# SCANNED MAY 2 6 2011

Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the end of the year may use this form

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

| В  | Check if applicab | C Name of organization  |                    |                               | D Employer     | identification number     |  |
|--|-------------------|---|--------------------|-------------------------------|----------------|---------------------------|--|
| Address change COMMITTEE OF THE PROPRIETORS OF THE |                   |   |                    |                               |                |                           |  |
| F  | $\neg$            | e change   COMMON AND UNDIVIDED LAND IN N   | 06-1636671         |                               |                |                           |  |
| F  | _                 | Number and street (or P.O. box, if mail is not delivered to street address  | E Telephone number |                               |                |                           |  |
| F  | _                 | nated 114 WHITNEY AVENUE  | 203-562-4183       |                               |                |                           |  |
| 占  | _                 | City or town, state or country, and ZIP + 4   | F Group Exc        |                               |                |                           |  |
| F  | _                 | ation pending NEW HAVEN, CT 06510   | Number             | •                             |                |                           |  |
| G  |                   | nting Method: X Cash Accrual Other (specify)  |                    |                               |                | f the organization is not |  |
|  |                   | te: N/A   |                    |                               |                | o attach Schedule B       |  |
|  |                   | empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert  | (no.) 49           | 47(a)(1) or 527               |                | 0, 990-EZ, or 990-PF).    |  |
|  | Check             |   |                    |                               |                |                           |  |
|  |                   | 90 return is not required though Form 990-N (e-postcard) may be required (see ii                                      |                    |                               |                |                           |  |
|  |                   | ete return.   |                    |                               |                |                           |  |
|  |                   | es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200                                 | 0.000 or more      | or if total assets (Part      | II,            |                           |  |
|  |                   | , column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ                                       |                    | ,                             | ´ <b>▶</b> \$  | 35,990.                   |  |
|  | art I             | Revenue, Expenses, and Changes in Net Assets or I   | Fund Bala          | ances (see the instri         | uctions for Pa |                           |  |
|  |                   | Check if the organization used Schedule O to respond to any question in this F  | Part I             |                               |                | X                         |  |
| _  | 1                 | Contributions, gifts, grants, and similar amounts received  |                    |                               | 1              | 35,922.                   |  |
|  | 2                 | Program service revenue including government fees and contracts   | _                  |                               | 2              |                           |  |
|  | 3                 | Membership dues and assessments   |                    |                               | . 3_           |                           |  |
|  | 4                 | Investment income   | SEE S              | CHEDULE O                     | . 4            | 68.                       |  |
|  | 5a                | Gross amount from sale of assets other than inventory   | 5a                 |                               |                |                           |  |
|  | b                 | Less: cost or other basis and sales expenses  | 5b                 |                               |                |                           |  |
|  | C                 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line                                   | e 5a)              |                               | 5c             |                           |  |
|  | 6                 | Gaming and fundraising events   |                    |                               |                |                           |  |
| ē  | a                 | Gross income from gaming (attach Schedule G if greater than   | 1 6                | •                             | Ì              |                           |  |
| Revenue  | 1                 | \$15,000)   | 6a                 |                               |                |                           |  |
| æ  | b                 | Gross income from fundraising events (not including \$  |                    | ntributions                   |                |                           |  |
|  |                   | from fundraising events reported on line 1) (attach Schedule G if the sum of suc                                      | 1                  | 1                             |                |                           |  |
|  |                   | gross income and contributions exceeds \$15,000)  | <u>6b</u>          |                               |                |                           |  |
|  | C                 | Less: direct expenses from gaming and fundraising events  | 6c                 |                               |                |                           |  |
|  | _ d               | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a  | 1                  | ne 6c)<br>I                   | 6d             |                           |  |
|  | 7a                | Gross sales of inventory, less returns and allowances   | 7a                 |                               |                |                           |  |
|  | b                 | Less: cost of goods sold  | 7b                 |                               | <del></del>    |                           |  |
|  | 8                 | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) | MEG                | EIVED                         | 7c<br>8        |                           |  |
|  | 9                 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 1                  | 181                           | <b>▶</b> 9     | 35,990.                   |  |
| _  | 10                | Grants and similar amounts paid (list in Schedule (1)   | MAY Û              | <del>- 6 - 2011 - 121</del> 1 | 10             | 33,330.                   |  |
|  | 11                | Benefits paid to or for members   | `I                 |                               | 11             |                           |  |
| Ø  | 12                | Salaries, other compensation, and employee benefits   | OGD                | EN, UT                        | 12             |                           |  |
| Se   | 13                | Professional fees and other payments to independent contractors   |                    |                               | 13             | 360.                      |  |
| Expenses   | 14                | Occupancy, rent, utilities, and maintenance   | ••                 |                               | 14             |                           |  |
| ŭ  | 15                | Printing, publications, postage, and shipping   | •••                |                               | 15             |                           |  |
|  | 16                | Other expenses (describe in Schedule O)   | SEE S              | CHEDULE                       | 16             | 30,937.                   |  |
|  | 17                | Total expenses. Add lines 10 through 16   | <b>-</b>           |                               | <b>▶</b> 17    | 31,297.                   |  |
| _  | 18                | Excess or (deficit) for the year (Subtract line 17 from line 9)   |                    |                               | 18             | 4,693.                    |  |
| ets  | 19                | Net assets or fund balances at beginning of year (from line 27, column (A))   |                    |                               | .              |                           |  |
| Ass  |                   | (must agree with end-of-year figure reported on prior year's return)  |                    |                               | 19             | 40,932.                   |  |
| Net Assets   | 20                | Other changes in net assets or fund balances (explain in Schedule O)  | •                  |                               | 20             | 0.                        |  |
| _  | 21                | Net assets or fund balances at end of year. Combine lines 18 through 20   | ·                  |                               | ▶ 21           | 45,625.                   |  |
| TH   | A For             | Paperwork Reduction Act Notice see the senarate instructions  |                    |                               |                | Form <b>990-EZ</b> (2010) |  |

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| Form 990-EZ (2010) COMMON AND UNDIVIDED LAND   | TIA TATA LITYAT  | 274   | ) <u>6 – 1</u>           |  | <del></del>                                  |
|--|--|---|--------------------------|--|--|
| Part II Balance Sheets. (see the instructions for Part II.)  |  |   |                          |  |  |
| Check if the organization used Schedule O to respond to any question   | n this Part II   | ·   | ·                        |  | <u>.                                    </u> |
|  |  | (A) Beginning of year                       | ļ.,                      | (B) E  | nd of year                                   |
| 22 Cash, savings, and investments  |  | 40,932                                      | . 22                     |  | <u>45,625</u> .                              |
| 23 Land and buildings  |  |   | 23                       |  |  |
| 24 Other assets (describe in Schedule 0)   | <u></u>  |   | 24                       |  |  |
| 25 Total assets  |  | 40,932                                      | . 25                     |  | <u>45,625.</u>                               |
| 26 Total liabilities (describe in Schedule O)  |  | 0.  |                          |  | 0.   |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   |  | 40,932                                      | . 27                     |  | 45,625.                                      |
| Part III Statement of Program Service Accomplishmen  | <b>its</b> (see the instructions f   | or Part III.)                               |                          |  | penses                                       |
| Check if the organization used Schedule O to respond to any question   | ın this Part III   | <u> </u>                                    |                          |  | for section<br>and 501(c)(4)                 |
| What is the organization's primary exempt purpose? SEE SCHEDULE C  | )  |   |                          | organizatı   | ons and section                              |
| Describe what was achieved in carrying out the organization's exempt pur   | poses. In a clear and co   | ncise manner, describ                       | e l                      | 4947(a)(1  | ) trusts; optional                           |
| the services provided, the number of persons benefited, and other relevan  | t information for each p   | rogram title.                               |                          | for others.  | .)   |
| 28 PRESERVING AND MAINTAINING THE NEW  | HAVEN, CT GE   | REEN.                                       |                          |  |  |
|  |  |   |                          |  |  |
|  |  |   |                          | ŀ  |  |
| (Grants \$ ) If this amount includes foreign of  | grants, check here   |   |                          | 28a  | 27,662                                       |
| 29   |  |   |                          |  |  |
|  | -  |   | _                        |  |  |
|  |  |   | _                        | }  |  |
| (Grants \$ ) If this amount includes foreign of  | grants, check here .   |   |                          | 29a  |  |
| 30   |  |   |                          |  | -  |
|  |  | - ·   | _                        |  |  |
|  |  |   |                          | 1  |  |
| (Grants \$ ) If this amount includes foreign   | grants, check here   | 🕨   |                          | 30a  |  |
| 31 Other program services (describe in Schedule O)   |  |   | Î                        |  |  |
| (Grants \$ ) If this amount includes foreign   | arants, check here   | <b>.</b>                                    |                          | 31a  |  |
| 32 Total program service expenses (add lines 28a through 31a)  |  |   |                          | 32   | 27,662                                       |
| Part IV List of Officers, Directors, Trustees, and Key E   | mployees. List each or   | e even if not compensated (s                | ee the i                 |  | for Part IV \                                |
|  |  |   |                          | nstructions  | OI 1 at 17 /                                 |
| Check if the organization used Schedule O to respond to any question   | n in this Part IV  |   |                          | nstructions i  |  |
| Check if the organization used Schedule 0 to respond to any question   |  | ······                                      | (d) co                   | ntributions  | (e) Expense                                  |
|  | (b) Title and average how per week devoted to  | ······································      | (d) Co                   | intributions<br>mployee  | (e) Expense account and                      |
| Check if the organization used Schedule O to respond to any question  (a) Name and address   | (b) Title and average hou  | rs (c) Compensation                         | (d) Co<br>to er<br>benef | intributions<br>mployee<br>fit plans &<br>eferred              | (e) Expense                                  |
| (a) Name and address   | (b) Title and average hou<br>per week devoted to<br>position                                   | rs (c) Compensation (If not paid, enter     | (d) Co<br>to er<br>benef | entributions<br>mployee<br>fit plans &                         | (e) Expense account and                      |
| (a) Name and address  DREW S. DAYS, III, 468 WHITNEY AVE   | (b) Title and average hou<br>per week devoted to<br>position                                   | rs (c) Compensation (If not paid, enter -0) | (d) Co<br>to er<br>benef | entributions<br>mployee<br>fit plans &<br>eferred<br>pensation | (e) Expense account and other allowance      |
| (a) Name and address  DREW S. DAYS, III, 468 WHITNEY AVE  APT A-21, NEW HAVEN, CT 06511  | (b) Title and average hou per week devoted to position  CHAIRMAN  2.00                         | rs (c) Compensation (If not paid, enter     | (d) Co<br>to er<br>benef | intributions<br>mployee<br>fit plans &<br>eferred              | (e) Expense account and                      |
| (a) Name and address  DREW S. DAYS, III, 468 WHITNEY AVE  APT A-21, NEW HAVEN, CT 06511  ANNE CALABRESI  | (b) Title and average hou per week devoted to position  CHAIRMAN  2.00  DIRECTOR               | (c) Compensation (If not paid, enter -0)    | (d) Co<br>to er<br>benef | ontributions mployee fit plans & aferred pensation             | (e) Expense account and other allowance      |
| (a) Name and address  DREW S. DAYS, III, 468 WHITNEY AVE  APT A-21, NEW HAVEN, CT 06511  ANNE CALABRESI 639 AMITY ROAD, WOODBRIDGE, CT 06525                                     | (b) Title and average hou per week devoted to position  CHAIRMAN  2.00  DIRECTOR  2.00         | rs (c) Compensation (If not paid, enter -0) | (d) Co<br>to er<br>benef | entributions<br>mployee<br>fit plans &<br>eferred<br>pensation | (e) Expense account and other allowance      |
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| Pa              | Check if the organization used Schedule 0 to respond to any question in this Part V.   |        |          | $\mathbf{x}$ |
|-----------------|--|--------|----------|--------------|
|                 | onook is the organization accessoriation to the respond to any question in this rail v   |        | Yes      | _==          |
| 33              | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in | $\Box$ | 103      | 110          |
| JJ              | Schedule 0   | 33     |          | х            |
| 34              | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended                 | 33     |          |              |
| 34              | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                | 34     |          | X            |
| 95              |  | 17     |          | <u> </u>     |
| 35              | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not               |        |          |              |
| _               | reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.                                  |        |          |              |
| a               | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or                    |        |          |              |
|                 | 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a    | 3T /     | X            |
|                 | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b    | N/       | A_           |
| 36              | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"    |        |          |              |
|                 | complete applicable parts of Schedule N  | 36     |          | X            |
|                 | Enter amount of political expenditures, direct or indirect, as described in the instructions.  | 1 1    |          |              |
|                 | Did the organization file Form 1120-POL for this year?   | 37b    |          | X            |
| 38 a            | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made          |        |          |              |
|                 | in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a    |          | X            |
| þ               | If "Yes," complete Schedule L, Part II and enter the total amount involved   |        |          | l            |
| 39              | Section 501(c)(7) organizations. Enter:  |        |          |              |
| a               | Initiation fees and capital contributions included on line 9 39a N/A   |        |          |              |
| þ               | Gross receipts, included on line 9, for public use of club facilities  |        |          | 1            |
| 40 a            | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                      |        |          |              |
|                 | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶   |        |          |              |
| b               | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the         |        |          |              |
|                 | year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? |        |          |              |
|                 | If "Yes," complete Schedule L, Part I  | 40b    |          | X            |
| C               | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers  |        |          |              |
|                 | or disqualified persons during the year under sections 4912, 4955, and 4958  |        | ľ        |              |
| đ               | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the   |        |          |              |
|                 | organization   |        |          |              |
| е               | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter                                 |        |          |              |
|                 | transaction? If "Yes," complete Form 8886-T  | 40e    |          | X            |
| 41              | List the states with which a copy of this return is filed. > CT  |        |          |              |
| 42 a            | The organization's books are in care of ▶ BONNIE CAMPBELL Telephone no. ▶ 203-56   | 2-4    | 183      | ,            |
|                 |  | 651    |          |              |
| b               | At any time during the calendar year, did the organization have an interest in or a signature or other authority                             |        |          |              |
|                 | over a financial account in a foreign country (such as a bank account, securities account, or other financial                                |        | Yes      | No           |
|                 | account)?  | 42b    |          | х            |
|                 | If "Yes," enter the name of the foreign country:   |        |          |              |
|                 | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.            | -      | 1        |              |
| c               | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c    | İ        | x            |
| •               | If "Yes," enter the name of the foreign country:   |        |          | , 41         |
| 43              | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  |        | _        |              |
| 70              | and enter the amount of tax-exempt interest received or accrued during the tax year  | N/A    |          | _            |
|                 | and enter the amount of tax-exempt interest received of accided during the tax year  | N/A    |          |              |
|                 |  |        | Vec      | No           |
| 44-             | Did the experience maintain any density advised funds down the year 0.16 M/as # Form 0.00 must be completed restord of                       |        | 162      | INC          |
| <del>44</del> 2 | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of                       | ١.,    |          | ١.,          |
|                 | Form 990-EZ  | 44a    |          | <u>  X</u>   |
| b               | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead                   |        |          |              |
|                 | of Form 990-EZ   | 44b    | <u> </u> | X            |
|                 | Did the organization receive any payments for indoor tanning services during the year?   | 44c    | 1        | X            |
| đ               | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation                        |        |          |              |
|                 | ın Schedule O  | 44d    | <u> </u> | <u> </u>     |
|                 |  | Form 9 | 90-EZ    | (2010        |
|                 |  |        |          |              |

| Earm (      | COMMITTEE OF THE PROPRIETORS OF THE  |              |                  | lone 4       |
|-------------|--|--------------|------------------|--------------|
| romi        | 90-EZ (2010) COMMON AND UNDIVIDED LAND IN NEW HAVEN 06-16366   |              |                  | No No        |
| 45 I        | s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?   | 45           | 165              | X            |
|             | bid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  | <del>"</del> |                  |              |
|             |  | 45a          |                  | <u>X</u>     |
| 46 [        | old the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?   |              |                  |              |
|             | Yes, complete Schedule C, Part I   | 46           |                  | <u>X</u> _   |
| Par         |  |              |                  |              |
|             | organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lin  | es 50 a      | and 51           | —            |
|             | Check if the organization used Schedule O to respond to any question in this Part VI   |              | Yes              | No           |
| 47 [        | oid the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47           | 103              | X            |
|             | s the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E   | 48           |                  | X            |
|             |  | 49a          |                  | X            |
| Ы           | f "Yes," was the related organization a section 527 organization?  | 49b          |                  |              |
| 50 (        | complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who ea  | ch rec       | erved 1          | nore         |
| t           | han \$100,000 of compensation from the organization. If there is none, enter "None."   |              |                  |              |
|             | (b) Title and average hours (c) Compensation (d) Contributions to employee   |              | ) Expe           |              |
|             | (a) Name and address of each employee paid more per week devoted to benefit plans &  |              | count<br>r allow | ano<br>ances |
|             | than \$100,000 NONE pushion deferred compensation  |              |                  |              |
|             |  |              |                  |              |
|             |  | <del> </del> |                  |              |
|             |  |              |                  |              |
|             |  | <del> </del> |                  |              |
|             |  |              |                  |              |
|             |  |              | -                |              |
|             |  |              |                  |              |
|             |  |              |                  |              |
|             | Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c)   | tion fro     |                  |              |
|             |  |              |                  |              |
|             |  |              |                  |              |
|             |  |              |                  |              |
| d           | otal number of other independent contractors each receiving over \$100,000   |              |                  |              |
| <b>52</b> [ | old the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt   |              |                  |              |
|             |  | <u>Ye</u>    |                  | No           |
|             | Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bel correct and complete Declaration of prepaler (other than officer) is based on all information of which preparer has any knowledge   | 5, 11 15     | 100,             | •            |
| Sign        | Signature of officer Date  | <u> </u>     | <u>. ی</u>       |              |
| Here        | The same of the contract of th | •            |                  |              |
|             | Type or print name and title   |              |                  |              |
|             | Print/Type preparer's name Preparer's signature Date Check if PTIN   |              |                  |              |
| Paid        | self-employed  |              |                  |              |
| Prep        | arer Uthn D. Gordon, CPA bolow Gordon, CPA 05/02/11  |              |                  |              |
| •           | Only Firm's name ▶ DONALD L PERLROTH & CO CPAS Firm's EIN ▶  |              |                  |              |
|             | Firm's address ► 250 STATE STREET, C-1  NORTH HAVEN, CT 06473-2161  Phone no. (203):   | 281          | -05              | 22           |
| May th      |  | Ye           | s [              | No           |
| 032174      |  | A            | 00 F7            | (2010)       |

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

COMMITTEE OF THE PROPRIETORS OF THE

2010

Open to Public Inspection

Employer identification number

| Part I       | Peacon  | COMMON for Public Char                | AND UNDIVIDE   | D LAN                      | D IN                 | NEW H                     | AVEN                |  | 06          | <u>5-1636</u>            | <u>671</u> |          |
|--------------|---|---------------------------------------|--|----------------------------|----------------------|---------------------------|---------------------|--|-------------|--------------------------|------------|----------|
|              |   |                                       | ity Status (All organiz                                  |                            |                      |                           |                     | tructions.                                   | -           |                          |            |          |
|              |   |                                       | because it is: (For lines 1                              | _                          |                      | -                         |                     |  |             |                          |            |          |
| 1            |   |                                       | s, or association of church                              |                            |                      | ction 170                 | (b)(1)(A)(i)        | ) <b>.</b>                                   |             |                          |            |          |
| 2            |   |                                       | <b>'0(b)(1)(A)(ii).</b> (Attach Sc                       |                            |                      | 470// 1/41                |                     |  |             |                          |            |          |
| 3            |   |                                       | tal service organization                                 |                            |                      |                           |                     | /L\/ 4\/ <b>A</b> \/:::                      | :\ Entort   | ha haandall              | 'a -a      | _        |
| 4 🗀          |   |                                       | operated in conjunction                                  | with a nos                 | pital descr          | ibea in se                | ction 1/U           | (D)(1)(A)(III                                | ı). Enter t | ne nospitai              | s name     | e,       |
| - I          | city, and stat  |                                       | hanafit of a college or                                  | -i                         |                      | anatad bu                 |                     |  |             |                          |            |          |
| 5            |   |                                       | benefit of a college or un                               | niversity o                | wnea or op           | perated by                | a governi           | mentai unii                                  | describe    | ea in                    |            |          |
| • 🗀          |   | (b)(1)(A)(iv). (Comple                |  |                            |                      | .===                      |                     |  |             |                          |            |          |
| 6 L<br>7 X   |   |                                       | ent or governmental uni                                  |                            |                      |                           |                     |  |             |                          |            |          |
| 7 LX         |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
| ۰. 🗆         | section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
| 8 <u> </u>   |   |                                       |  |                            |                      |                           | L.A                 |  | . <b>.</b>  |                          |            | <b>6</b> |
| 9            |   | <u>.</u>                              | eives: (1) more than 33                                  |                            |                      |                           |                     |  |             | _                        | -          |          |
|              |   |                                       | nctions - subject to certa                               |                            |                      |                           |                     |  |             | -                        |            |          |
|              |   | 509(a)(2). (Complete                  | axable income (less sect                                 | liononia                   | x) Iroini bu         | SII 1 <del>U</del> SSUS 6 | acquired b          | y the orga                                   | riization a | aiter Julie 3            | 0, 197     | 5        |
| 10 🔲         |   |                                       | perated exclusively to te                                | et for publ                | io cafotiu S         | Soo sootio                | n E00/a)/           | 41   |             |                          |            |          |
| 11           |   |                                       | perated exclusively to te<br>perated exclusively for the |                            |                      |                           |                     |  | out the     | DUIDOSAS O               | of one (   | nr.      |
|              | -   | •                                     | ations described in secti                                |                            |                      |                           |                     | •  | •           |                          |            | J1       |
|              | -   | · · · · · · · · · · · · · · · · · · · | organization and comple                                  | , , ,                      | •                    |                           | .). Occ <b>sc</b> ( | , 11011 303(i                                | a)(O). One  | SCK THE DOX              | triat      |          |
|              | a Type  |                                       | ¬ ~ '  |                            | e III · Func         |                           | egrated             |  | d .         | Type III - (             | Other      |          |
| е 🗀          |   |                                       | t the organization is not                                |                            |                      | •                         | _                   | r more disc                                  |             |                          |            | n        |
|              |   | •                                     | han one or more publicly                                 |                            | •                    | •                         | •                   |  |             |                          |            |          |
| f            |   | _                                     | ten determination from                                   |                            | _                    |                           |                     |  | (-)(-)      |                          | (-/(-/-    |          |
|              |   | rganization, check th                 |  |                            |                      | , .,                      | .,,                 |  |             |                          |            |          |
| g            |   |                                       | organization accepted ar                                 | ny gift or c               | ontribution          | from any                  | of the follo        | owing pers                                   | ons?        |                          |            |          |
| •            | _   |                                       | irectly controls, either al                              | . •                        |                      | •                         |                     | • .  |             |                          | Yes        | No       |
|              |   |                                       | upported organization?                                   |                            | _                    |                           |                     | ., .   |             | . 11g(i)                 |            |          |
|              | (ii) A family   | member of a persor                    | described in (i) above?                                  |                            |                      |                           |                     |  |             | 11g(ii)                  |            |          |
|              | (iii) A 35% (   | controlled entity of a                | person described in (i) o                                | or (ii) abov               | e? .                 |                           |                     |  |             | 11g(iii)                 |            |          |
| h            | Provide the f   | ollowing information                  | about the supported or                                   | ganization                 | (s).                 |                           |                     |  |             |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
| (i) Name     | of supported  | (ii) EIN                              | (iii) Type of  |                            | rganızatıon          |                           |                     | (vi) ls                                      | the         | (vii) An                 | nount o    | f        |
| orga         | anization   | `,                                    | organization<br>(described on lines 1-9                  | in col. (i) listed in your |                      |                           |                     | organization in col.<br>(i) organized in the |             |                          | pport      |          |
|              |   |                                       | above or IRC section                                     |                            | (i) of your support? |                           | ' \ ' U.S.?         |  |             |                          |            |          |
|              |   |                                       | (see instructions))                                      | Yes                        | No                   | Yes                       | No                  | Yes  | No          |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
|              |   | <del></del> _                         |  | <u> </u>                   |                      |                           |                     | ļ  |             |                          |            |          |
|              |   |                                       |  | ļ                          |                      |                           |                     |  |             |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     | <u> </u>                                     |             |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  | ľ           |                          |            |          |
|              | ·   |                                       |  | <u> </u>                   |                      |                           | ļ                   | ļ  |             |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
|              |   |                                       | <u> </u>   | ļ                          |                      |                           | ļ                   |  | ļļ          |                          |            |          |
|              |   |                                       |  |                            |                      |                           |                     |  |             |                          |            |          |
| <u>Total</u> |   |                                       | <u>L</u>   |                            |                      | L                         | ]                   | <u> </u>                                     | <u>L</u>    |                          |            |          |
| LHA For F    | Paperwork Re  | duction Act Notice                    | , see the Instructions f                                 | or                         |                      |                           |                     | Schedul                                      | e A (Forr   | n <mark>990</mark> or 99 | )O-EZ)     | 2010     |

032021 12-21-10

Form 990 or 990-EZ.

### COMMITTEE OF THE PROPRIETORS OF THE

Schedule A (Form 990 or 990-EZ) 2010 COMMON AND UNDIVIDED LAND IN NEW HAVEN 06-1636671 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                     |                      | <del></del>          |                          |                      |                     |                      |
|------|---|----------------------|----------------------|--------------------------|----------------------|---------------------|----------------------|
| Cale | ndar year (or fiscal year beginning in)     | (a) 2006             | (b) 2007             | (c) 2008                 | (d) 2009             | (e) 2010            | (f) Total            |
| 1    | Gifts, grants, contributions, and           |                      |                      |                          | <del></del>          |                     |                      |
|      | membership fees received (Do not            |                      |                      |                          |                      |                     |                      |
|      | ınclude any "unusual grants.")              | 39,000.              | 35,000.              | 30,839.                  | 62,964.              | 35,922.             | 203,725.             |
| 2    | Tax revenues levied for the organ-          |                      | -                    |                          |                      |                     |                      |
|      | ızation's benefit and either paid to        |                      |                      |                          |                      |                     |                      |
|      | or expended on its behalf                   |                      | _                    |                          |                      |                     |                      |
| 3    | The value of services or facilities         |                      |                      |                          |                      |                     | _                    |
|      | furnished by a governmental unit to         | ·                    |                      |                          |                      |                     |                      |
|      | the organization without charge             |                      |                      |                          |                      |                     |                      |
| 4    | Total. Add lines 1 through 3                | 39,000.              | 35,000.              | 30,839.                  | 62,964.              | 35,922.             | 203,725.             |
| 5    | The portion of total contributions          |                      |                      | •                        | <u>,</u>             | •                   |                      |
|      | by each person (other than a                |                      |                      |                          |                      |                     |                      |
|      | governmental unit or publicly               |                      |                      |                          |                      |                     |                      |
|      | supported organization) included            |                      |                      |                          |                      |                     |                      |
|      | on line 1 that exceeds 2% of the            |                      |                      |                          |                      |                     |                      |
|      | amount shown on line 11,                    |                      |                      |                          |                      |                     |                      |
|      | column (f)                                  |                      |                      |                          |                      |                     |                      |
| 6    | Public support. Subtract line 5 from line 4 |                      |                      |                          |                      |                     | 203,725.             |
|      | ction B. Total Support                      | 1                    |                      |                          | •                    | 1                   | 203,723.             |
|      | ndar year (or fiscal year beginning in)     | (a) 2006             | <b>(b)</b> 2007      | (c) 2008                 | (d) 2009             | (e) 2010            | (f) Total            |
|      | Amounts from line 4                         | 39,000.              | 35,000.              | 30,839.                  | 62,964.              | 35,922.             | 203,725.             |
|      | Gross income from interest,                 | 3370001              | 33,0001              | 30,0331                  | 02/3011              | 337322.             | 20377230             |
| Ū    | dividends, payments received on             |                      |                      |                          |                      |                     |                      |
|      | securities loans, rents, royalties          |                      |                      |                          |                      |                     |                      |
|      | and income from similar sources             | 260.                 | 247.                 | 159.                     | 85.                  | 68.                 | 819.                 |
| 9    | Net income from unrelated business          | 2001                 | 22,0                 |                          | 05.                  | 00.                 | 010.                 |
| •    | activities, whether or not the              |                      |                      |                          |                      |                     |                      |
|      | business is regularly carried on            |                      |                      |                          |                      |                     | •                    |
| 10   | Other income. Do not include gain           |                      |                      |                          |                      |                     |                      |
| 10   | or loss from the sale of capital            |                      |                      |                          |                      |                     |                      |
|      | assets (Explain in Part IV.)                |                      |                      |                          |                      |                     |                      |
| 11   | Total support. Add lines 7 through 10       |                      |                      |                          |                      | ·                   | 204,544.             |
| 12   | '   | etc (see instruction | one)                 |                          |                      | 12                  | 204,344.             |
|      | First five years. If the Form 990 is for    | •                    |                      | <br>1 fourth or fifth to |                      | <del></del>         | · · · ·              |
| 10   | organization, check this box and stop       | •                    | s mat, second, triid | 2, 1001ti1, 01 111ti1 ta | ix year as a section | 11 30 1(0)(3)       | ▶□                   |
| Sec  | ction C. Computation of Publ                | ic Support Per       | rcentage             | ···                      | · · · ·              |                     |                      |
|      | Public support percentage for 2010 (        |                      |                      | olumn (f))               |                      | 14                  | 99.60 %              |
|      | Public support percentage from 2009         |                      |                      |                          |                      | 15                  | 99.55 %              |
|      | 33 1/3% support test - 2010.If the o        | · ·                  |                      |                          |                      |                     |                      |
|      | stop here. The organization qualifies       | _                    |                      |                          |                      |                     | ► V                  |
| h    | 33 1/3% support test - 2009.If the o        |                      | _                    |                          |                      |                     | • • • •              |
| -    | and stop here. The organization qual        | _                    |                      |                          |                      |                     | <b>▶</b> □           |
| 17a  | 10% -facts-and-circumstances test           | -                    |                      |                          |                      |                     | or more              |
|      | and if the organization meets the "fac      | -                    |                      |                          |                      |                     | •                    |
|      | meets the "facts-and-circumstances"         |                      |                      |                          |                      | it iv now the organ | ■ □                  |
|      | 10% -facts-and-circumstances test           | •                    | •                    |                          | •                    |                     | . <b>-</b> - 1094 or |
|      |   |                      |                      |                          |                      |                     |                      |
|      | more, and if the organization meets the     |                      |                      |                          | -                    |                     | · -                  |
| 10   | organization meets the "facts-and-circ      |                      | -                    | ·                        |                      |                     | .·· <b>[</b> ]       |
| 10   | Private foundation. If the organization     | T did HOL CHECK A    | DOX OF HIE 13, 108   | 2, 10D, 17a, 01 1/0      |                      | edule A (Form 990   |                      |

032022 12-21-10

# Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 9 of Part I or if | the organization failed to qualify | under Part II | If the organization fails | to |
|---|------------------------------------|---------------|---------------------------|----|
| qualify under the tests listed below, please complete Part II)  |                                    |               |                           |    |

| <ol> <li>Calendar year (or fiscal year beginning in)</li> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> <li>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to the organization without charge</li> </ol> | (a) 2006                              | <b>(b)</b> 2007      | (c) 2008               | (d) 2009              | (e) 2010                            | (f) Total  |
|---|---------------------------------------|----------------------|------------------------|-----------------------|-------------------------------------|--|
| <ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> <li>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to</li> </ol>  |                                       |                      |                        |                       |                                     |  |
| include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to  |                                       |                      |                        |                       |                                     |  |
| <ol> <li>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>The value of services or facilities furnished by a governmental unit to</li> </ol>  |                                       |                      |                        |                       |                                     |  |
| merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to  |                                       |                      |                        |                       |                                     |  |
| formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to  |                                       |                      |                        |                       |                                     |  |
| any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to   |                                       |                      |                        |                       |                                     |  |
| organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to   |                                       |                      |                        |                       |                                     |  |
| <ul> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to</li> </ul>  |                                       |                      |                        |                       |                                     |  |
| are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to  |                                       |                      |                        |                       |                                     | 1  |
| iness under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to   |                                       |                      |                        |                       |                                     | ı  |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to  |                                       |                      |                        |                       | 1                                   | I  |
| ization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to   |                                       |                      | 1                      |                       |                                     |  |
| or expended on its behalf  The value of services or facilities furnished by a governmental unit to  |                                       |                      | ļ.                     | ]                     |                                     | I  |
| 5 The value of services or facilities furnished by a governmental unit to   |                                       |                      |                        |                       |                                     |  |
| furnished by a governmental unit to   |                                       |                      |                        |                       |                                     |  |
| 1   |                                       |                      | 1                      | 1                     |                                     |  |
| the organization without charge   |                                       |                      |                        |                       |                                     |  |
| · · · · · · · · · · · · · · · · · · ·   |                                       |                      | ļ                      | ļ                     |                                     |  |
| 6 Total. Add lines 1 through 5  |                                       |                      |                        |                       | ļ                                   |  |
| 7a Amounts included on lines 1, 2, and  |                                       |                      |                        | 1                     |                                     |  |
| 3 received from disqualified persons  |                                       |                      |                        | <u> </u>              |                                     |  |
| b Amounts included on lines 2 and 3 received  |                                       |                      | 1                      |                       |                                     |  |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the  |                                       |                      |                        |                       |                                     |  |
| amount on line 13 for the year  |                                       |                      |                        |                       |                                     |  |
| c Add lines 7a and 7b   |                                       |                      |                        |                       |                                     |  |
| 8 Public support (Subtract line 7c from line 6)   |                                       |                      |                        |                       |                                     |  |
| Section B. Total Support  |                                       |                      |                        | •                     |                                     |  |
| Calendar year (or fiscal year beginning in)   | (a) 2006                              | <b>(b)</b> 2007      | (c) 2008               | (d) 2009              | (e) 2010                            | (f) Total  |
| 9 Amounts from line 6   |                                       |                      |                        |                       |                                     |  |
| 10a Gross income from interest,   |                                       |                      |                        |                       | -                                   |  |
| dividends, payments received on   |                                       |                      |                        |                       |                                     | ĺ  |
| securities loans, rents, royalties and income from similar sources  |                                       |                      |                        | 1                     | 1                                   |  |
| b Unrelated business taxable income   | · · · · · · · · · · · · · · · · · · · |                      | <u> </u>               |                       | 1                                   |  |
| (less section 511 taxes) from businesses  |                                       |                      |                        |                       |                                     |  |
| acquired after June 30, 1975  |                                       |                      |                        |                       |                                     |  |
| · · · · · · · · · · · · · · · · · · ·   |                                       |                      | +                      | +                     |                                     | <del>                                     </del> |
| c Add lines 10a and 10b   |                                       |                      |                        |                       |                                     | <b></b>  |
| activities not included in line 10b,  |                                       |                      |                        |                       |                                     |  |
| whether or not the business is  |                                       |                      |                        |                       |                                     |  |
| regularly carned on   |                                       |                      |                        |                       |                                     |  |
| or loss from the sale of capital  |                                       |                      |                        |                       |                                     |  |
| assets (Explain in Part IV.)  |                                       |                      |                        |                       |                                     |  |
| 13 Total support (Add lines 9, 10c, 11, and 12)   |                                       |                      |                        |                       |                                     | <u> </u>   |
| 14 First five years. If the Form 990 is for   | the organization's                    | s first, second, thi | rd, fourth, or fifth t | ax year as a secti    | ion 501(c)(3) organiz               | ation,   |
| check this box and stop here  |                                       |                      |                        | · ••                  |                                     |  |
| Section C. Computation of Public  | c Support Pe                          | rcentage             |                        |                       |                                     |  |
| 15 Public support percentage for 2010 (lir  |                                       |                      | column (f))            |                       | 15                                  | (  |
| 16 Public support percentage from 2009  |                                       |                      |                        | •                     | 16                                  | 9  |
| Section D. Computation of Invest  |                                       |                      | 1                      |                       | ·                                   |  |
| 17 Investment income percentage for 201   |                                       |                      |                        |                       | 17                                  | 9  |
| 18 Investment income percentage from 20   | •                                     | •                    | ,                      | • •                   | 18                                  |  |
| 19a 33 1/3% support tests - 2010. If the c  |                                       |                      | on line 14, and line   | <br>a 15 is mara than | <del></del>                         |  |
|   |                                       |                      |                        |                       |                                     | 101 L  |
| more than 33 1/3%, check this box and   | •                                     | •                    |                        |                       |                                     | <b>P</b> L                                       |
| b 33 1/3% support tests - 2009. If the c  |                                       |                      |                        |                       |                                     |  |
| line 18 is not more than 33 1/3%, chec  |                                       | •                    |                        |                       | =                                   | ▶⊨   |
| 20 Private foundation. If the organization  | i did not check a                     | box on line 14, 19   | a, or 19b, check t     |                       | nstructions .<br>:hedule A (Form 99 |  |

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization

COMMITTEE OF THE PROPRIETORS OF THE COMMON AND UNDIVIDED LAND IN NEW HAVEN

Employer identification number 06-1636671

| COMMON AND UNDIVIDED LAND IN NEW HAVEN                    | 06-1636671        |
|---|-------------------|
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:     |                   |
| DESCRIPTION OF PROPERTY:                                  | AMOUNT:           |
| INTEREST EARNED   | 68.               |
|   |                   |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:             |                   |
| DESCRIPTION OF OTHER EXPENSES:                            | AMOUNT:           |
| TELEPHONE   | 775.              |
| POSTAGE   | 50.               |
| CLERICAL SERVICES   | 2,400.            |
| STATE CHARITIES REGISTRATION                              | 50.               |
| CARE OF TREES   | 27,662.           |
| TOTAL TO FORM 990-EZ, LINE 16                             | 30,937.           |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PRESERVE  | AND MAINTAIN CITY |
| OF NEW HAVEN, CT GREEN.                                   |                   |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF | FIT CONTRACTS:    |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU |                   |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT | TRACT.            |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI | UMS, DIRECTLY,    |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.            |                   |
|   |                   |
|   |                   |
|   |                   |
|   | <u>.</u>          |