describe the services provided, the number of program title	E STATEMENT 4 ne organization's exempt purp persons benefited, or other r	ooses In a clear and co relevant information for	oncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
28					
(Grants \$) If the	 nis amount includes foreign gi	rants, check here		28a	
29					
(Grants \$) If th	is amount includes foreign gr	rants, check here		29 a	
(Grants \$) If the structure of the stru	is amount includes foreign gr	ants, check here	<u> </u>	30 a	
(Grants \$) If th	iis amount includes foreign gr	ants, check here		3 1 a	
32 Total program service expenses (add In Part IV List of Officers, Directors		ployees (list each a	Page over if not con	32	atad Cas the mater)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	to ns and	(e) Expense account
CHARLES A. SALISBURY 301 JOHNSON ST.	TRUSTEE 1.00		deterred compensa	0.	0.
NORTH ANDOVER, MA 01845 KEVIN B. GRIFFIN-RESIGNED 6/0	no morramen				
49 BRENTWOOD CIRCLE NORTH ANDOVER, MA 01845	9 TRUSTEE 1.00			0.	0.
JAMES P. GORDON 500 REA STREET	TRUSTEE 1.00	0.		0.	0.
NORTH ANDOVER, MA 01845 BENJAMIN C. OSGOOD	TRUSTEE	0			
69 OLD VILLAGE LANE NORTH ANDOVER, MA 01845	1.00	0.		0.	. 0.
		<u> </u>			
BAA	TEEA0812L 0	1/14/09			Form 990-EZ (2008

Pa	other Information (Note the statement requirement in General Instruction V.)			
			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	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
ā	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
ŀ	of If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 1 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		X
ł	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 39a N/A			
	or Gross receipts, included on line 9, for public use of club facilities or 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			,
40 6	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
t	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	40 b		
		705		
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. I Enter amount of tax on line 40c reimbursed by the organization O.			
•	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	40 e		X
41	List the states with which a copy of this return is filed MA			
42 a	The books are in care of ► NANCY LEONARDI Telephone no. ► 978-68 Located at ► PO_BOX_876_NORTH_ANDOVER_MA ZIP + 4 ► 01845	32-5	<u> 786</u>	
	Located at ► PO_BOX_876_ NORTH_ANDOVER_MA ZIP + 4 ► 01845_			
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	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 a Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	J	ш	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>X</u>
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		Х
BAA		m 990	-EZ (

Use

Only

BAA

N/A

686-7970

Form 990-EZ (2008)

No

►X Yes

EIN

Phone no ▶

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. Yes No 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 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b 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 (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and (c) Compensation (a) Name and address of each employee paid more than \$100,000 other allowances Total number of other employees paid over \$100,000 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 (c) Compensation (b) Type of service Total number of other independent contractors receiving over \$100,000 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. March 2010 Sign Signature of officer Here CHARLES SALISBURY Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's Paid 2/12 signature N/A employed Pre-O'SULLIVAN & CO., P.C Firm's name (or yours if self-employed), address, and ZIP + 4 parer's 871 TURNPIKE ST., STE

NORTH ANDOVER, MA 01845-6156

May the IRS discuss this return with the preparer shown above? See instructions

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* 751	nu
/11	uz.
	v

FEDERAL STATEMENTS

PAGE 1

CLIENT CENTERRE

CENTER REALTY TRUST OF NORTH ANDOVER

04-2348294

2/11/10

10 23AM

STATEMENT 1 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DIVIDENDS PAID TO THE NORTH ANDOVER HISTORICAL SOCIETY

TOTAL $\frac{\$}{\$}$ $\frac{-2,000}{-2,000}$.

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

ACCOUNTS RECEIVA	BLE			
PREPAID EXPENSES	AND	DEFERRED	CHARGES	
RENT RECEIVABLE				

	\$ 768.	\$ 0.
	5,672.	5,394.
	4,200.	 5,923.
TOTAL	\$ 10,640.	\$ 11,317.

BEGINNING ENDING

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BI	<u>EGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	1,171. \$	10,391.
DEFERRED REVENUE		1,500.	1,500.
DUE FROM AFFILIATE		0.	30,000.
SECURED MORTGAGES AND NOTES PAYABLE		81,885.	98,062.
SECURITY DEPOSITS		<u> 3,978. </u>	4,900.
	TOTAL \$	88,534. \$	144,853.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CENTER REALTY TRUST OF NORTH ANDOVER IS A WHOLLY-OWNED SUBSIDIARY OF THE NORTH ANDOVER HISTORICAL SOCIETY. ITS PURPOSE IS TO PRESERVE THE HISTORIC LANDSCAPE OF CENTER VILLAGE, THE LOCATION OF THE ORIGINAL SETTLEMENT OF NORTH ANDOVER, MASSACHUSETTS.

Form **8868** (Rev Aprıl 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month	Extension, comple	te only Part I and ch	eck this box				<u>► X</u>
-	filing for an Additional (Not Au		•	-				
	olete Part II unless you have alre	ady been granted ar	automatic 3-month	extension on a	a previously f	iled Fo	rm 8868	
Part I	Automatic 3-Month Extens	sion of Time. Or	ily submit origina	I (no copies	needed).			
								_
A corporation	required to file Form 990-T and	requesting an autor	matic 6-month extens	ion – check t	his box and o	comple	te Part I only	▶ ∐
All other corp income tax r	porations (including 1120-C filers eturns), partnerships, REM	MCS, and trusts mus	t use Form 70	04 to request	an ext	ension of time to	o file
the additiona Form 990-T.	ling (e-file). Generally, you can ed below (6 months for a corporation of a corporation of automatic) 3-month extens instead, you must submit the full the www.irs.gov/efile.and.click.on	ion or (2) you file Fo ly completed and sig	orms 990-BL, 6069, c aned page 2 (Part II)	r 8870. aroup	returns, or a	compo	site or consolida	ated
	Name of Exempt Organization				· · · · · · · · · · · · · · · · · · ·	Employ	er identification num	ber
Type or								
print	CENTER REALTY TRUST	OF NORTH AND	OVER			04-2	2348294	_
File by the due date for	Number, street, and room or suite number	If a P O box, see instruc	tions			•		
filing your return See	150R MAIN ST - BOX 8	76						
instructions	City, town or post office, state, and ZIP co	de For a foreign address,	see instructions					
	NORTH ANDOVER, MA 01	845						
Check type o	of return to be filed (file a separa	te application for ea	ich return)		_			
Form 990	[Form 990-T (corp	•		Form 472	20		
Form 990	<u> </u>		ion 401(a) or 408(a)	trust)	Form 522	27		
X Form 990	<u> </u>	Form 990-T (trus	t other than above)		Form 606	59		
Form 990)-PF	Form 1041-A			Form 887	70		
Telephone If the orga If this is f check this the extens	are in the care of ►NANCY I No ► 978-682-5786 anization does not have an office or a Group Return, enter the org s box ► ☐ If it is for part of the	or place of busines anization's four digit he group, check this	Group Exemption Ni s box ► and att	umber (GEN) ach a list with	If the names a		for the whole gr	•
	st an automatic 3-month (6 month		•	•				
	$4/15$, 20 10 _, to file		ation return for the o	rganization na	med above			
		starri for.						
► X	calendar year 20 or tax year beginning _ <u>9/01</u> _	20 08 25	d and no 0 / 21	20 0	۵			
	tax year beginning _ 3/01	, 20 _0 <u>o</u> _, an	a enaing _ 9/31	,20 _0	<i></i>			
2 If this ta	x year is for less than 12 months	s, check reason:	Initial return	Final retu	rn C	hange	in accounting pe	eriod
3a If this a nonrefu	oplication is for Form 990-BL, 99 indable credits. See instructions	0-PF, 990-T, 4720,	or 6069, enter the ter	ntative tax, les	s any	3a	\$	0.
	oplication is for Form 990-PF or neclude any prior year overpayme			estimated tax	payments	3ь	\$	0.
c Balance deposit See inst	• Due. Subtract line 3b from line with FTD coupon or, if required, ructions	3a Include your pay by using EFTPS (EI	ment with this form, ectronic Federal Tax	or, if required Payment Syst	, em)	Зс	\$	0.
Caution. If yo payment instr	u are going to make an electroniuctions	c fund withdrawal w	rith this Form 8868, s	ee Form 8453	-EO and Forr	n 8879	-EO for	
BAA For Priv	acy Act and Paperwork Reducti	on Act Notice, see	nstructions.			- 1	orm 8868 (Rev	4-2009)