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Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

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

Open to Public Inspection

<u>A</u>	For the	e 2010 calendar year, or tax year beginning JUL 1, 2010 and e	ending (<u>JUN 30, 2011</u>					
	Check if applicabl	C Name of organization		D Employer identific	cation number				
Γ	Addre	NUMBER SEVEN WEBSTER AVENUE							
Ē	Name chang			02-0	152844				
Ē	Initial		Room/suite						
Ē	Termir	· 1		(802)649-1008					
F	Ameno			G Gross receipts \$	230,480.				
F	Applic			H(a) is this a group re	-				
	pendır			for affiliates?	Yes X No				
		7 WEBSTER AVENUE, HANOVER, NH 03755		H(b) Are all affiliates inc					
$\overline{\mathbf{I}}$	Tax-exe	empt status:	or 527	-1 ''	list (see instructions)				
_		te: N/A		H(c) Group exemption					
		organization: X Corporation	L Year		State of legal domicile: NH				
	art I	Summary	,						
_	1	Briefly describe the organization's mission or most significant activities TO PR	ROVIDI	E HOUSING FO	R COLLEGE				
ĕ		STUDENTS							
E.	2	Check this box If the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.				
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	5				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
SS &	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0				
Ě	6	Total number of volunteers (estimate if necessary)		6	0				
≱દુ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
Activities & Governance	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
39				Prior Year	Current Year				
∌ ₀	8	Contributions and grants (Part VIII, line 1h)		104,621.	66,062.				
ΣÇ	9	Program service revenue (Part VIII, line 2g)		108,000.	163,162.				
FED €	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		199.	43.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		250.	1,213.				
ù	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		213,070.	230,480.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,900.	1,500.				
1	14	Benefits paid to or for members (Part-IX, column (A), line 4)		0.	0.				
္ခြဲမွ	15	Salaries, other compensation, employee benefits (Par IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xpe	. ь	Total fundraising expenses (Part IX, dollumn (D) line 25)	0.						
Ш	17	Other expenses (Part IX column (A), lines 11a-11d,41f-249)		225,168.	260,122.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, collann (A), line 25)		227,068.	261,622.				
		Revenue less expenses. Subtract-line 18 from line 12		-13,998.	-31,142.				
t Assets or	2		В	eginning of Current Year	End of Year				
Set	20	Total assets (Part X, line 16)	<u> </u>	750,251.	699,136.				
A A	21	Total liabilities (Part X, line 26)	<u> </u>	425,500.	405,527.				
] Net		Net assets or fund balances Subtract line 21 from line 20		324,751.	<u> 293,609.</u>				
_	art II	Signature Block			 				
		ilties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	e, correc	t, and complete Declaration of preparer (other than price) is pased on all information of wh	ich prepare	er has any knowledge.	1.5				
		Signature of officer		Date	7/2				
Sig	_	l [*]		Date					
He	re	JAMES R. ADLER, TREASURER Type or print name and title							
_				Date / Check	PTIN				
_		Print/Type preparer's name Preparety signatur	mi		- 'i				
Pai		DAVID J. ST. SAUVEUR		sett-employe	su				
	parer		PC	Firm's EIN					
US	e Only	Firm's address 19 MORGAN DRIVE		D	02 652 0044				
_		LEBANON, NH 03766		Phone no. 6	03-653-0044				
_		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2010)				
032	001 02-2	22-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		rom 330 (2010)				

	1990 (2010) NUMBER SEVEN WEBSTER AVENUE	<u>02-015</u>	<u> 2844 </u>	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission. TO PROVIDE HOUSING FOR COLLEGE STUDENTS			
			-	
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.		Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and		
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$239, 451. including grants of \$)	(Revenue \$	164	375.)
→ a	TO PROVIDE HOUSING FOR COLLEGE STUDENTS.	(Πονοπαο Ψ	101,	<u> </u>
	TO THOUSE HOUSEHOUSE OF COMMENTS OF THE PROPERTY OF THE PROPER			
			<u> </u>	
4b	(Code:) (Expenses \$ including grants of \$	(Revenue \$)
				
				
				
				<u> </u>
_				
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		·		
		 		
		_		
4d	Other program services. (Describe in Schedule O.)			
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 239,451.			
40	Total program service expenses ► 239,451.		Form 99	90 (2010)
				· (===,=)

•				
	990 (2010) NUMBER SEVEN WEBSTER AVENUE 02-0152	844	P	age 3
Pa	rt IV Checklist of Required Schedules			
	In the case of the first term of the control of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.		v
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ '		3.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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_		<u>X</u>
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		Х
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		Х
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X.
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	}		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X

13

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

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, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form **990** (2010)

13

14a

14b

15

16

17

18

19

20a

X

X

X

X

Form 990 (2010) NUMBER SEVEN WEBSTER AVENUE
Part IV 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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23		X
24a	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
_	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the evaporation set as an "an hebalf of" incurar for hands cuttetanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С				7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35_		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		}	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			2010)
		. 01111	220	(2010)

	Check if Schedule O contains a response to any question in this Part V				Г
-	<u> </u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?	1	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[]			
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			ı
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions 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 se	rvices provided to the payor?	7a_		
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				-
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter	10a 0.			ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a U • 10b			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100 0 •			1
11	Section 501(c)(12) organizations. Enter	11a			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against				
þ	amounts due or received from them)	11b			ĺ
12a			12a		ĺ
	name in the second of the seco	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		İ	
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
d	Note. See the instructions for additional information the organization must report on Schedule O				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			l
14a	O Lilly and the second of the		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		

02-0152844

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. X Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			_
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u>-</u>	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		<u>X</u> _
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	i	<u>X</u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
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?	-		 V
a	The organization's CEO, Executive Director, or top management official	15a	_	X
D	Other officers or key employees of the organization	15b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	460		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
U	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		
Sec	tion C. Disclosure	100	•	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the orga	ation:	•	
	JAMES R. ADLER - 802-649-1008			
	253 MAIN STREET, NORWICH, VT 05055			
		Form	990	(2010)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	ual trustee or director	lnstitutional frustee			Highest compensated ab		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
OOUGLAS H. KEARE PRESIDENT	0.50	Y		x				0.	0.	0
JAMES R. ADLER	0.50								0.	
TREASURER	0.50	X		х				0.	0.	0
DENNIS C. GOODMAN										-
BECRETARY	0.50	X	<u> </u>	Х				0.	0.	0
JOHN B. DAUKAS								_	_	_
DIRECTOR	0.50	X	 		ļ			0.	0.	0
OOUGLAS WILLIAMSON MD DIRECTOR	0.50	,,						0.	0.	0
		-								
		igspace								
	ĺ	1	1	1	1	1	1	I	I	

032007 12-21-10

	t VII Section A. Officers, Directors, Tru (A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average hours per	Position (check all that apply)						Reportable	Reportable	Estim	
		week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated E		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth comper from organiz and re organiz	er Isation the Zation lated
							-				-	
	-										<u> </u>	.
												•
											<u> </u>	
	Sub-total								0.	0		0.
	Total from continuation sheets to Part V	II, Section A					•		0.	0	•	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	1000	liete	nd al	hove	e) w	10 re	0.	0 000 in reportable	•	0.
	compensation from the organization			ii3tt	, G &				Socied more than proc	,,ooo iii Toportabic		0
3	Did the organization list any former officer,	director or tru	etoc	ka	v om	nlo	V00	or h	nighest compensated er	mplovee on	Ye	s No
3	line 1a? If "Yes," complete Schedule J for s			, NO	y Cil	ipio	yee,	011	iignesi compensated ei	nployee on	3	х
4	For any individual listed on line 1a, is the si	•		-						the organization		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			-						idual for services	4	X
	rendered to the organization? If "Yes," com	•				•					5	X
	tion B. Independent Contractors Complete this table for your five highest co	managed in	done	do	nt o	ont	raate		hat received mare than	\$100,000 of compor	antina from	
1	the organization. NONE	mpensated in	цере	51100	5111 C	OHL	acio	,,,,,	nat received more than	4100,000 of comper	isation non	1
	(A) Name and business	address		_					(B) Description of s	services	(C) Compensa	tion
										•		
			_									
												
2	Total number of independent contractors (including but n	ot l	mıte	d to	tho	se la	sted	l above) who received n	nore than		
	\$100,000 in compensation from the organi	zation					0				Form 00	0 (0010)

032008 12-21-10

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Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 66,062. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 66,062 **Business Code** 163,162. 163,162. 2 a ROOM RENTS 721310 Program Service Revenue f All other program service revenue 163,162. g Total. Add lines 2a-2f investment income (including dividends, interest, and 43 43. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 1,213 900099 1,213. 11 a OTHER INCOME d All other revenue 1,213. e Total. Add lines 11a-11d 230,480. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S. See Part IV, line 22	1,500.	1,500.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		······································		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,625.	1,625.		
C	Accounting	677.	677.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	· · · -			
13	Office expenses	273.	273.		-
14	Information technology				
15	Royalties				
16	Occupancy	50,245.	50,245.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings				
20	Interest	28,473.	28,473.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,171.			
23	Insurance	11,459.	11,459.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	HOUSE ACTIVITIES	49,287.	49,287.		
b	RE TAXES	37,125.	37,125.		
С	CONTRACTORS	35,787.	35,787.		<u> </u>
d	ALUMNI SERVICES	11,759.	11,759.	_	
е	SUPPLIES	4,846.	4,846.		
f	All other expenses	6,395.	6,395.		
25	Total functional expenses. Add lines 1 through 24f	261,622.	239,451.	0.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0. 12-21-10		- · · · ·		Form 990 (2010

032010 12-21-10

Pai	tΧ	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,561.	1	6,765. 16,326.
	2	Savings and temporary cash investments			44,474.	2	16,326.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employee	mplete Part II				
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c	and contributing				
		employers and sponsoring organizations of sections	tion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	920,013.			
	b	Less accumulated depreciation	10b	243,968.	698,216.	10c	676,045.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line			12		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	750,251.	16	699,136.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
ia		highest compensated employees, and disqualifi	ed per	sons Complete Part II	** * *		
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· ·		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties	105 500	24	405 505
	25	Other liabilities. Complete Part X of Schedule D		-	425,500.	25	405,527.
	26	Total liabilities. Add lines 17 through 25		<u> </u>	425,500.	26	405,527.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
Ses		lines 27 through 29, and lines 33 and 34.					a section of the sect
ā	27	Unrestricted net assets		-		27	
Ва	28	Temporarily restricted net assets		-		_28_	-
힡	29	Permanently restricted net assets		. .		29	
Ę		Organizations that do not follow SFAS 117, c	neck r	nere 🕨 🖾 and			
Š	00	complete lines 30 through 34.					_
set	30	Capital stock or trust principal, or current funds			0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or ed				31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome,	or other runas	324,751.	32	293,609.
_	33	Total liabilities and not seems (find balances		}	324,751. 750.251	33	293,609.
	34	Total liabilities and net assets/fund balances			750,251.	34	699,136.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

2010 Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2010

	NUMBER SEVEN WEBST		02-0152844				
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds				
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor	<u> </u>	only				
	for charitable purposes and not for the benefit of the donor		<u>-</u>				
	impermissible private benefit?		Yes No				
Pa		ganization answered "Yes" to Form 990, Part IV	, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or		lly important land area				
	Protection of natural habitat	Preservation of a certified h					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a co	onservation easement on the last				
	day of the tax year						
	•		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure					
	listed in the National Register	·	2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	nization during the tax				
	year▶		-				
4	Number of states where property subject to conservation ea	asement is located					
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during t	the year 🕨				
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the ye	ear > \$				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(l	B)(ı)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expense state	ement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the or	ganization's accounting for				
	conservation easements						
Pa	t III Organizations Maintaining Collections of		Similar Assets.				
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement a	and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance of	f public service, provide, in Part XIV,				
	the text of the footnote to its financial statements that described	ribes these items.					
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and t	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public se	ervice, 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		► \$ ► \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain,					
	the following amounts required to be reported under SFAS:	116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		> \$				
b	Assets included in Form 990, Part X		► \$ ► \$				

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2010 NUMBER t III Organizations Maintaining C	SEVEN WEBS			or Othe			52844		ge 2
3	Using the organization's acquisition, access									3
	(check all that apply).	,	,			3				
а	Public exhibition	d	I Dan o	exchange progra	ams					
b	Scholarly research	e		g- pg.						
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explai	n how they furt	her the organization	on's exer	not ouroc	se in Par	t XIV		
5	During the year, did the organization solicit of			=						
•	to be sold to raise funds rather than to be m				o. oa.	400010		Yes		No
Par	t IV Escrow and Custodial Arran				"Yes" to	Form 990	Part IV			
	reported an amount on Form 990, Pa					. 0 000	, ,			
1a	Is the organization an agent, trustee, custod		diary for contrib	utions or other as	sets not	ıncluded				
	on Form 990, Part X?		,	2				Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table:							
	The suppose of the su	and complete the te	moving table					Amount		
С	Beginning balance					1c		741104111		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
-	Did the organization include an amount on F	orm 990 Part Y line	212				7	Yes		No
	If "Yes," explain the arrangement in Part XIV	onn ooo, ran A, iine	21.					_ 162		1110
Par		f the organization an	swered "Yes" t	o Form 990. Part	iV. line 1	0				
		(a) Current year	(b) Prior yea			(d) Three y	ears hack	(a) Four	vears l	nack
1a	Beginning of year balance	(a) our jour	(2) 1107 year	(6) 1110 3041	o buon	(4) 111100)	ouro buon	(6) 1 00.	, , , , , , ,	<u>Juon</u>
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships			•			·			
e	Other expenditures for facilities									
Ŭ	and programs							-		
f	Administrative expenses			 						
g g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	·····					!		
a	Board designated or quasi-endowment	. One balance note	%							
b	Permanent endowment	%								
c	• ———									
3a	Are there endowment funds not in the posse	-	ation that are hi	eld and administe	red for th	ne organiz	ation			
-	by.	oolon or and organiz				io organiz	ation,	Г	Yes	No
	(i) unrelated organizations							3a(i)	163	110_
	(ii) related organizations							3a(ii)	1	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R2					3b	\dashv	
4	Describe in Part XIV the intended uses of the	•						<u> </u>	1	
Par).						
	Description of investment	(a) Cost or o		Cost or other	(c) Ac	cumulate	а	(d) Book	value	
		basis (investr	1	asis (other)		reciation		(4, 200.		
12	Land	, , , , , , , , , , , , , , , , , , , ,		138,436.				139	3,43	36 -
	Buildings		· ·	634,769.	1	23,0	35.		7.	
	Leasehold improvements					, 0			- , , .	
	Equipment									
	Other			146,808.	1	20,9	33-	21	8',8'	75
	Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X column (R)					676	5.04	15.

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the or
Pin 48 (ASC 740)
S2053
12-20-10

Schedule D (Form 990) 2010

ization's liability for uncertain tax positions under

405,527.

_	dule D (Form 990) 2010 NUMBER SEVEN WEBSTER AVENU					<u>0152844</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	ial Stat	<u>tement</u>	:s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	_		_		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3					
4	Net unrealized gains (losses) on investments	4					
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9		10			
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Reven	ue per	Return	ĺ	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			7		
c	Recoveries of prior year grants	2c	·····		7		
d	Other (Describe in Part XIV)	2d			7		
e	Add lines 2a through 2d				2e		
	Subtract line 2e from line 1				3		
3	· · · · · · · · · · · · · · · · · · ·				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
b	Other (Describe in Part XIV)	4b			┥╻╽		
_ C	Add lines 4a and 4b				4c		
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statem	onto W	ith Eynor	2000 00	5 Dotu		
		ents w	itii Expei	ises pe		<u> </u>	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1					
а	Donated services and use of facilities	2a					
þ	Prior year adjustments	2b			-		
C	Other losses	2c					
d	Other (Describe in Part XIV.)	2d			_		
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5					
Pa	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						4; Part
20005		<u></u>			Sched	lule D (Form 9	990) 2010

12-20-10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

NUMBER SEVEN WEBSTER AVENUE

Employer identification number 02-0152844

FORM	990,	PART	VI,	SECTION	Α,	LINE	7A:	THE	ORGANIZAT	ION	MEMBI	ERS C	CAN EI	LECT
MEMBERS FOR THE GOVERNING BODY.														
FORM	990,	PART	VI,	SECTION	Α,	LINE	8B:	THE	ORGANIZAT	ION	DOES	NOT	HAVE	ANY
COMMITTEES.														
FORM	990,	PART	VI,	SECTION	В,	LINE	11:	THE	TREASURER	REV	ZIEWS	THE	FORM	990
BEFO	RE FI	LING.					· · · · · · · · · · · · · · · · · · ·							
FORM	990,	PART	VI,	SECTION	C,	LINE	19:	UPOI	N REQUEST					
-														

	-						_							
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									_					
														
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

e if you are films for an Additional (New Automobile) O Blanch Fridamine, according to	Part II (on page 2 of this								
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete onl	y rait ii ton page z or ans	torm).							
Do not complete Part II unless you have already been granted an automatic 3-month e	xtension on a previously fil	ed Fo	rm 8868.						
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month aut	omatic extension of time to	o file (6	months for a corp	oration					
required to file Form 990-T), or an additional (not automatic) 3-month extension of time	ou can electronically file F	orm 88	368 to request an e	extension					
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, I									
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instruction	ons) For more details on th	ne elec	tronic filing of this	form,					
risit www irs.gov/efile and click on e-file for Charities & Nonprofits.	•		•						
Part I Automatic 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		plete							
Part I only		•	•	· 🔲					
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must us to file income tax returns	e Form 7004 to request an	exten	sion of time						
Type or Name of exempt organization		Emp	loyer identification	number					
print		İ							
NUMBER SEVEN WEBSTER AVENUE		0	<u>2-0152844</u>						
Number, street, and room or suite no If a P.O. box, see instructions. 7 WEBSTER AVENUE									
City, town or post office, state, and ZIP code. For a foreign address, see instructions									
HANOVER, NH 03755									
Enter the Return code for the return that this application is for (file a separate application	for each return)			0 1					
Application Return Application				Return					
s For Code Is For				Code					
	Form 990-T (corporation)								
Form 990-BL 02 Form 1041-	···			07					
	Form 4720								
	Form 5227								
	Form 6069								
Form 990-T (trust other than above) 06 Form 8870				11 12					
JAMES R. ADLER									
The books are in the care of ▶ 253 MAIN STREET - NORWICH,	VT 05055								
Telephone No. ► 802-649-1008 FAX No. ►									
If the organization does not have an office or place of business in the United States, or									
If this is for a Group Return, enter the organization's four digit Group Exemption Num		s is fo	r the whole group.	check this					
box ▶ . If it is for part of the group, check this box ▶ . and attach a list with	· ———								
1 I request an automatic 3-month (6 months for a corporation required to file Form 9				<u>, 10.</u>					
FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension									
is for the organization's return for									
calendar year or									
► X tax year beginning JUL 1, 2010 , and ending J	UN 30. 2011								
, , , , , , , , , , , , , , , , , , , ,	<u> </u>		_						
2 If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return Fina	ıl retur	n						
Change in accounting period									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	itive tax, less any								
nonrefundable credits. See instructions.	\$	0.							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c	3a								
estimated tax payments made. Include any prior year overpayment allowed as a c		3b	\$	0.					
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if			<u> </u>						
by using EFTPS (Electronic Federal Tax Payment System). See instructions		3c	s	0.					
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, se	e Form 8453-EO and Form								
LHA For Paperwork Reduction Act Notice, see Instructions.			Form 8868 (F	_					

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