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**Short Form
Return of Organization Exempt From Income Tax**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning JULY 1, 2009, and ending JUNE 30, 2010

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization <u>THE AVERY MEMORIAL ASSOCIATION</u></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P O BOX 7245</u></p> <p>City or town, state or country, and ZIP + 4 <u>GROTON CT 06340</u></p>	<p>D Employer identification number <u>23-7073820</u></p> <p>E Telephone number <u>(202) 244-3790</u></p> <p>F Group Exemption Number ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method. Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.AVERYMEMORIALASSOCIATION.COM

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	17274
	2	Program service revenue including government fees and contracts	—
	3	Membership dues and assessments	2205
	4	Investment income	2690
	5a	Gross amount from sale of assets other than inventory	—
	5b	Less: cost or other basis and sales expenses	—
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	—
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	—
	6a	Gross revenue (not including \$ <u>17274</u> of contributions reported on line 1) RECEIVED NOV 1 2010	875
	6b	Less: direct expenses other than fundraising expenses	1317
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	(442)	
7a	Gross sales of inventory, less returns and allowances	951	
7b	Less: cost of goods sold	—	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	951	
8	Other revenue (describe ▶ _____)	—	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	22678	
Expenses	10	Grants and similar amounts paid (attach schedule)	—
	11	Benefits paid to or for members	—
	12	Salaries, other compensation, and employee benefits	—
	13	Professional fees and other payments to independent contractors	1025
	14	Occupancy, rent, utilities, and maintenance	4964
	15	Printing, publications, postage, and shipping	2651
	16	Other expenses (describe ▶ <u>MOWING, DONATION, MISC. PROF. DEVL.</u>)	2898
17	Total expenses. Add lines 10 through 16	11538	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	11140
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	71021
	20	Other changes in net assets or fund balances (attach explanation) <u>UNREALIZED GAIN - INVESTMENTS</u>	6497
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	88658

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	71021	88658
23	Land and buildings	—	—
24	Other assets (describe ▶ _____)	—	—
25	Total assets	71021	88658
26	Total liabilities (describe ▶ _____)	—	—
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	71021	88658

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Part V Other Information (Note the statement requirements in the instructions for Part 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <u>N/A</u>		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> _____		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u>38b</u> _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	<u>39a</u> _____	
b	Gross receipts, included on line 9, for public use of club facilities	<u>39b</u> _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>-0-</u> ; section 4912 ▶ <u>-0-</u> ; section 4955 ▶ <u>-0-</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>-0-</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>-0-</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ <u>N/A</u>		
42a	The organization's books are in care of ▶ <u>VINCENT PITTS</u> Telephone no. ▶ <u>(203) 239-5198</u> Located at ▶ <u>100 MANSFIELD RD NORTH HAVEN CT</u> ZIP + 4 ▶ <u>06473-1277</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
48 Is the organization 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?
49b If "Yes," was the related organization a section 527 organization? N/A

50 Complete this table for the organization's 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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. All entries are NONE.

f Total number of other employees paid over \$100,000 NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All entries are NONE.

d Total number of other independent contractors each receiving over \$100,000 NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Cyrus Stevens Avery, II Vice President November 11, 2010
Signature of officer Date
CYRUS STEVENS AVERY, II VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no.

May the IRS discuss this return with the preparer shown above? See instructions N/A Yes No

THE AVERY MEMORIAL ASSOCIATION

2009

Page 2
23-7073820

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Stephanie Lantiere 53 Manila Street Oakville, CT 06779	President 1 Hr./Wk	\$0	\$0	\$0
Cyrus Stevens Avery II 8016 Georgetown Pike McLean, VA 22102	Vice-President 1 Hr./Wk	\$0	\$0	\$0
Lee Moore 777 Shewville Road Ledyard, CT 06339	Secretary 1 Hr./Wk	\$0	\$0	\$0
Vincent Pitts, Ph.D 100 Mansfield Rd North Haven, CT 06473	Treasurer 1 Hr./Wk	\$0	\$0	\$0
Gregory E. Thompson P. O. Box 355 Branford, CT 06405	Membership Secretary 1 Hr./Wk	\$0	\$0	\$0
George Avery "June-Sept." 17 Elihu Island Road Stonington, CT 06378	Director 1 Hr./Wk	\$0	\$0	\$0
"Oct.-May" 4550 N. Park Avenue Apt. #309 Chevy Chase, MD 20815				
Fred Burdick 595 Taugwonk Road Stonington, CT 06378	Director 1 Hr./Wk	\$0	\$0	\$0
Total		\$0	\$0	\$0