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Form **5'90**

Department of the Treasury

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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

OMB No 1545-0047

2009

Open to Public Inspection

			U⊥, 2009, and €	ending Al	PR 30,2010
_ `	Check if applicable Address cha	1 abor or	te, and ZIP code	D Employer identif	
Н	Name chanç nitial retum	See		E Telephone number	er 82-6511
П	Terminated	Specific 10 ALLDS STREET		G Gross \$	7429075.
Ħ,	Amended re	tions 373 G17773 3777 03 0 C 0		H(a) is this a group	return
	Application	F Name and address of principal officer PETER WARE	CKI	for affiliates?	Yes X No
Ц	ending	10 ALLDS STREE NASHUA NH 0		H(b) Are all affiliates in	
ı T	ay-eyem	ppt status X 501(c)(3) ∢(insert no) 4947(a)(1) or 527		If "No", attach a list (see instructions)	
	Vebsite:			H(c) Group exemption	
	orm of orga		L Year of fo		state of legal domicile NH
	art I	Summary	- 1021011	11110	atto or logar contracts
		nefly describe the organization's mission or most significant activities			
		ONTINUING CARE RETIREMENT COMMUNITY	PROVIDING	HOUSTNG I	LONG TERM
9	_	ARE, MEALS AND OTHER RELATED SERVICE			30110 12101
Jan	=	ind indian the original indiana buttare	<u> </u>		
Activities & Governance	2 CI	heck this box If the organization discontinued its operations or dis	nosed of more tha	in 25% of its net assets	
õ		umber of voting members of the governing body (Part VI, line 1a)	poode of more the	3	12
∞		umber of independent voting members of the governing body (Part VI, line	16)	4	12
ties		otal number of employees (Part V, line 2a)	10)	5	182
Ξ		otal number of volunteers (estimate if necessary)		6	55
Ä		otal gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	l .	et unrelated business taxable income from Form 990-T, line 34		7b	
	D 146	et differated business taxable income from 1 offit 550-1, lifte 54		Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	<u> </u>	187702.	32412.
Revenue		rogram service revenue (Part VIII, line 2g)	 	7078665.	7429075.
Ve	1	•	-	-2041394.	1570142.
≗	!	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	289359.	249923.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12)	5514332.	9281552.
	+	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	3314332.	9201332.
	14 Be	rants and similar amounts paid (Part IX, column (A), lines 1-3) enellis [ந்திர் ந்திர் நிறுந்தின் (Part IX, column (A), line 4)	· -		
	1 6	enejns <u>patu /၀၂) ရှိ (members (Fait IA), column (A), line 4)</u> <u>alaries, other compensation ျှမ်ာ</u> ployee benefits (Part IX, column (A), lines 5	: 10)	4517643.	4553830.
Expenses	1 4 '	1 1701	10) 	4317043.	4333030.
Sen	loar!	ofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		
Ä	44	trai fundraising expenses, (Part IX, column (D), line 25) Iner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3642204.	3381844.
	17 O	ther expenses (Partix, Column (A), lines 11a-11d, 111-241)	\vdash	8159847.	7935674.
	18 70	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	-2645515.	
	19 10	evenue less expenses Subtract line 18 from line 12			1345878.
Net Assets or Fund Balances	20 -	ntol accets (Part V. line 46)	ļ	Beginning of Year 31904145.	End of Year
ssets 3alar	20 To	otal assets (Part X, line 16)			35444972.
Jag B	21 To	otal liabilities (Part X, line 26)	<u></u>	18177150.	17894255.
	art II	et assets or fund balances Subtract line 21 from line 20		13726995.	17550717.
	art III	Signature Block			
		Under penalties of penjury, I declare that I have examined this return, including accompanying so		•	J -
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of	n all information of whic	h preparer has any knowledge	
e:-		1. (It OM a.		1 10/2	0/0010
Sig		1 the March			8/2010
He	16	Signature of officer // PETER J WARECKI T	ים מווים אם מי	Date	
			REASURER		
		Type or print name and title	- 12	Chook if Drai	parer's identifying number
Pai	d	Preparer's Date	ĺs	ielf- (see	e instructions)
	parer's	signature		employed ▶	
	Only	Firms name (or yours if self-employed),		EIN ▶	
		address, and ZIP + 4		Phone no ▶	
		discuss this return with the preparer shown above? (See instructions)			Yes X No
For	Privacy	Act and Paperwork Reduction Act Notice, see the separate instruction	ns		Form 990 (2009

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Rev 1

1 (1)	Statement of Program s		isnments						
•	Bnefly describe the organization's mis HUNT COMMUNITY SER		DER CIT	IZENS	OF T	THE NAS	SHUA ARE	שידע ב	CARE
	THAT RESPECTS THEI								
	THEIR NEEDS								
2	Did the organization undertake any si	gnificant program ser	vices during th	ne year which	ch were i	not listed on			
	the prior Form 990 or 990-EZ?							Yes	X No
	If "Yes," describe these new services								
3	Did the organization cease conducting	•	changes in ho	ow it conduc	ts any p	rogram serv	ices?	Yes	X No
4	If "Yes," describe these changes on S Describe the exempt purpose achieve		organization'	e three larg	act progr	-am canusas	by expenses		
•	Section 501(c)(3) and 501(c)(4) organ			_			•	nd	
	allocations to others, the total expens			-		•			
4a	(Code) (Expenses \$	7546477.	including gran	nts of \$) (Revenue \$	74	29075.)
	PROVIDING HOUSING,	I ONG TEDM	CADE	MEATC	רוזא א		DEL VARIO	CEDUT	CEC
	TO SENIORS	LONG TERM	CARE,	MEALS	AND	OTHER	RELATED	SERVI	CES
									
							 		
				·					
4b	(Code) (Expenses \$		including gran	nts of \$) (Revenue \$)
			 .						
									
		-							
							· · · · · · · · · · · · · · · · · · ·		
	(0.1)				-		· <u></u>		
4c	(Code) (Expenses \$		including grar	nts of \$) (Revenue \$)
									
			· · · · · · · · · · · · · · · · · · ·						
4d	Other program services (Describe in	•							
10	(Expenses \$	including grants of \$754647)(Rev	enue \$))	
40	Total program service expenses ▶	/5464/	<i>'</i> •					Form 9	90 (2009)

Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	L,
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	Ì		
	Schedule D, Part VI			
•	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			
•	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		=	
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII	40	Х	
42A		12	<u> </u>	l
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X]]		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Part I	14b		Х
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 United States? If "Yes," complete Schedule F, Part II	15		Х
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 United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	-	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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				•

Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," X complete Schedule J 23 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 Х 24a 24b through 24d and complete Schedule K If "No," go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction Х with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 990EZ? If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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? Х If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties, directly or indirectly 28 (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 X If "Yes," complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 III, IV, and V, line 1 is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X Schedule R. Part V. line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

Form **990** (2009)

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Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?

For	m 990 (2 0 09) HUNT COMMUNITY 02-03	3699	06	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable 1a 31	_		
	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	ļ		-,
	gaming (gambling) winnings to prize winners?	1c	X	<u> L</u> ,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 182	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	J
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-		X
_	this return?	3a		 ^
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
44	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)?	4.		X
h	If "Yes," enter the name of the foreign country	4a		<u> </u>
Ü	See the instructions for exceptions and 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
-	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
	Prohibited Tax Shelter Transaction?	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		X
b	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).			
а	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year Out to account the number of Forms 8282 filed during the year	-{		
Ð	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		 ^
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			J
	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		X
9	Sponsoring organizations maintaining donor advised funds.			-'
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			-"
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_]		
11	Section 501(c)(12) organizations. Enter	ĺ		
а	Gross income from members or shareholders 11a	_[-
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	<u> </u>		_,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			105 5 5
		Fo	rm 990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 12 1a 1b 12 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 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? Х Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? Х 7b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? a The governing body? X 8a 8b X **b** Each committee with authority to act on behalf of the governing body? 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 Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Does the organization have local chapters, branches, or affiliates? X 10a 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 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Х 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Х 12c X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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 a The organization's CEO, Executive Director, or top management official? X 15a X Other officers or key employees of the organization? 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 X b 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NH 18 Section 6104 requires an organization to make its Forms 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 Another's website X Upon request Own website 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PETER WARECKI 10 ALLDS S NASHUA NH 03060 603-882-6511

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

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. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees 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 the organization did not o	trustee		<u> </u>							
(A)	(B)	(C) ge Position (check all that apply)						(D)	(E)	(F)
Name and Title				_	all ti		· · · · ·	Reportable	Reportable	Estimated
	hours per	Individual trustee or director	Inst	Officer	Key employee	em_Hig	Former	compensation	compensation	amount of
	week	lired	itut	ଜୁ	en	hes	me	from	from related	other .
		tor	ona		턍	e co	'	the	organizations	compensation
		rus	Institutional trustee		yee	贯		organization	(W-2/1099-MISC)	from the
	İ	ee	ste			รถ		(W-2/1099-MISC)		organization and related
			Ф			Highest compensated employee				organizations
ROBERT BURNS	-						-			o.gu/ii.zu.iio/io
TRUSTEE	7 2	Х						0	0	0
SCOTT COTE										
TRUSTEE	2	X						0	0	0
JOHN EGAN		İ		İ	Ì	ĺ	ĺ			
TRUSTEE	2	Х						0	0	0
SY MAHFUZ										
TRUSTEE	2	X		L	_			0	0	0
JEAN HOLLIS										
TRUSTEE	2	X						0	0	0
LORI LAMBERT										
TRUSTEE	2	X						0	0	0
ELLIOT LASKY										
TRUSTEE	2	Х			<u> </u>			0	0	0
B SMITH-WEISS									_	
TRUSTEE	2	X			ļ.,			0	0	0
M WAGELING								_	_	
TRUSTEE	2	X		<u> </u>		ļ		0	0	0
MARYSE WIRBAL	_						ĺ	_	_	
TRUSTEE	2	Х					<u> </u>	0	0	00
JOHN PAROLIN	_									_
CHAIRPERSON	3			X				0	0	0
P LABOMBARDE										_
VICE CHAIR	3			X			_	0	0	0
C HALLOCK										
SECRETARY/CEO	20			X			ļ	0	202891.	15656.
PETER WARECKI										
TREASURER/CFO	20			X		↓	<u> </u>	0	145830.	6892.
SUSAN MEUSE	۱.,									01550
EXEC DIRECTOR	40			X			<u> </u>	112048.	0 _	21778.
LISA VALCOURT	J					,.		0777	_	0.000
DIR OF DINING	40					X	<u> </u>	97391.	0	26083.

Part VII	Section A. Officers, Directors,	Trustees,	Key E	mplo			nd Hig	hest	<u></u>	loyees (continued)	
	(A)	(B)			(C				(D)	(E)	(F)
	Name and title	Average		on (ch		all t	_		Reportable	Reportable	Estimated
		hours per	Individual trustee or director	Ins	Officer	G C	Highest compensated employee	Former	compensation	compensation	amount of
		week	[등 전	Institutional trustee	<u> ह</u>	Key employee	Beg	me	from	from related	other
			cgual	9	'	힐	ye c	¬	the	organizations	compensation
			ੇ ਵੋ	<u>a</u>		₩ W	ੌ 🚊		organization	(W-2/1099-MISC)	from the
			ste	S.	l	۴ ا	ĕ		(W-2/1099-MISC)		organization
				ee			sat				and related
							8				organizations
					<u> </u>						
		_									
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		4				ŀ					
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					_						
		-						-			
45 7-4-1							L	Ļ	200420	240701	70400
1b Total								<u> </u>	209439.	348721.	70409.
	mber of individuals (including but n organization ► 3	ot iimitea to	tnose	ıısted	abc	ve)	wno re	eceiv	ed more than \$100,0	υυ in reportable com	pensation
- Hom the	organization > 3										Yes No
3 Did the d	organization list any former officer,	director or	truste	a kav	emr	Nove	e orl	hiaha	et companeated		165 140
	e on line 1a? If "Yes," complete Sc						.c, or 1	iigiik	est compensated		3 X
	individual listed on line 1a, is the su						and of	her d	compensation from		
	nization and related organizations								•		
ındıvıdua		,	•	,000		,	٦٠				4 X
	person listed on line 1a receive or a	accrue com	pensa	tion fr	om a	any i	unrela	ted c	organization for		- <u>`</u> - - <u></u> -
services rendered to the organization? If "Yes," complete Schedule J for such person								5 X			
Section B. Independent Contractors											
1 Complet	e this table for your five highest cor	mpensated	ındep	enden	t cor	ntrac	ctors th	nat re	eceived more than \$1	00,000 of	
compens	sation from the organization										
	(A)								(B)		(C)
	Name and busines								Description of s	ervices	Compensation
ONEILL	GEN 33 PINGREE 0	3038	NH :	DER	RY			CO	NTRACTOR		274135.
								ļ			
	·										
O T-1-1								<u> </u>			
2 Total number of independent contractors (including but not limited to those listed above) who received more than											
\$100,00	0 in compensation from the organiz	ation 🕨		1							

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campai Membership dues Fundraising events Related organizati Government grants (contributions) All other contributions, g grants, and similar amounot included above	1b s 1c ons 1d 1e offs,	32412.				
Contr and o	g	Noncash contributions included in lines 1a-1f	\$		32412.	I		
	h	Total. Add lines 1	a-11	Business Code	32412.	-		
Program Service Revenue	2a	RESIDENT	SVC FEE	623000	5998578.	5998578.		
Re	b ⁻	EARNED EN	TRANCE FEE	623000	1430497.	1430497.		
Ş	c _							
Sen	d _							
Ē	е_							
ogus	f	All other program	service revenue					<u> </u>
	g	Total. Add lines 2	a-2f	>	7429075.			Y
	3		e (including dividends,	interest, and				
		other similar amou	•	•	672948.			672948.
	4		of tax-exempt bond proceeds	• ▶				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses Rental income						
	C	or (loss)				ı		ı
	d	Net rental income		•]		<u> </u>
	7a	sales of assets	(i) Securities	(II) Other				
	١.	other than inventory Less cost or other	11276974.	L251672.				
	b	basis and sales expenses		1212756.				
	С	Gain or (loss)	858278.	38916.		1		
	d	Net gain or (loss)		<u> </u>	897194.			897194.
	8a	Gross income from fund	raising events	I				
Other Revenue		(not including \$		1				
eve	Ì	of contributions reported	*	1				
αŽ	١.	See Part IV, line 1						
Ę.	b	Less direct expen					·	
O	C		s) from fundraising ev	ents >				
	9a	Gross income from]				
	_	activities See Par		···				
	b	Less direct expen	<u> </u>			; -		ı
	C		s) from gaming activiti	es 🕨		<u> </u>	<u> </u>	<u> </u>
	iva	Gross sales of inverteurns and allowa		1				
				 ,				
	b	Less cost of good					·	ı
	C		s) from sales of invent			l		l <u></u>
	11-	Miscellaneou NURSING S		Business Code 623000	103660.	 -		102660
	b		S REVENUE	623000	68176.			103660. 68176.
	C	BEAUTY SH		623000	52741.			52741.
	d	All other revenue		623000	25346.		 	25346.
	e	Total. Add lines 1	1a_11d	023000	249923.	<u> </u>		25340.
	12		1a-110 dd lines 1h, 2g, 3, 4, 5	6d 7d 9c	43343.			
!	'-	9c, 10c, and 11e	uu iiiles 111, 29, 5, 4, 5	, 50, 70, 50,	9281552.	7429075.		1820065.
				F 1				

Part IX Statement of Functional Expenses

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

	All other organizations must complete of				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	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	114515.	114515.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2546146	2546746		
7	Other salaries and wages	3546146.	3546146.		
8	Pension plan contributions (include section 401(k)	40436	40476		
_	and section 403(b) employer contributions)	40416.	40416.		
9	Other employee benefits	593740.	593740.		
10	Payroli taxes	259013.	259013.		
11	Fees for services (non-employees)	046000		046000	
a	Management	246000.		246000.	
b	Legal			40000	
C	Accounting	42820.		42820.	
d	Lobbying			-	
θ	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	505.50	607.60		
12	Advertising and promotion	60162.	60162.		
13	Office expenses				
14	Information technology				
15	Royalties	454460	454460		
16	Occupancy	454469.	454469.	6787.	
17	Travel	6787.		6/8/.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100100	100100		
20	Interest	108192.	108192.		
21	Payments to affiliates	1014752.	978621.	36131.	
22	Depreciation, depletion, and amortization	81019.	81019.	30131.	
23	Insurance (homino curanas and	01019.	01019.	L	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				
	-				
_	5% of total expenses shown on line 25 below) SEE STMT	445872.			
a	SEE SIMI	219714.			
b		203731.	·		
c		107923.			
d		92072.			
9	All other average				
f	All other expenses	298331.	7546477.	200107	
25	Total functional expenses. Add lines 1 through 24f	7935674.	/5464//.	389197.	
26	Joint Costs Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Ŗar	t X	Balance Sheet					· · · · · · · · · · · · · · · · · · ·
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			663918.	1	2040580.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19224.	4	6856.
	5	Receivables from current and former officers, dire	ectors, i	trustees, key			
		employees, and highest compensated employees	s Com	plete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) Complete			
		Part II of Schedule L				6	
Ş.	7	Notes and loans receivable, net			5000000.	7	4500000
Assets	8	Inventories for sale or use				8	
₹∣	9	Prepaid expenses and deferred charges			206037.	9	160657
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	23568647.		. ——.	
	b	Less accumulated depreciation	10b	12777755.	11086430.	10c	10790892
	11	Investments - publicly traded securities			13663205.	11	17249946
	12	Investments - other securities See Part IV, line 1	1		1045048.	12	497780
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		220283.	15	198261	
	16	Total assets Add lines 1 through 15 (must equa	1)	31904145.	16	35444972	
	17	Accounts payable and accrued expenses	706107.	17	612312.		
	18	Grants payable		18			
	19	Deferred revenue			6991043.	19	7131943
	20	Tax-exempt bond liabilities			10480000.	20	10150000
ဖွ	21	Escrow or custodial account liability Complete P	art IV o	f Schedule D		21	
≝∣	22	Payables to current and former officers, directors	, truste	es, key			
Liabilities		employees, highest compensated employees, an	d disqu	alified			
ا ت		persons Complete Part II of Schedule L		į		22	
	23	Secured mortgages and notes payable to unrelate	ed third	I parties		23	
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities Add lines 17 through 25			18177150.	26	17894255.
		Organizations that follow SFAS 117, check he		X and			
sa		complete lines 27 through 29, and lines 33 an	d 34.	-		,,	
Š	27	Unrestricted net assets			13171180.	27	16936564.
39	28	Temporanly restricted net assets			172265.	28	176259
<u> </u>	29	Permanently restricted net assets		[383550.	29	437894.
죠		Organizations that do not follow SFAS 117, ch	leck he	ere 🕨 📗			
٥		and complete lines 30 through 34.		_		,,	
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	upment	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, o	r other funds		32	
z	33	Total net assets or fund balances			13726995.	33	17550717.
	34	Total liabilities and net assets/fund balances			31904145.	34	35444972.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a consolidated basis, separate basis, or both	2d		
3a	separate basis			
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

		JNT COMMONT.							02	2-036	J J U O			
	art	Reason fo	r Public Charity	Status	(All organizations	must cor	nplete th	nis part)	See ins	tructions				
The	e org	janization is not a priva	ite foundation becaus	eitis (For	lines 1 through 11,	check on	ly one b	ox)						
1	Ц	A church, convention	•			section	170(b)(1)(A)(i).						
2	Ц	A school described in	section 170(b)(1)(A))(ii). (Attach	Schedule E)									
3	Ц	A hospital or a cooper	rative hospital service	organizatio	on described in sec	tion 170(b)(1)(A)	(iii)						
4		A medical research or	rganization operated i	n conjuncti	on with a hospital di	escnbed (n sectio	on 170(b)(1)(A)(i	ii) Enter	the hosp	oital's na	me,	
		city, and state												
5	Ш	An organization opera		a college o	r university owned o	r operate	d by a g	ovemme	ntal uni	t describe	ed in sec	tion		
		170(b)(1)(A)(iv). (Con	nplete Part II)											
6	Ц	A federal, state, or loc	al government or gov	ernmental	unit described in se	ction 170)(b)(1)(A	\)(v).						
7		An organization that n	iormally receives a su	ibstantial pa	art of its support froi	n a govei	rnmenta	l unit or f	rom the	general p	oublic			
		described in section	170(b)(1)(A)(vi) . (Cor	nplete Part	II)									
8		A community trust des				•								
9	X	An organization that n	ormally receives (1)	more than	33 1/3 % of its supp	ort from o	contribut	ions, me	mbershi	p fees, a	nd gross	i		
		receipts from activities	•		•			•						
		support from gross inv) from b	usinesse	S			
	П	acquired by the organ			, ,, ,	•		•						
10	Н	An organization organ	·	-	•	•								
11	Ш	An organization organ	•	·=	•				•					
		purposes of one or mo		•						•	ection			
		509(a)(3). Check the		• •	``		•		~~	٦.		_		
_	П	a Type I	b Type II		c Type III - Fi		-		_d _		II - Othe	r		
0	Ш	By checking this box, persons other than for	•						•		aatian			
		509(a)(1) or section 5	•	ilu olilei liik	an one or more publ	iciy suppi	ortea orț	gariizalio	iis desci	ilbed in S	ection			
f		If the organization rec		nination fro	m tha IDS that it is	Tunni	Tura II a	T !!	! cmmai	d.n.a				
•		organization, check th		imiauoii no	in the institution	i type i,	rype ir c	n Type II	i suppoi	ung				Г
		Since August 17, 2000		n accented	any gift or contribu	ion from	any of th	ne followi	na ners	ons?				Ĺ
g		(i) A person who dire	-				•		• .	OH3.			Yes	No
			e governing body of the		•	tar percor	10 0000		''			11g(i)	1.00	
		(ii) A family member			•							11g(ii)		\vdash
		(iii) A 35% controlled	•	• • •								11g(iii)		
h		Provide the following		•	. , ,							(3()		
	(i)	Name of supported	(ii) EIN	T	pe of organization	(iv) is the	ne organ-	(v) D	id you	(vi) l	s the	(vii)	Amour	nt of
		organization		1 ' ' '	bed on lines 1-9	ızatıon	=	notify	-	1 ' '	ation in	1 ` ′	upport	
		J		1 `	e or IRC section	(i) listed		organiza		col			• •	
				(se	e instructions))	gove	ming	∞l (i)	of your		nızed			
						docum	nent?	supp	ort?	ın the	US?			
						Yes	No	Yes	No	Yes	No	j		
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_								<u> </u>	<u> </u>		L			
To	tal		i									I		

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	50120.	144819.	65949.	212703.	57412.	531003.
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	6912462.	6966243.	7347734.	7078665.	74290753	5734179.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	6962582	7111062	7413683	7291368.	74864873	6265182
	Amounts included on lines 1, 2, and 3	D302302.	7111002.	7113003.	7231300.	71001073	0203102.
, a	received from disqualified persons			ĺ			
	Amounts included on lines 2 and 3	-					
b	received from other than disqualified						
	persons that exceed the greater of	in the second					
	\$5,000 or 1% of the amount on line	}					
	13 for the year			ļ			
	Add lines 7a and 7b		1	L			6065100
8	Public support (Subtract line 7c from line 6)	1	· · · · · ·			3	6265182.
	tion B. Total Support				I		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	6962582.	7111062.	7413683.	7291368.	74864873	6265182.
10a	Gross income from interest, dividends,		j	İ	i		
	payments received on securities loans,				İ		
	rents, royalties and income from similar						
	sources	939397.	898933.	835081.	720688.	672948.	4067047.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30,1975						
С	Add lines 10a and 10b	939397.	898933.	835081.	720688.	672948.	4067047.
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on						
12	Other income Do not include gain or		·				
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, & 12)					4	0332229.
	First five years. If the Form 990 is for the orga	anization's first, s	econd, third, four	th, or fifth tax ye	ar as a section 5		······································
	organization, check this box and stop here			•			▶ 🗀
Sec	tion C. Computation of Public Supp	ort Percenta	nge				
	Public support percentage for 2009 (line 8, col			ı (f))		15	89.92 %
	Public support percentage from 2008 Schedule		=	. (7)		16	89.50 %
	tion D. Computation of Investment						
	Investment income percentage for 2009 (line 1			column (f))		17	10.08 %
18	Investment income percentage from 2008 Sch					18	10.50 %
	33 1/3 % support tests - 2009. If the organiza			14 and line 15	e more than 32 1	<u> </u>	
136							
h	not more than 33 1/3 %, check this box and sto				• •		► X
D	33 1/3 % support tests - 2008. If the organiza						
20	Is not more than 33 1/3 %, check this box and						!
20	Private foundation. If the organization did not	check a box on	iiile 14, 19a, or 1	an, check this bo	x and see instru	Clions	<u> </u>

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.

OMB No 1545-0047

2009 Open to Public Inspection

Name of the organization
HUNT COMMUNITY

Employer identification number 02-0369906

Total number at end of year Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year Aggregate value at end of year Did the organization from all donors and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donors advisor or other impermissible private benefit? Preservation of land for public use to g. necreation or pleasure) Preservation of land for public use to g. necreation or pleasure) Preservation of land for public use to g. necreation or pleasure) Preservation of ones pace Complete insets 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Total number of conservation easements and endified histonic structure included in (a) Total number of conservation easements on a certified histonic structure included in (a) Total number of conservation easements on a certified histonic structure included in (b) Total acreage restincted by conservation easements on a certified histonic structure included in (a) Total number of conservation easements on a certified histonic structure included in (b) Total acreage restincted by conservation easements on a certified histonic structure included in (c) secured after \$1706 Total number of conservation easements on a certified histonic structure included in (a) Total number of conservation easements on a certified histonic structure included in (a) Total number of conservation easements on a certified histonic structure included in (c) secured after \$1706 Total number of conserv	Pa	Organizations Maintaining Donor Adv		Similar Funds	or Accoun	ts.	
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Purpose(s) of conservation easements held by the organization (check all that apply)		for chantable purposes and not for the benefit of the donor	or donor advisor or other im	permissible private	benefit?	Yes	No
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Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIIII, line 1						Yes	No
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation	n easements during	g the year		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	7						_
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	9	In Part XIV, describe how the organization reports conserv	ration easements in its reveni	ue and expense st	atement, and b	alance sheet,	and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		include, if applicable, the text of the footnote to the organiz	ation's financial statements t	hat describes the o	organization's a	ccounting for	
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1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items				·			
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b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items							
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items					▶ \$		
required to be reported under SFAS 116 relating to these items	2		reasures, or other similar ass	sets for financial or	an, provide the	following amo	nunts
a Povonuos included in Form 000 Port VIII line 1	_			iii iii iii ii ge	provide tile	.o.oming and	, un 113
b Assets included in Form 990, Part X	=	- ·	torrio .		▶ €		
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For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2009

	(continued)					
3	Using the organization	s accession and other re-	cords, check any of the f	ollowing that are a signifi	cant use of its collection i	items (check a	II that
	apply)			_			
а	Public exhibition			d Loan or exchang	ge programs		
b	Scholarly research			e Other			
С	Preservation for ful	ure generations					
4	Provide a description o	f the organization's collec	ctions and explain how th	ey further the organization	on's exempt purpose in Pa	art XIV	
5	During the year, did the	e organization solicit or re	ceive donations of art, hi	storical treasures, or oth	er similar assets to be so	ld	
	to raise funds rather the	an to be maintained as pa	art of the organization's o	collection?		Yes	No
Pa	rt IV Trust, E	scrow and Custod	ial Arrangements.	Complete if organization	on answered "Yes" to Fo	rm 990, Part I'	V, line 9,
	or reported	an amount on Form 990), Part X, line 21				
1a	is the organization an a	igent, trustee, custodian	or other intermediary for	contributions or other as:	sets not included		-
	on Form 990, Part X?					Yes	∏ No
b	If "Yes," explain the arr	angement in Part XIV and	d complete the following	table			
			_			Amou	nt
С	Beginning balance				1c		
	Additions during the ye	ar			1d		
е	Distributions during the	year			1e		
f	Ending balance	•			1f		
		clude an amount on Form	990, Part X, line 21?		<u> </u>	Yes	X No
	If "Yes," explain the arr		, ,			<u> </u>	<u> Ц</u>
			lete if organization answe	ered "Yes" to Form 990,	Part IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year				•	•	:
	balance	555,816.	682,334.				
b	Contributions	56,640.	50,675.	-			
С	Investment earnings						
	or losses	86,562.	(91,534.)				
d	Grants or scholarships	53,921.	64,044.				
	Other expenditures	, <u> </u>		1			
	for facilities and						
	programs	30,943.	21,484.				
f	Administrative	·					
	expenses		131.				
q	End of year balance	614,154.	555,816.				
2	•	percentage of the year en		1		-	
а		ıası-endowment ► 2					
	Permanent endowment						
	Term endowment ▶	0.00%					
3a	Are there endowment f	unds not in the possession	on of the organization tha	it are held and administer	ed for the organization by	v F	Yes No
	(i) unrelated organizat			and administra	and the state of t	3a(i)	X
	(ii) related organization					3a(ii)	X
b	-	e related organizations lis	sted as required on Schei	dule R?		3b	
4		e intended uses of the or				05	
		ents - Land, Buildi	<u> </u>		Part X line 10		
	Description of i		(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Book	value
	_ = ===================================	· · · · · · · · · · · · ·	basis (investment)	basis (other)	(5, 55),000000	(4, 500)	- 4.46
1a	Land			32,163.		32	163.
	Buildings	•		14,527,772.	8,045,464.	6,482,	
	Leasehold improvemen	ats :		6,707,350.	2,760,378.	3,946,	
	Equipment			2,270,621.	1,971,914.		707.
	Other			30,742.	-101-101-		742.
		nn (d) should equal Form	1 990. Part X. column (B)		<u> </u>	10,790,	
. 3047		(a) onodia oqual i om	. 555, r art 74, column (B)	, 10(0/ /		dule D (Form 9	
					Sched	IGIO D (LOUD)	,50; 4003

THEIR NEEDS

PART XII, LINE 2D - SCHOLARSHIP MATCH

PART XIII, LINE 2D - SCHOLARSHIP MATCH

SCHEDULE J (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009 Open to Public Inspection

Name of the organization

HUNT COMMUNITY

Questions Regarding Compensation

Employer identification number 02-0369906

				Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a per	rson listed in Form 990, Part VII,			
	Section A, line 1a Complete Part III to provide any relevant information regarding these item	ıs			
	First-class or charter travel Housing allowance or resi	idence for personal use			
	Travel for companions Payments for business us	se of personal residence			
	Tax indemnification and gross-up payments Health or social club dues	or initiation fees			
	Discretionary spending account Personal services (e.g., m	naid, chauffeur, chef)			
t	b If line 1a is checked, did the organization follow a written policy regarding payment or reimbu	ursement or provision of all of			
	the expenses described above? If ``No," complete Part III to explain	· j-	1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred	d by all officers, directors.			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2	<u>X</u> _	
3	Indicate which, if any, of the following the organization uses to establish the compensation or	of the organization's CEO/			
	Executive Director Check all that apply	, the organizations occur			
	Compensation committee Written employment contr	ract			
	Independent compensation consultant X Compensation survey or s				
	X Form 990 or other organizations X Approval by the board or of				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	a Receive a severance payment or change of control payment?		4a		X
t	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Γ	4b		Х
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	<u> </u>	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each ite	ım ın Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accru	ue any compensation			
	contingent on the revenues of				}
а	a The organization?	<u> </u>	5a		X
t	b Any related organization?	F	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	<u> </u>			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accru	ue any compensation			
	contingent on the net earnings of				
а	a The organization?	<u> </u>	6a		X
t	b Any related organization?	Ī	6b		Х
	If ``Yes" to line 6a or 6b, describe in Part III	Ī		۰۰	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any	non-fixed payments not			
	described in lines 5 and 6? If "Yes," describe in Part III		7	ļ	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that	at was subject to the initial			
	contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure descr	nbed in Regulations			
	section 53 4958-6(c)?		9		ı

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule J (Form 990) 2009

HUNT COMMUNITY Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation rom the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a

(A) Name		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	•	(i) Base	(ii) Bonus & incentive	(iii) Other	compensation	benefits	(B)(ı)-(D)	reported in prior
		compensation	compensation	reportable				Form 990 or Form 990-EZ
	ε							
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PETER WARECKI	€	145,830.			4,936.	1,956.	152, 722.	
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							Schedule	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 **2009**

Open to Public Inspection

Name of the organization Employer identification number HUNT COMMUNITY 02-0369906 FORM 990, PART VI, QUESTION 11 A COPY OF THE TAX RETURN WAS EMAILED TO EACH TRUSTEE FOR REVIEW THE RETURN WAS THEN DISCUSSED AT THE NEXT BOARD MEETING, IF NO ISSUES WERE FOUND THE RETURN WAS THEN FILED WITH THE IRS FORM 990, PART VI, QUESTION 12C THE BOARD OF TRUSTEES COMPLETES A CONFLICT OF INTEREST FORM ANNUALLY FORM 990, PART VI, QUESTION 15 COMPENSATION COMMITTEE OF PARENT BOARD OF TRUSTEES ADJUST COMPENSATION OF CEO AND CFO ANNUALLY USING COMPARABLE DATA FOR LIKE SIZE ENTITIES EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY WITH THE CEO AND THE CEO DETERMINES APPROPRIATE WAGE INCREASE FORM 990, PART VI, QUESTION 19 DOCUMENTS ARE AVAILABLE UPON REQUEST FORM 990, PART VI, QUESTION 6 THE ORGANIZATION HAS ONE MEMBER, HUNT HOLDING CORPORATION OF NASHUA WHICH IS A 501 C 3 SUPPORTING ORGANIZATION FORM 990, PART VI, QUESTION 7A THE SOLE MEMBER OF THE ORGANIZATION NOMINATES BOARD MEMBERS TO THE BOARD OF TRUSTEES

Rev 1

Employer identification number 02-0369906 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships (Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.) See separate instructions. Attach to Form 990. Identification of Disregarded Entities HUNT COMMUNITY Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

OMB No. 1545-0047

Open to Public Inspection 2009

(a) Name address and FIN of disconarded entity	(b)	(c) legal domicile (state	(d) Total income	(e) End-of-vear assets	(f) Direct controlling
ivalie, address, and Linvol distegation clinity	innery activity	or foreign country)	otal moone	בוספון במכום	entity
Identification of Related Tax-Exempt Organizations	(Complete if the or	(Complete if the organization answered "Yes" on Form 990, Part IV, tine 34 because it had one or more related	s" on Form 990, Part IV,	line 34 because it had or	ne or more related
fail II tax-exempt organizations during the tax year)					
(a)	(t)	(၁)	(p)	(e)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public chanty status	Direct controlling
		or foreign country)		(if section 501(c)(3))	entity
HUNT HOLDING CORP OF NASHUA 02-0518617	PARENT' COMPANY	HN	ر د	11 TYPE II	N/A
THE HUNTINGTON AT NASHUA 02-0518481SISTER 10 ATT.DS STREET NASHUA NH 03060- COMPANY	SISTER	ΗZ	ر ع	6	N/A
			1		

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Schedule R (Form 990) 2009

02-0369906

Page 2

HUNT COMMUNITY

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership more related organizations treated as a partnership during the tax year)

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or

Generaí or partner? Yes No managing (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it 6 K-1 (Form 1065) Code V-UBI amount in box 20 of Schedule Disproportionate allocations? ŝ Ξ Yes Share of end-ofyear assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Identification of Related Organizations Taxable as a Corporation or Trust <u>e</u> had one or more related organizations treated as a corporation or trust during the tax year) Direct controlling (state or foreign (c) Legal domicile country) Primary activity 9 Name, address, and EIN of related organization Part IV N/A

riad one of more related organizations treated as a corporation of trust during the tax year	ed as a corporation o	וו נוטאני מעוווט ווויי ומא	year)				
(a)	Q	(၁)	(p)	(e)	€	(6)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or	Direct controlling	Type of entity (C corp., Share of total income	Share of total income	Share of end-of-	Percentage
		foreign country)	entity	S corp, or trust)		year assets	ownership
							0.00
		•					
							0.00
							0.00
							0.00
							0.00
							0.00
							00.0

Rev 1

-	Duning the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
æ	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		- 1a	×	1
Φ	Gift, grant, or capital contribution to other organization(s)	•	1	×	
Ų	Giff, grant, or capital contribution from other organization(s)		10	X	
7	Loans or loan guarantees to or for other organization(s)	:	: 1d	×	
Φ	Loans or loan guarantees by other organization(s)	:	. 16	×	
4-	Sale of assets to other organization(s)		X 31		1
	ation(s)		╁	×	
	Exchange of assets	· ·	, +		
	Lease of facilities, equipment, or other assets to other organization(s)	:	:=	×	
•				>	
-	Lease of racinites, equipment, or other assets from other organization(s).	:	=	<	- 1
¥	Performance of services or membership or fundraising solicitations for other organization(s)	:	÷	×	1
_	Performance of services or membership or fundraising solicitations by other organization(s)	:: :	× =	_	
Ε	Sharing of facilities, equipment, mailing lists, or other assets		1m X		
_	Sharing of paid employees	•	1n X		
•	Dominimos to sold to other evanuation for oversees		5		
•	Certifical Section for the following and the expenses	: : : : : : : : : : : : : : : : : : : :	+		- 1
٩	Reimbursement paid by other organization for expenses		1p		
0	Other transfer of cash or property to other organization(s)	:	1-1-1	×	\neg
_	(s)	:	× = .		
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nd transaction thresholds.			
	(a)	(q)	(0)		
	Name of other organization	Transaction	Amount involved	ved	
		type (a-r)			1
Ξ	HUNT HOLDING CORPORATION OF NASHUA	I	439,158	.89	
(3)	THE HUNTINGTON AT NASHUA	Z.	250,000	.00	
(3)	THE HUNTINGTON AT NASHUA	Н	500,000	.00	
€					
9					
(9)					
		Sche	Schedule R (Form 990) 2009	0) 2009	

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02-0369906

		penses: Page 2,	Management	200
Description of the Asset	Total	Services	and General	Fundraising
OD	445,872.	445,872.		
PPLIES	219,714.	219,714.		
OPERTY TAXES	203,731.	203,731.		
RVICING AGREEMENTS	107,923.	107,923.		
PAIRS	92,072.	92,072.		
NATIONS	57,459.	•	57,459.	
INTING&PUBLICATIONS	86,671.	86,671.		
RCHASED SERVICES	34,839.	34,839.		
RCHASED EQUIPMENT	38,735.	38,735.		
ANSPORTATION REPAIR	14,097.	14,097.		
NTAL EQUIPMENT				
	18,534.	18,534.		
LEPHONE	14,209.	14,209.		
MBERSHIPS	7,369.	7,369.		
SCELLANEOUS	21,754.	21,754.		
STAGE	4,664.	4,664.		
	1,367,643.	1,310,184.	57,459.	
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Form 8868

(Rev April 2009) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Internal Revenue	Service	File a separate application for each return.		l			
If you are	e filing for ar	Automatic 3-Month Extension, complete only Part I and check this box		▶ X			
		Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	orm)				
-	_	unless you have already been granted an automatic 3-month extension on a previously filed					
Part I		tic 3-Month Extension of Time. Only submit original (no copies needed)					
A corporation	required to	file Form 990-T and requesting an automatic 6-month extension - check this box and complete	e Part I only	▶ □			
All other corp	orations (inc	cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ex	tension of tim	ne			
to file income	tax returns						
Electronic F	iling (e-file)	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension o	of time to file o	one of the returns			
noted below	(6 months fo	r a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically	y ıf (1) you wa	ant the additional			
		extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consol					
you must sub	mit the fully	completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of	of this form, v	risit www irs gov/efile			
and click on	e-file for Cha	rities & Nonprofits		•			
Type or	Name of E	xempt Organization	Employer	identification number			
print	HUNT	COMMUNITY	02-036	69906			
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions							
due date for filing your 10 ALLDS STREET							
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions							
NASHUA NH 03060							
Check type of return to be filed (file a separate application for each return)							
Form 990 Form 990-T (corporation) Form 4720							
Form 990-BL Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227							
Form 990-BL Form 990-1 (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069							
Form 990-E2 Form 990-1 (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870							
		care of ▶ PETER WARECKI					
Telepho	ne No 🕨	603-882-6511 FAX No ➤ 603-598-1431					
 If the org 	ganization do	es not have an office or place of business in the United States, check this box		▶ ∐			
If this is				ne whole group,			
check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension							
will cover							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
DEC 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the							
organization's return for							
calendar year 20 or							
► X tax year beginning MAY_01_20_09 , and ending APR_30_,20_10_							
2 If this tax year is for less than 12 months, check reason I Initial return Final return Change in accounting period							
							
		or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable	- 1				
	See instruct			a \$			
		or Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Inc					
		lyment allowed as a credit		b \$			
		act line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD		_			
coupon	or, if required	I, by using EFTPS (Electronic Federal Tax Payment System) See instructions	30	c \$			
Caution. If y	ou are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887	79-EO for pay	ment instructions			
F D:	A-4 - 1 F	D. J. C. A. M. C.		0000 /0			
ror Privacy	ACT and Pa	perwork Reduction Act Notice, see Instructions.	Form	n 8868 (Rev 4-2009)			