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SCANNED AUG 2 2 2012

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)

OMB No 1545-0047
2011
Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

| AF | or th | e 201 | 1 calendar year, or tax year beginning , 2011, | and endin | ng | | , 20 |) | | | | | |
|--------------------------------|-----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|---------------------------------------------|------------------|----------------------------------------|------------------|--|--|--|--|
| _ | | | C Name of organization | | | D Employer identif | ication num | ber | | | | | |
| Bc | heck if a | oplicable | 7X24 EXCHANGE, INC. | | | 22-3075802 | | | | | | | |
| \Box | Addre | | Doing Business As | | | | | | | | | | |
| \vdash | 1 ' | change | | Room/suite | | E Telephone numb | er | | | | | | |
| \vdash | ┪┈ | return | 322 EIGHTH AVENUE | 501 | | (646) 486- | 3818 | | | | | | |
| \vdash | ┥ | | City or town, state or country, and ZIP + 4 | | } | (010) 100 | | | | | | | |
| \vdash | Term | | NEW YORK, NY 10001 | | I | G C | . 2 | 077 | 400 | | | | |
| \vdash | returi | | | | | G Gross receipts \$ H(a) Is this a group re | | | 408. | | | | |
| L | pend | | F Name and address of principal officer ROBERT J. CASSILIAN | 0 | ļ | affiliates? | .um tor | Yes | X No | | | | |
| | | | SAME AS ABOVE ADDRESS | | | H(b) Are all affiliates in | | Yes | No | | | | |
| | | empt sta | | or 52 | 7 | If "No," attach a l | ist (see instruc | tions) | | | | | |
| <u>J</u> | Websi | te: 🕨 | WWW.7X24EXCHANGE.ORG | | | H(c) Group exemption | number 🕨 | | | | | | |
| K | Form | of organ | ızatıon X Corporation Trust Association Other ▶ | L Year of | f formati | on 1990 M Stat | e of legal do | micile | DE | | | | |
| Pa | rt I | Sur | nmary | | | | | | | | | | |
| | 1 | Briefly | describe the organization's mission or most significant activities | | | | | | | | | | |
| | | | BE THE LEADING KNOWLEDGE EXCHANGE FOR THOSE W | VHO DESI | ίςΝ, | BUILD, | | | | | | | |
| nce | | MAIN | TAIN AND USE MISSION-CRITICAL ENTERPRISE INF | ORMATIC | ON N | | | | | | | | |
| na | Ì | INF | RASTRUCTURES. | | | | | | | | | | |
| Governance | 2 | Chack | this box If the organization discontinued its operations or dispose | d of more the | an 25% | of its not assets | | | - - | | | | |
| | | | | | | | 1 | | 6. | | | | |
| රේ ග | 3 | Numb | er of voting members of the governing body (Part VI, line 1a) | | | | | | $-\frac{6}{6}$. | | | | |
| Activities | 4 | | er of independent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | |
| ÷ | 5 | | number of individuals employed in calendar year 2011 (Part V, line 2a) | | | | | | 0 | | | | |
| ĕ | 6 | | number of volunteers (estimate if necessary) | | | | | | 0 | | | | |
| | | | unrelated business revenue from Part VIII, column (C), line 12 | | | | \ | | 186. | | | | |
| | b | Net ur | related business taxable income from Form 990-T, line 34 | <u> </u> | , | 7b | <u> </u> | 42, | 967. | | | | |
| | | | | | | Prior Year | Curr | ent Ye | ar | | | | |
| æ | 8 | Contri | butions and grants (Part VIII, line 1h) | | | | 1 | | 0 | | | | |
| 'n | 9 | | am service revenue (Part VIII, line 2g) | | | 2,698,828. | 2, | 890, | 251. | | | | |
| Revenue | 10 | Invest | ment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 1,689. | , | 4, | 980. | | | | |
| œ | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cgand-14e) | | | 52,680. | | 182, | 177. | | | | |
| | 12 | | evenue - add lines 8 through 11 (must equal Part VIII column (A), line 12 | | | 2,753,197. | 3, | 077, | 408. | | | | |
| | 13 | | s and similar amounts paid (Part IX, column (A) (1985 1-3) | ၂၇ | | | + | <u> </u> | | | | | |
| | 14 | | 181 | | _ | | | | | | | | |
| | 4- | | its paid to or for members (Part IX, column (A), 배병) . A 닝 1 .3. 2012 . es, other compensation, employee benefits (Part X, column (A), lines 5-10) | - | | .1 | 185 | 700. | | | | | |
| Expenses | 15 | Salaili | es, other compensation, employee benefits (Part IX column (A), lines 5-10). sional fundraising fees (Part IX, column (A), line 11e GOEN UT fundraising expenses (Part IX, column (D), line 25). | | | } - | 100, | 700. | | | | | |
| ĕ | liba | Profes | ssional fundraising lees (Pan IX, column (A), line 1 let | 2432 T | 4 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Co - Secondo | 30% c . 50 | ************************************** | | | | | |
| Ä | ı | | | 0 | 92342 | | | | | | | | |
| | 17 | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 2,359,515 | | : | 260. | | | | |
| | 18 | | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 2,359,515 | | | 960. | | | | |
| | 19 | Reven | ue less expenses Subtract line 18 from line 12 | <u> </u> | <u> </u> | 393,682 | , | 143, | 448. | | | | |
| Net Assets or Fund Balances | | | | | Beginn | ing of Current Year | <u> </u> | of Year | | | | | |
| set | 20 | Total a | assets (Part X, line 16) | | L | 1,802,068. | | | 382. | | | | |
| d B | 21 | Total I | iabilities (Part X, line 26) | | | 70,452 | | | 318. | | | | |
| ξĒ | 22 | Net as | sets or fund balances Subtract line 21 from line 20, | <u></u> | | 1,731,616. | . 1, | 875, | 064. | | | | |
| Pa | rt II | Sig | gnature Block | | | · <u>·</u> | · · · · | | | | | | |
| | | | perjury, I declare that I have examined this return, including accompanying schedules | | | | ledge and be | elief, it is | true, | | | | |
| cor | rect, a | nd comp | plete Declaration of preparer (other than officer) is based on all information of which pro- | eparer has any | y knowled | dge | <u>'</u> | | | | | | |
| | | | 1.4.6 | | | - 1 フバ | 31/20 | 2/2 | > | | | | |
| Sig | n | | Signature of officer | | | Date | | | | | | | |
| He | re | | KOBERT (). (ASSILIAND CHAIRMA | 1N 4C | FO | • | | | | | | | |
| | | | Type or pnnt name and title | V - D O | | | | | | | | | |
| | | Print/ | | Il Obte O | 7. 7ft ¹ | 9 | PTIN | | | | | | |
| Paid | , | | Type preparer's name TAMES J. REILLY Preparer's signature | JULE 2 | 4 70 | Check if | | 1027 | 60 | | | | |
| | parer. | <u> </u> | CONDON OLVERDA MOCTUMY STOCKED | | · · · · · · · · · · · · · · · · · · · | self-employed | | 1837 | <u> </u> | | | | |
| | Only | Firm's | name CONDON O'MEARA MCGINTY & DONNELLY L | | | | -362825 | | | | | | |
| | | Firm's | address > ONE BATTERY PARK PLAZA, NEW YORK, NY 10204-1405 | | | Phone no 21 | 2-661-7 | | , - - | | | | |
| May | the I | RS dis | cuss this return with the preparer shown above? (see instructions) | | | | X Y | es | No | | | | |

JSA 1E1010 1 000 Form 990 (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

| | n 990 (2011) Page 2 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | 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 BE THE LEADING KNOWLEDGE EXCHANGE FOR THOSE WHO DESIGN, BUILD, |
| | MAINTAIN AND USE MISSION-CRITICAL ENTERPRISE INFORMATION INFRASTRUCTURES. THE EXCHANGE'S GOAL IS TO IMPROVE END-TO-END |
| | RELIABILITY BY PROMOTING DIALOGUE AMONG THESE GROUPS. |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? Yes X No If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$including grants of \$) (Revenue \$) TAX_EXEMPT_ORGANIZATION_ACTIVITIES |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4 d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| _ | Total program service expenses ▶ |
| JSA | 700 Form 990 (2011) |

| | 90 (2011) IV Checklist of Required Schedules | | | Page \$ |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------------------------------------|
| rait | Checklist of Required Schedules | | | N- |
| 1 | is the organization described in section 501/oV/2) or 4047/oV/1) (other than a private foundation)? If "Non-" | | Yes | No |
| • | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 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, 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 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 for which 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 | | Х |
| 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 N | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | i | | |
| | endowments, permanent endowments, 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, | 1 | | · · · · · · · · · · · · · · · · · · · |
| | VII, VIII, IX, or X as applicable | 13. W | | <u> </u> |
| 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 | | Х |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | l | | 3,7 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | v |
| د | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | <u> </u> | X |
| u | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | Х |
| • | 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 | 11d 11e | | X |
| | Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | Λ |
| • | the organization's separate of consolidated infancial statements for the tax year include a roothole 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? If "Yes," and if | 124 | | |
| - | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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, Parts II and IV | 15 | | X |
| 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, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 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 | <u> </u> | 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 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | - | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20Ь | L | L |

| r eu | Checklist of Required Schedules (continued) | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-------------|
| | • | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | |
| | 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 United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 3 | 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 | Х | |
| 4 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 1 | | |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | Х |
| | 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? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 5 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| _ | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| Ø | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 35. | 1 | |
| 6 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 25b | | |
| U | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II. | 26 | | х |
| 7 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 3 | Was the organization a party to a business transaction with one of the following parties (see Schedule L. | - CANON 1 | િ.€° (×.) | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | 100 May 201 |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | 12 72 1 | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 200 | | |
| - | Schedule L. Part N | 28b | - | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | 1 | |
| | Part I | 31 | j | Х |
| 2 | 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 |
| 3 | 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 |
| 4 | 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 |
| 5 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | 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 | 35b | | X |
| 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | ł | |
| _ | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 7 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R | | | |
| | Part VI | 37 | | X |
| _ | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | 1 | | |
| 8 | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |

| rai | ' Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | Check if Schedule O contains a response to any question in this Part V | • • • | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | N. 70 N. | 430-73 | 100 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | A | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | 100 | 400 | -7500 |
| · | reportable gaming (gambling) winnings to prize winners? | 1 c | X | المستفسد |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 2363 | المراجعة المراجعة | 5. E. |
| La | · · · · · · · · · · · · · · · · · · · | Tivi d Karaga | | * * |
| _ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 33.2738 | 277.30 |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | True | 3 B 78 |
| 2- | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | × 72 F |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | X | _ |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 30 | | ļ |
| 4 a | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | | 4- | ļ | х |
| L | account)? | 4a | 1 1990 | £1.8" |
| ט | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | 33.50 | |
| . | | I _ | 200 200- | X |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | - | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6- | İ | x |
| L | organization solicit any contributions that were not tax deductible? | 6a | - | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6 6 |] | |
| , | gifts were not tax deductible? | 6b | 第七进 | 5-20-6 |
| | · · · · · · · · · · · · · · · · · · · | 22 | | Ž. |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | I _ | E L | سخظ |
| _ | and services provided to the payor? | 7a | | - |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | |] | ŀ |
| | required to file Form 8282? | 7c | | V 3953 |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 1 | 477923 | 24.65.75 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ├ |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | _7h ক্ষুফু | 18.18.° | 7.35.12 |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | ¥4.7% | | |
| | | 8 8 | - EXE | |
|) | organization, have excess business holdings at any time during the year? | 1987 mg | \$1.7 mg 3.7 | A. H |
| | Did the organization make any taxable distributions under section 4966? | منته المثلة أس | | <u> </u> |
| | | 9a 9b | | - |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 30 | ار ا | 3.43 |
| _ | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | 434 | 1. A. | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 3.4 | | . (|
| | | 30.00 | 12.48 | î. |
| _ | Section 501(c)(12) organizations. Enter | | 7 | 12.04 |
| | Gross income from members or shareholders | 2 42 | 1 % | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | - 3 5 | | ٠, ٢ |
| | against amounts due or received from them) | | ` | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 1 | 2 3 | 30 31 |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 'S' | - 4 | 7,5%- |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | ļ <u>.</u> , |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | : |
| а | | | 4 . · | 5 |
| a | Enter the amount of reserves the organization is required to maintain by the states in which | , i | à`. | f |
| a b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | [a^] | ; · · · |
| a b c | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | ā . , , | [* , * |
| a b c | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | | a' | X |
| a b c 4a | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 14a 14b | 990 | |

| Form 9 | 1 90 (2 | 7AZ4 EXCHANGE, INC. | 22-3073 | 5802 | | Page 6 |
|--------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|
| Par | · VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 th "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes O See instructions. | rough 7b b s, or change | elow, es in | and Scho | for a edule |
| | | Check if Schedule O contains a response to any question in this Part VI | | | | X |
| Sect | tion | A. Governing Body and Management | | | | |
| | | | | | Yes | No |
| 15 | Ente | er the number of voting members of the governing body at the end of the tax year. If there are | а <i>Е</i> | ٠ ٠٠٠ ٢٠٠ | · ^*** | 20 |
| ıa | | erial differences in voting rights among members of the governing body, or if the governing body | | | | |
| | | gated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| b | | er the number of voting members included in line 1a, above, who are independent | ь 6 | ~ A 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | 意義 |
| 2 | | any officer, director, trustee, or key employee have a family relationship or a business relation | | * ^ | x-7-1/4×x v | وا زيعز ا |
| - | | other officer, director, trustee, or key employee? | | 2 | | x |
| 3 | | the organization delegate control over management duties customarily performed by or under | | - - | | |
| • | | ervision of officers, directors, or trustees, or key employees to a management company or other p | | 3 | Х | |
| 4 | | the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | х |
| 5 | | the organization become aware during the year of a significant diversion of the organization's asset | | 5 | | Х |
| 6 | | the organization have members or stockholders? | | 6 | Х | |
| 7a | | the organization have members, stockholders, or other persons who had the power to elect | | | | |
| | | or more members of the governing body? | | 7a | х | |
| h | | any governance decisions of the organization reserved to (or subject to approval by) | | | | |
| | | ckholders, or persons other than the governing body? | | 7b | | x |
| 8 | | the organization contemporaneously document the meetings held or written actions underta | ken during | | £335. | S. 1844 |
| · | | year by the following | ken during | (2000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1 | | |
| | | governing body? | ļ | 8a | X | K. 3742 |
| a | | th committee with authority to act on behalf of the governing body? | | 8b | | x |
| 9 9 | | here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be | | 85 | | |
| 9 | the | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | reached at | 9 | | x |
| Sect | | B. Policies (This Section B requests information about policies not required by the Interna- | | | 1 | |
| | | | | - | Yes | No |
| 102 | Did | the organization have local chapters, branches, or affiliates? | ! | 10a | X | |
| | | rise organization have local chapters, branches, or animates? | | 100 | | |
| D | | lates, and branches to ensure their operations are consistent with the organization's exempt purpo | | 10b | Х | ĺ |
| 112 | | the organization provided a complete copy of this Form 990 to all members of its governing body before filing | | 11a | Х | |
| b | | cribe in Schedule O the process, if any, used by the organization to review this Form 990 | the tollin | | _ | /> 55 m . 14 988 1 |
| 12a | | the organization have a written conflict of interest policy? If "No," go to line 13 | ļ | 12a | Χ | 14.682.4 |
| | | re officers, directors, or trustees, and key employees required to disclose annually interests that | | | | |
| D | | to conflicts? | could give | 12b | | x |
| С | | the organization regularly and consistently monitor and enforce compliance with the police | | 120 | | |
| · | | cribe in Schedule O how this was done | • | 12c | | x |
| 13 | | the organization have a written whistleblower policy? | | 13 | | x |
| 14 | | the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | | the process for determining compensation of the following persons include a review and approva | | , \$\tilde{\chi}^2 \frac{1}{2} \text{\$\text{\$\chi}^2 \text{\$\chi}^2 | \$.5°.50 | No. 25.25 |
| 13 | | the process for determining compensation of the following persons include a review and approva ependent persons, comparability data, and contemporaneous substantiation of the deliberation an | - | 乙苯选 | | |
| _ | | organization's CEO, Executive Director, or top management official | | 15a | + Hardwey, | X |
| a h | | er officers or key employees of the organization | | 15b | | X |
| b | | er officers of key employees of the organization | | 13D | - 4 87- 3 | , Č4, |
| 46- | | the organization invest in, contribute assets to, or participate in a joint venture or similar a | | | 秦 蔡 | |
| 16a | | · · · · · · · · · · · · · · · · · · · | - | l | L_:[7] | X |
| L | | n a taxable entity during the year? | | 16a | 27. TO: | ·\$15 |
| D | | | | | | |
| | | ticipation in joint venture arrangements under applicable federal tax law, and take steps to sat anization's exempt status with respect to such arrangements? | | | 345 | "Like Man |
| Soci | | C. Disclosure | · · · · · · · | 16b | | |
| | | | | | | |
| 17 | | the states with which a copy of this Form 990 is required to be filed \ | | | | |
| 18 | | ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | - ſ (Section 5 | 01(c) | (3)s o | nly) |
| | ava | lable for public inspection. Indicate how you made these available. Check all that apply | | | | |
| | | Own website Another's website X Upon request | | | | |
| 19 | | scribe in Schedule O whether (and if so, how), the organization made its governing documen | ts, conflict o | finte | est p | olicy, |
| | | financial statements available to the public during the tax year | | | | |
| 20 | | te the name, physical address, and telephone number of the person who possesses the books and | | ne | | |
| | org | anization ▶ Dolci mgmt services, 322 eighth avenue, suite 501, new york, ny 10001 tel: € | 646-486-3818 | | | |

| | r | | |
|-----|-----|------|----|
| orm | 990 | (201 | 1) |

7X24 EXCHANGE, INC.

22-3075802 '

age 7

| 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

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

| (A) Name and Title | (B) Average hours per week (describe hours for | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | - |
|-----------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|----------|
| | related organizations in Schedule O) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | ((V Z/1033 MIGG) | organization and related organizations | |
| (1) ROBERT J. CASSILIANOCHAIRMAN OF THE BOARD | 3.00 | Х | | x | | | | 185,700. | 0 | | 0 |
| (2) WILLIAM LEEDECKE PRESIDENT | 3.00 | х | | х | i ! | | | 0 | 0 | | - · 0 |
| (3) DAVID SCHIRMACHER VICE PRESIDENT | 3.00 | х | | х | | | | 0 | 0 | | - 0 |
| (4) JULI IERULLI DIRECTOR | 3.00 | x | | | | | | α | 0 | | _ 0 |
| (5) CYRUS IZZO DIRECTOR | 3.00 | х | | | | | | 0 | 0 | | - 0 |
| (6) MICHAEL SITEMAN DIRECTOR | 3.00 | х | | | | | | 0 | 0 | | - 0 |
| (7) | | | | | | | - | | | | - |
| (8) | | | | | | | | | | | - |
| (9) | | | | | | | | | | | - |
| | | | | | | | | | | | - |
| _(11) | | | | | | | | | | | - |
| | | | | | | | - | | | | _ |
| | | | | | | | | | | <u>.</u> | - |
| | | | | | | | | | | | - |
| | L | <u></u> | L | | L | | <u> </u> | <u> </u> | l | | _ |

| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | ıplo | ye | es, | and F | lig | hest Compensat | ed Employe | es (c | continued) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|-------------------|--------------|------------------------------|--------------|---------------------------------------|--------------------------------------------------------|----------|----------------------------------------------------------|
| Name and title | (B) (C) Average Position hours per (do not check more than or box, unless person is both a officer and a director/truste | | | | | | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | (F) Estimated amount of other compensation |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-M | ISC) | from the organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | - | | | |
| | | | | | | | | | | | |
| 1b Sub-total | ection A . | | | | | | * * * | 185,700. 0 185,700. | | 0 0 | 0 0 |
| Total number of individuals (including but not reportable compensation from the organization) | limited to t | hose | | | | | о ге | eceived more than | \$100,000 of | | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the | ule J for su sum of rep | <i>ch ind</i> portat | lividi ole d | <i>ual</i> com | iper | · isatioi | ` na≀ | nd other compens | | he | Yes No |
| organization and related organizations grandvidual | | | | | | | | | <i></i> | | 4 X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors | | | | | | | | | | | 5 X |
| Complete this table for your five highest com- compensation from the organization. Report of year | | | | | | | | | | | |
| (A) Name and business add | dress | - | | - | | | | (B) Description of se | ervices | C | (C) Compensation |
| DOLCI MANAGEMENT SERVICES, INC. 322 EIGHTH AVE, SUITE 501, NEW YO | ORK, NY | 1000 | 01 | | | | F | ADMINISTRATIO | ON | | 259,000. |
| | | | | | | | + | | | | |
| Total number of independent contractors (if more than \$100,000 in compensation from the contractors than \$100,000 in compensation from the contractors than \$100,000 in compensation from the contractors.) | | | | nıte | d to | thos | se I | isted above) who | received | \ | |
| JSA 1E 1055 2 000 | io organiza | doil) | _ | | | | | · · · · · · · · · · · · · · · · · · · | <u> 2</u> | <u> </u> | Form 990 (2011 |
| K4H00Z M261 | | | | | | | | | | | |

| | | Statement of Reven | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---------------------------------|---------|-----------------------------------------------------------------------|------------------|---------------------------------------|------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ts, Grants Amounts | 1a b | Federated campaigns Membership dues | 1b | | | | | |
| ia G | c d | Fundraising events Related organizations Government grants (contribut | 1d | | | | | |
| Contributions, and Other Sim | f | All other contributions, gifts, grant | | | | | | |
| dot | | and similar amounts not included | | . | | | | |
| ဒီ မိ | g h | Noncash contributions included in Total . Add lines 1a-1f | | <u></u> > | 0 | | | |
| Service Revenue | | | | Business Code | 产基位的基格 | 245 2 X X X X X | BUT BEAR. | carrier E. |
| ever | 2 a | CONFERENCES | | 900099 | 2,677,551. | 2,677,551. | | |
| e l | b | MEMBERSHIP | | 900099 | 212,700. | 212,700. | | - |
| 7 | С | | <u> </u> | | | | | |
| | d | | | | | | | |
| ran | е | | · | ļ | | | | · · · · · · · · · · · · · · · · · · · |
| Program | f g | All other program service reversed at large services and lines 2a-2f | | | 2,890,251. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 4,980. | | | 4,980. |
| | 4 | Income from investment of ta | | _ | 0 | | | |
| | 5 | Royalties · · · · · · · · | | <u>.</u> | 0 | | The sales are the sales | 11 - 1 - 1 - 2 - 2 - 4 - 1 - 2 - 2 |
| | | | (ı) Real | (II) Personal | 新大学 。第二个 | \$\$P\$《美丽李 | 医甲基苯磺酸: | |
| | 6a | Gross rents | | | | | | (水平等) |
| | b | Less rental expenses | | | | | | |
| | C | Rental income or (loss) L | | | | | | The state of the s |
| | d | Net rental income or (loss) | (ı) Securities | (ii) Other | 12.14. \$145.94.14.12. | | Elikkiy dan kirkiri | # 146,7876F (5/2) |
| | 7 a | Gross amount from sales of | (1) 0000111100 | (ii) Strict | | | | |
| | ١. | assets other than inventory | | | | | | - 7× 1 |
| | b | | | | 发展,从为意识 | Jan The Wat | | "宝宝" |
| | c | and sales expenses Gain or (loss) | | | | | | |
| | ď | Net gain or (loss) | | . ▶ | 0 | | | 1 |
| a | 8a | Gross income from fundra | | | | | | |
| בַּ | " | events (not including \$ | J | | | | Branch Arrive Sala | |
| 9,6 | | of contributions reported on I | | | | | | |
| Ř | | See Part IV, line 18 | | | | | | 1. 5. 4-3-4 |
| Other Revenu | ь | Less direct expenses | b | , [| | | 1 2 × 12 4 3 4 4 | ः कार्यकृष् |
| ŏ | С | Net income or (loss) from fur | ndraising events | . <u></u> | 0 | W- 1920 1 1 1 1 1 1 1 | | |
| | 9a | Gross income from gaming a | | | | 1. 7. 2. 4. 9. | La Transfer J. She . C | |
| | | See Part IV, line 19 | | | 花多水色学生 | | | |
| | Ь | Less direct expenses | | | * **** | | | - |
| | C | Net income or (loss) from ga | _ | · · · · · · · · · · · · · · · · · · · | 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 4 4 1 A 1 A 1 A | 18 40 Per 8 188 |
| | 10a | 4 | ory, less a | .] | 長小不必要產品 | 3, 4, -3 6 .5 % | مليا الأهاري الأواق | |
| | ь | Less cost of goods sold | | 1 | 10年 医囊性原理 | 3 2 2 3 3 | | - 300 |
| | C C | Net income or (loss) from sal | | | . 0 | | | |
| | | Miscellaneous Reven | ue | Business Code | | 1.31 1.33 | 7,779 | |
| | 11a | NEWS LINK | | 511120 | 173,186. | | 173,186. | |
| | ь | ADVERTISING | | | | | 1 | |
| | С | OTHER | | 900099 | 8,991. | 8,991. | | 1 |
| | d | All other revenue | | | | 7.5 | | |
| | е | Total. Add lines 11a-11d | | | 182,177. | 4. 2. 专"公文" | <u> </u> | 1 |
| | 12 | Total revenue. See instruction | <u>ns</u> | <u> </u> | 3,077,408. | 2,899,242. | 173,186. | 4,980 |

Part IX Statement of Functional Expenses

Section $50\dot{1}(c)(3)$ and $50\dot{1}(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | Check if Schedule O contains a resp | onse to any question i | n this Part IX | <u> </u> | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|--------------------------------------------------|------------------------------------------|
| | 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 | | | "要证据"或" " | |
| | organizations in the United States See Part IV, line 21. | 0 | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | 性。認為物質質的 |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | _ 185,700. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include section | | | | |
| | 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 259,000. | = | | |
| þ | Legal | 30,504. | | | |
| | Accounting | 7,090. | | | |
| d | Lobbying | 0 | Explain to the Section of | ٠ <u>٠٠ - ١٠ - ١٠ - ١٠ - ١</u> ٠٠ - ١٠ - ١٠ - ١٠ | |
| е | Professional fundraising services See Part IV, line 17 | 0 | 機能激為為 | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 400 133 | | <u></u> | |
| 13 | Office expenses | 400,133. 15,132. | | | |
| 14 | Information technology | 13,132. | | | · · · · · · · · · · · · · · · · · · · |
| 15 | Royalties | 1 | | · · · · · · · · · · · · · · · · · · · | |
| 16 | Occupancy | 18,180. | | | |
| 17 | Travel | 10,100. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 1,954,102. | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 23 | Insurance | 5,844. | | | |
| 24 | Other expenses Itemize expenses not covered | | | | ANTENIOR CONTRACT |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule (O) | | | | |
| а | SERVICE CHARGES | 58,275. | \$ 1 PK 194 | 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | -, 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,933,960. | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 0 | | | |

| | 990 (2 't X | ` Balance Sheet | | Page 11 |
|-------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| ı cı | | - | (A) Beginning of year | (B) End of year |
| \neg | 1 | Cash - non-interest-bearing | 349,200. 1 | 444,340. |
| Ì | 2 | Savings and temporary cash investments | 1,369,161. 2 | 1,474,441. |
| | 3 | Pledges and grants receivable, net | | -+ |
| | 4 | Accounts receivable, net | 62,273. 4 | 39,424. |
| | 5 | Accounts receivable, net | | |
| ŀ | | employees, and highest compensated employees Complete Part II of | | |
| i | | Schodulo I | 1 0 5 | 0 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | Q 6 | l 0 |
| ets | 7 | Notes and loans receivable, net | 9 7 | |
| Assets | 8 | Inventories for sale or use | Q 8 | |
| | 9 | Prepaid expenses and deferred charges | 21,434. 9 | 43,177. |
| | 10a | Land, buildings, and equipment cost or | | |
| | | other basis Complete Part VI of Schedule D 10a | | |
| | b | Less accumulated depreciation | <u> </u> | c 0 |
| | 11 | Investments - publicly traded securities | | |
| 1 | 12 | Investments - other securities. See Part IV, line 11 | | |
| | 13 | Investments - program-related See Part IV, line 11 | | |
| İ | 14 | Intangible assets | 0 14 | |
| | 15 | Other assets See Part IV, line 11 | 0 15 | |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | |
| | 17 | Accounts payable and accrued expenses | | |
| | 18 | Grants payable | | |
| | 19 | Deferred revenue | | · · · · · |
| | 20 | Tax-exempt bond liabilities | | _ , |
| es | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | \$ 0.00 Yes 6 20 10 10 12 | 0 8 14 1 1 1 10 10 10 10 10 10 10 10 10 10 10 |
| Ħ. | 22 | Payables to current and former officers, directors, trustees, key | | |
| Liabilities | | employees, highest compensated employees, and disqualified persons | | KITIKA IFAN |
| 7 | | Complete Part II of Schedule L | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 9 24 | 1 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | |
| 1 | | parties, and other liabilities not included on lines 17-24) Complete Part X | 0 2! | 5 0 |
| | | of Schedule D | | |
| - | 26 | Total liabilities. Add lines 17 through 25 | 18 18 28 68 1. J. B. | |
| Balances | | Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34. | | |
| au | 27 | Unrestricted net assets | 1,731,616. 2 | |
| Ва | 28 | Temporarily restricted net assets | | |
| Fund | 29 | Permanently restricted net assets | 0 29 | 9 0 |
| or Fu | | Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. | | |
| | 30 | Capital stock or trust principal, or current funds | 31 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 3 | 1 |
| t A | 32 | Retained earnings, endowment, accumulated income, or other funds | | |
| Net | 33 | Total net assets or fund balances | 1,731,616.3 | |
| | 34 | Total liabilities and net assets/fund balances | 1,802,068. | 2,001,382. |

Form **990** (2011)

| For | rm 990 (2011) Page 12 | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------|-------------------|--|--|--|
| Pa | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 3,0 | 77, | 408. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2,93 | 33, | 960. | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 1 | 43,4 | 448. | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 1,73 | 31, | 616. | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | | | 0 | | | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33. | | | | | | |
| | column (B)) | 1,87 | 75,0 | 064. | | | |
| Pa | Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | | | | |
| | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990 CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | _ n | | | | | |
| 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 | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | nt | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain i | n jiji | | | | | |
| | Schedule O | | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer | e [% | | 12.353.3 354.3 | | | |
| | issued on a separate basis, consolidated basis, or both | 1 | , 4846 , 4846 | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | :: 💥 : | × 3% | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth | I | | | | | |
| _ | the Single Audit Act and OMB Circular A-133? | . 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | 1 1 | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3 b | | | | | |
| | | Form \$ | 990 | (2011) | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

► See separate instructions.

| f th | e organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then |
|------|-------------------------------------------------------------------------------------------------------------------------------------------|
| • | Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C |
| • | Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B |
| • | Section 527 organizations Complete Part I-A only |
| f th | ne organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then |
| • | Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B |
| • | Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II- |

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number 7X24 EXCHANGE, INC. 22-3075802 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Complete if the organization is exempt under section 501(c)(3). 0 Enter the amount of any excise tax incurred by the organization under section 4955.

| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ |
|-----|------------------------------------------------------------------------------------------------------------------------------------|
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No |
| | Was a correction made? |
| Par | t I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function |
| | activities |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section |
| | 527 exempt function activities |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, |
| | line 17b |
| 4 | Did the filing organization file Form 1120-POL for this year? |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing |
| | organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter |
| | the amount of political contributions received that were promptly and directly delivered to a separate political organization, suc |
| | as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV |

| (a) Name ' | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
|----------------------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2011

| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| 2 a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2011

| Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| 5 | | a) | | (b) | - |
| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | Yes | No | A | Mount | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| a Volunteers? | | 122 - 4 | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | Shan and M. | | 7 (* 35. 34 7 : 35. 34 |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | · | _ | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | · | | | | |
| : Other admitted? | · | | | | |
| j Total Add lines 1c through 1i | 3. | 17:35 18:25 | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | * *** | な遊び | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | 5 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | 4.3 | ļ | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | 5 x 2 1 1 1 5 | | MAK 195 |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5) |), or s | section | | |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | Yes 1 2 X 3 | No X |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." | 1(c)(5) ' OR (I |), or s b) Pa | section | | |
| 1 Dues, assessments and similar amounts from members | | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). | ounts | of | \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 \$1.50 | | |
| a Current year | | | 2a | | |
| b Carryover from last year | | | 2b | | |
| c Total | | | 2c | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d | ues . | | 3 | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | \$ 3.40 6 5.40 | | |
| excess does the organization agree to carryover to the reasonable estimate of nondeductible | lobbyı | ng | | | |
| and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) | | | 5 | | |
| Part IV Supplemental Information | | · · · | 1.3.1 | | . |
| | | | | | |
| Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 1 Also, complete this part for any additional information | ie 5, Pa | art II-A | A, and Par | t II-B, lin | е |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | | | |
| | | | | · | |
| | | | | | |

Page 4

Schedule C (Form 990 or 990-EZ) 2011

Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

Schedule D (Form 990) 2011

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Employer identification number 7X24 EXCHANGE, INC. 22-3075802 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2 b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _____ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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 (ASC 958) relating to these items

K4H00Z M261

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

| Par | t III Organizations Maintainin | g Colle | ections of | Art, Histo | rical Tr | easure | s, or | Other | Similar A | ssets (| continue | ∍d) | |
|----------|-------------------------------------------------------------------------------------------------|----------|--------------|-------------------------|-------------|-------------|--------|---------|----------------------|-----------|----------------------------------------|------------|--------------------|
| 3 | Using the organization's acquisition collection items (check all that apply | | sion, and | other reco | rds, ched | ck any c | of the | follow | ing that a | re a sig | nificant i | use of | ıts |
| а | Public exhibition | | | d [| Lo | an or ex | chan | ge prog | rams | | | | |
| b | Scholarly research | | | e | - | her | | | | | | | |
| С | Preservation for future gen | erations | | L | | | | | | | | | |
| 4 | Provide a description of the organiz | zation's | collections | s and expla | ain how | they ful | rther | the or | anization's | s exemp | t purpos | e in F | ² art |
| | XIV. | | | · | | • | | ` | - | • | | | |
| 5 | During the year, did the organization | solicit | or receive o | donations o | of art, his | torical tr | easu | res, or | other simila | ar | | | |
| | assets to be sold to raise funds rathe | | | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Ari line 9, or reported an amo | | | | | nızatior | ans | wered | "Yes" to I | Form 99 | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in F | Part XIV | and comp | lete the fol | lowing ta | ble | | | | • | _ | | |
| | | | | | | | | | Α | mount | | | |
| С | Beginning balance | | | | | | 1c | | | | | | |
| d | Additions during the year | | | | | | 1d | | | | | | |
| | Distributions during the year | | | | | | | | | | | | |
| | Ending balance | | | | | | | | | | | | |
| | Did the organization include an amo | | | Part X, line | 21? | | | | | [| Yes | | No |
| | If "Yes," explain the arrangement in I | | | | | | | | | - | | | |
| Par | t V Endowment Funds. Comp | olete if | the orgar | nization ar | swered | "Yes" t | o Fo | rm 990 |), Part IV, | line 10. | | | |
| | <u>_</u> | (a) Cu | rrent year | (b) Pric | or year | (c) Tw | o year | s back | (d) Three ye | ears back | (e) Four | years b | ack |
| | Beginning of year balance | | | | | | | | | | | <u> </u> | <u> </u> |
| | Contributions | | | | | | | | | | \$\#\\ | | ŊŶŢŢŶ |
| С | Net investment earnings, gains, | | | | | | | | | | | | |
| | and losses | | | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | | | |
| е | Other expenditures for facilities . | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | Server S | 2. 1844 2. 1844 |
| | Administrative expenses | | | | | | | | | | ************************************** | | \$ -3 |
| g | End of year balance | | | | | <u> </u> | | | | | 1. S. 1988 | | * |
| 2 | Provide the estimated percentage of | | | | e (line 1g | , columr | ı (a)) | held as | | | | | |
| a | Board designated or quasi-endowme | ent ▶ | - | _% | | | | | | | | | |
| þ | Permanent endowment ▶ | | | | | | | | | | | | |
| С | Temporarily restricted endowment | | | | | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and | | • | | | | | | | | | | |
| 3a | Are there endowment funds not in the | ne poss | ession of t | he organiza | ation that | t are hel | d and | d admir | istered for | the | _ | | |
| | organization by | | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | | 3a(i) | | |
| L | (ii) related organizations | | | | | | | | | | 3a(ii) | $-\!\!\!+$ | |
| _ | If "Yes" to 3a(ii), are the related orga | | | | | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended us | | | | | | | - | | | | | |
| Par | t VI Land, Buildings, and Equi | pment. | | | | | | | | | | | |
| | Description of property | | | other basis strnent) | 1 ' ' | or other ba | | depr | umulated eciation | | d) Book val | ue | |
| 1 a | Land | | | · | <u></u> | | ' | | | | | | |
| Ь | Buildings | | | | <u> </u> | | | | | | | | |
| | Leasehold improvements | | | | <u> </u> | | | | | | | | |
| | Equipment | | | | <u></u> | | | | | | | | |
| | Other | | | | <u></u> | | | | | | | | |
| Tota | I. Add lines 1a through 1e (Column (| (d) must | equal Form | n 990, Part | X, colum | ın (B), lır | ie 10 | (c)) | ▶ | | | | |
| | | | | | | | | | | School | tula D (For | aanı | 2044 |

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|---|---|
| | |

| Part VII | Investments - Other Securities. See F | orm 990, Part X, In | ne 12 |
|---------------------|----------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) Financi | al derivatives | | |
| (2) Closely | -held equity interests | | |
| (3) Other_ | | | |
| (<u>A</u>) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | - |
| (H) | | | |
| <u>(I)</u> | | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | | · · · · · · · · · · · · · · · · · · · |
| Part VIII | | | ne 13 |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) (6) | | · · · · · · · · · · · · · · · · · · | |
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| (8) | | | |
| (9) | | | |
| (10) | | | |
| | n (b) must equal Form 990, Part X, col (B) line 13) | | |
| Part IX | Other Assets. See Form 990, Part X, I | ine 15 | 144 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | | Description | (b) Book value |
| (1) | | | (b) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| _ (9) | | | |
| (10) | | | |
| | | <u> </u> | |
| Part X | Other Liabilities. See Form 990, Part > | (, line 25. | |
| 1. | (a) Description of liability | (b) Book val | ue The hall man and the high state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st |
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| (9) | | | |
| <u>(10)</u> (11) | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 25 | | |
| | ASC 740) Footpote In Part XIV provide the | | the organization's financial statements that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

JSA
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| | e D (Form 990) 2011 | | Page 4 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten | nents | |
| 1 • | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,077,408. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,933,960. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 143,448. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | | - | |
| 7 | | 6 | |
| - | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | 142 440 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | 143,448. |
| | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref | urn | 2 255 122 |
| 1 | Total revenue, gains, and other support per audited financial statements | . 1 | 3,077,408. |
| 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 | | |
| С | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIV) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | | 3,077,408. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 14 to 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 3 | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4- and 4h | 4 _c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 3,077,408. |
| | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R | | 3,011,100. |
| 1 | Total expenses and losses per audited financial statements | 4 | 2,933,960. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | - কৈন্দ্ৰ | |
| | Denoted convers and use of faulties | | |
| a | Donated services and use of facilities 2a | | |
| b | Prior year adjustments 2b | | |
| C | Other losses 2c | | |
| d | Other (Describe in Part XIV) | \$ 100 PM | |
| е | Add lines 2a through 2d | . 2e | |
| 3 | Subtract line 2e from line 1 | . 3 | 2,933,960. |
| 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 | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4 c | |
| _ 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). | . 5 | 2,933,960. |
| Part | XIV Supplemental Information | | |
| Part V | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp Iditional information | rt IV, lines lete this pa | 1b and 2b, rt to provide |
| SEE | PAGE 5 | - | · |
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Part XIV Supplemental Information (continued)

OTHER LIABILITIES - LIABILITY FOR UNCERTAIN TAX POSITIONS PART X - QUESTION 2

THE EXCHANGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE EXCEPT FOR A TAX ON ITS NET UNRELATED BUSINESS INCOME. THE UNRELATED BUSINESS INCOME CONSISTS OF CERTAIN ADVERTISING INCOME. PROVISION FOR SUCH TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2011 AND DECEMBER 31, 2010, NO AMOUNTS WERE RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS TAKEN DURING THOSE YEARS. IN ADDITION, THE EXCHANGE'S TAX RETURNS FOR 2008 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE TAXING AUTHORITIES.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Schedule J (Form 990) 2011

Department of the Treasury Internal Revenue Service Name of the organization

7X24 EXCHANGE, INC.

Part I Questions Regarding Compensation

Employer identification number 22-3075802

| | | | Yes | No |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use | | | 71.276 |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | 300 | 393 327 | 7 |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, | | | |
| | directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. Compensation committee Written employment contract | | | |
| | | \$ 100 PAS | | 1 |
| | | 32 3 | 6'5Kp | 3.55 |
| | | * * * | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | <u> </u> |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | <u> </u> |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | <u></u> |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | X 7 4 | 豫, 5, 4 |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of | | - | دُ نُعَدُ سُنَّا |
| а | The organization? | 5a | | ļ |
| þ | Any related organization? | 5b | 52 | \+ +× <u>s</u> . |
| _ | If "Yes" to line 5a or 5b, describe in Part III | | رُ مِن فَا مُ | 40.5 |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | 3.17 | 20% - FO | |
| | compensation contingent on the net earnings of. | 200 | فنث | 18 × 1 |
| а | The organization? | 6a | | |
| þ | Any related organization? | 6b | | |
| | If "Yes" to line 6a or 6b, describe in Part III. | 3 37.2- | <u> </u> | N. Constitution |
| 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 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | [|
| | ın Part III | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Page 2

7X24 EXCHANGE, INC.

Schedule J (Form 990) 2011

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from 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)(ı)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| | | (b) breakdown | (b) Breakdown of W-2 and/or 1099-MISC compensation | compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|------------------------|------------|--------------------------|----------------------------------------------------|-------------------------------------------|--------------------------------|----------------|----------------------|-------------------------------------------|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)·(ı)·(b) | reported as deferred in prior Form 990 |
| 1 ROBERT J. CASSILIANO | € € | 150,000. | 0 | 35,700. | 0 | 0 | 185,700. | 0 |
| | € € | | | | | | | |
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| | | | | | | | Sche | Schedule J (Form 990) 2011 |

Schedule J (Form 990) 2011 Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

SCHEDULĘ 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.

Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

7X24 EXCHANGE, INC.

Employer identification number 22-3075802

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 3

DOLCI MANAGEMENT SERVICES, INC. PROVIDES ADMINISTRATIVE SERVICES TO THE ORGANIZATION. BUSINESS INFORMATION SERVICES, INC. PROVIDES A CHIEF EXECUTIVE OFFICER FOR THE ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 6

7X24 EXCHANGE, INC. WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 7A

THE MEMBERS ELECT THE GOVERNING BODY THROUGH AN ANNUAL BALLOT PROCESS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 8B

THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B - QUESTION 11B

THE FORM 990 WAS PRESENTED TO THE CHAIRMAN OF THE BOARD FOR REVIEW PRIOR TO FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C - QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

COMPENSATION OF OFFICERS & DIRECTORS

PART VII, SECTION A - LINE 1A

DURING APRIL 2011, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH

BUSINESS INFORMATION SERVICES, INC. TO PROVIDE A CHIEF EXECUTIVE OFFICER

AT AN ANNUAL FEE OF \$200,000 DUE IN EQUAL MONTHLY INSTALLMENTS. THE

AGREEMENT ALSO HAS A PROVISION FOR A BONUS OF UP TO \$50,000 AT THE SOLE

DISCRETION OF THE ORGANIZATION'S BOARD. THIS AGREEMENT AUTOMATICALLY

RENEWS FOR SUCCESSIVE ONE YEAR TERMS UPON THE COMPLETION OF THE ANNUAL

ELECTION OF OFFICERS. ROBERT J. CASSILIANO, CHAIRMAN OF THE BOARD OF THE

ORGANIZATION, MANAGES BUSINESS INFORMATION SERVICES, INC. THE AMOUNT

PAID TO BUSINESS INFORMATION SERVICES, INC. IN THE CALENDAR ENDED

DECEMBER 31, 2011 WAS \$185,700.

Form **8868**

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Internal Revenue | e Service | ► File a | separate a | pplication for each return. | | | _ | | |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------|-----------------------------|-----------------------------------------|-----------------|--------------|--|--|
| If you are | filing for an | Automatic 3-Month Extension, o | complete o | only Part I and check th | is box | | ▶ X | | |
| | | Additional (Not Automatic) 3-Mo | | | | | | | |
| | | inless you have already been gra | | | | | } | | |
| Electronic fi | ling (e-file). | You can electronically file Form to file Form 990-T), or an addition | 8868 if yo | u need a 3-month auto | omatic extension of tir | ne to file (6 i | months for | | |
| 8868 to rea | uest an ext | ension of time to file any of the | forms liste | ed in Part I or Part II w | ith the exception of F | Form 8870 I | nformation | | |
| Return for | Transfers A | ssociated With Certain Persona | l Benefit | Contracts, which must | t be sent to the IRS | in paper fo | ormat (see | | |
| instructions). | . For more of | details on the electronic filing of th | ns form, vi | sit www irs gov/efile an | d click on e-file for Cha | anties & Nong | profits | | |
| | | Month Extension of Time. On | | | | | | | |
| | | o file Form 990-T and requesting | | | | omplete | | | |
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| File by the | THE T ENGINE MOET, THO. | | | otrone | H | | | | |
| due date for | | • | x, see madu | MOUS | Social security nu | mber (SSN) | | | |
| filing your return See | ur 322 EIGHTH AVENUE | | | | | | | | |
| instructions | s and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of | | | | | | | | |
| | NEW YORK, NY 10001 | | | | | | | | |
| Enter the Re | eturn code f | or the return that this application | is for (file a | a separate application fo | or each return) | | . 0 1 | | |
| Application | | | Return | Application | | | Return | | |
| ls For | | | Code | ls For | | | Code | | |
| Form 990 | | | 01 | Form 990-T (corporat | tion) | | 07 | | |
| Form 990-BL | | | 02 | Form 1041-A | | | 08 | | |
| Form 990-EZ | | | 01 | Form 4720 | | | 09 | | |
| Form 990-PF | | 04 | Form 5227 | | | 10 | | | |
| Form 990-T (sec 401(a) or 408(a) trust) | | | 05 | Form 6069 | | | | | |
| Form 990-T (trust other than above) | | | 06 | Form 8870 | | | 11 | | |
| 1 01111 000-1 | Tu dot ou ici | than above) | 1 00 | 1 01111 0070 | | | | | |
| The book | s are in the | care of ▶ DOLCI MGMT SER | VICES, | | | | | | |
| Telephone | e No ▶ | 646 486-3818 | ı | FAX No ▶ | | | | | |
| If the orga | anization do | es not have an office or place of t | business ir | the United States, che | ck this box | | ▶ □ | | |
| | | Return, enter the organization's foi | | | | If thi | s is | | |
| | | eck this box ▶ | | | | and atta | ach | | |
| | | d EINs of all members the extensi | | 3 , | | | | | |
| | | natic 3-month (6 months for a cor | | equired to file Form 990 |)-T) extension of time | | | | |
| | | 00/05 00 | - | • | • | above. The ex | xtension is | | |
| | | | | | , organization namou | | | | |
| | for the organization's return for ► X calendar year 2011 or | | | | | | | | |
| | X calendar year 2011 or tax year beginning, 20, and ending, 20 | | | | | | | | |
| | tax year be | | | , and ending | | , 20 | | | |
| | • | ered in line 1 is for less than 12 m ecounting period | onths, ched | ck reason 🔲 Initial r | eturn Fınal retu | ırn | | | |
| 3a If this | application | ıs for Form 990-BL, 990-PF, 99 | 90-T. 4720 | or 6069, enter the | tentative tax less an | v T | | | |
| | | dits. See instructions | • | , | | ′ 3a \$ | | | |
| | | n is for Form 990-PF, 990-T, | 4720, or | 6069, enter any re | efundable credits and | | | | |
| | | ments made Include any prior yea | | | | 3b \$ | | | |
| | | tract line 3b from line 3a Include | | | | | | | |
| | | l Tax Payment System) See ınstru | | • ···- | , , , , , , , , , , , , , , , , , , , , | 3c \$ | | | |
| | | ng to make an electronic fund v | | with this Form 8868. | see Form 8453-EO | | 379-EO for | | |
| payment ins | tructions | week Beduction Act Notice and Inst | | | | | | | |
| E Bullianian A | at and Dana | munch Doduction Act Notice and Inch- | mictions | | | 00co | /Day 4 00101 | | |