

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return Secured By EOCU

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

UPTON & HATFIELD, LLP

2009

OMB No. 1545-1150

SCANNED OCT 0 4 2010

Under section 501(c), 527, or 4947(s)[1] of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must his Form 990. All other organizations with gross redeipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Open to Public

| Department of the treasury  Internal Revenue Service  The organization may have to use a copy of this return to satisfy state reporting requirements. |                      |                                    |   |  |                                    | mspection     |                                      |                                  |                             |                                       |               |
|---|----------------------|------------------------------------|---|--|------------------------------------|---------------|--------------------------------------|----------------------------------|-----------------------------|---------------------------------------|---------------|
| _   |                      |                                    | ar year,  | or tax year beginning                                    | July 1, 2007                       | , 2009, ;     | and ending                           | Jun                              | 0 30,                       | , 20                                  | 80            |
| В   | В Спеск и арраниями. |                                    | Pisozo  | C Name of organization                                   |                                    |               |                                      | D Employer identification number |                             |                                       |               |
|   | Addres               | e Change                           | uee IRS<br>isbel or   | Friends of Grizzlies Wres                                | ştiing                             |               |                                      |                                  | 54-2090749                  |                                       |               |
| =   |                      | change                             | print or  | Number and street (or P.O. bo                            | ox, if mail is not delivered to st | reet address) | Hoom/suite                           | E Telepho                        | บอ บบ                       | mber                                  |               |
| =   | inista) n<br>Termin  |                                    | Zaa<br>Aber   | P.O. Box 1090  |                                    |               |                                      |                                  | 603                         | 3-224-7791                            |               |
| =   |                      | led roturn                         | Specific<br>Instruc-  | City or town, state or country                           | , and ZIP + 4                      |               |                                      | F Group                          | Exen                        | nption                                |               |
| _   |                      | ation pending                      | tions,  | Concord, NH 03302-1090                                   | )                                  |               |                                      | Numbe                            | er 🕨                        | •                                     |               |
| _   | • Se                 | ection 501(e)(3)                   | orgeniz   | stions and 4947(a)(1) non                                | exempt charitable trusts           | must attach   | G Accou                              | nting Moth                       | od:                         | ☑ Cash ☐ Acc                          | crual         |
|   |                      |                                    |   | mpleted Schedule A (Form                                 |                                    |               | 1                                    | (specify)                        |                             |                                       |               |
|   |                      |                                    |   |  |                                    |               | H Check                              | : 🕨 🗌 if t                       | If the organization is not  |                                       |               |
| ١,  | Neb:                 | site: ►                            |   |  |                                    |               | 1                                    |                                  | ttach Schedule B (Form 990, |                                       |               |
|   |                      |                                    | check o   | nly one) - 📝 501(c) ( 3 )                                | ) <b>4</b> (Insert no.) 4947(a     | )(1) or 52    | 7 990-E                              | Z. or 990-f                      | °F)                         | •                                     |               |
| _   | Check                |                                    |   | zation is not a section 509(a                            |                                    |               |                                      | ormally no                       | t ma                        | ere than \$25,000.                    |               |
|   |                      |                                    |   | turn is not required, but if t                           |                                    |               |                                      |                                  |                             |                                       | •             |
|   |                      |                                    |   | 9 to determine gross receip                              |                                    |               |                                      |                                  | 5                           |                                       |               |
|   | art                  | Revenu                             | e. Exc  | enses, and Changes                                       | in Net Assets or Fu                | nd Balanc     | es (See the                          | instructi                        |                             | for Part I.)                          |               |
|   | 1                    |                                    |   | ts, grants, and similar an                               |                                    |               | <u> </u>                             |                                  | 1                           |                                       |               |
|   | 2                    |                                    |   | evenue including govern                                  |                                    |               |                                      | · · -                            | 2                           | 374                                   | 42.11         |
|   | 3                    |                                    |   | s and assessments  |                                    |               |                                      | · -                              | 3                           |                                       |               |
|   | 4                    | Investment                         |   |  |                                    |               |                                      | ' ` <b>⊢</b> -                   | 4                           |                                       |               |
|   | 5                    |                                    |   | m sale of assets other th                                | nan inventory                      | .   5a        | •                                    |                                  | SEU!                        | · · · · · · · · · · · · · · · · · · · |               |
|   | 1 -                  |                                    |   | er basis and sales expen                                 |                                    | 5b            |                                      |                                  |                             |                                       |               |
|   | 1                    |                                    |   | n sale of assets other the                               |                                    | ستتا          | ne 5a)                               | 1                                | L C                         |                                       |               |
| <u>e</u>  |                      |                                    |   |  |                                    |               |                                      | leave.                           |                             |                                       |               |
| Revenue   | 0                    | •                                  | ipecial events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐<br>Gross revenue (not including \$ of contributions |  |                                    |               |                                      |                                  |                             |                                       |               |
| έγ  | '                    |                                    | •   | · · · · · · · · · · · · · · · · · · ·                    |                                    | .   6a        |                                      |                                  |                             |                                       |               |
| Œ   | Ι.                   | •                                  |   | )  |                                    | · —           |                                      |                                  |                             |                                       |               |
|   |                      |                                    |   | nses other than fundrais                                 | • '                                | -             |                                      |                                  | - 1                         |                                       |               |
|   | l                    |                                    |   | ss) from special events a                                |                                    |               |                                      | <del></del>                      | ic                          | · · · · · · · · · · · · · · · · · · · |               |
|   | 7                    |                                    |   | rentory, less returns and                                | allowances                         | 7a 7b         |                                      |                                  |                             |                                       |               |
|   |                      | b Less: cost                       | -   |  |                                    | •             | <u> </u>                             | 1                                |                             |                                       |               |
|   |                      |                                    |   | ss) from sales of invento                                |                                    | n une /a) .   |                                      | · · ·                            | 7¢  <br>8                   |                                       | 49.96         |
|   | 8                    |                                    |   | escribe misc refunds                                     |                                    |               |                                      |                                  |                             |                                       | 92,07         |
|   | 9                    |                                    |   | dd lines 1, 2, 3, 4, 5c, 6c                              |                                    | 1             | 2B ( W                               | <del></del>                      | 10                          |                                       | 20.96         |
|   | 10                   |                                    |   | r amounts paid (attach s                                 |                                    |               | Compan II, T(                        | · · ·                            | _                           |                                       | 20.50         |
|   | 11                   |                                    |   |  |                                    |               | 02 201                               |                                  | 12                          |                                       |               |
| 368   | 12                   |                                    |   | mpensation, and employ                                   |                                    |               | -0 4 701                             |                                  | 13                          |                                       |               |
| Expenses  | 13                   |                                    |   | and other payments to i                                  | •                                  | S             | ECCU.                                | · —                              | -                           |                                       |               |
| 3   | . 14                 | •                                  | •   | utilities, and maintenant                                |                                    | TIRS O        | GDEN, L                              | JTAH                             | 14                          |                                       |               |
| ш   | ''                   |                                    | noncati   | ons, postage, and shipp                                  | illion foot microsystems           |               | ~ -,- i,u, ,C                        |                                  |                             |                                       | 75            |
|   | 16                   |                                    |   | describe > bank fees:                                    | •                                  |               |                                      | '                                | 16<br>17                    | £71                                   | 95.96         |
|   | 17                   |                                    |   | Add lines 10 through 16 for the year (Subtract III       |                                    | <del></del>   | ···································· |                                  | IB                          |                                       | 03.89         |
| ţs  | 18                   |                                    |   | ) for the year (Subtract III<br>nd balances at beginning |                                    |               |                                      |                                  |                             | 200                                   | vv.08         |
| Assets  | 19                   |                                    |   | e reported on prior year!                                |                                    |               |                                      |                                  | 19                          | 750                                   | 97.68         |
| 4   |                      | •                                  | -   | •  | · ·                                |               |                                      | <u> </u>                         | 20                          | 338                                   | 00.18         |
| Ret   | 20                   |                                    | _   | net assets or fund balar                                 |                                    |               |                                      |                                  |                             | 4.66                                  | 93.79         |
|   | <u>  4  </u>         |                                    |   | d balances at end of yea<br>ets. If Total assets on Iln  |                                    |               | more file Fo                         |                                  | 21 tea                      |                                       |               |
| تار   | art l                | Datance                            | SOUPE   | (See the instructions                                    |                                    | 1000,000      |                                      | inning of ye                     |                             | (B) End of year                       |               |
| _   | _                    | O-ab a-ul                          |   | •  | •                                  |               | (~) 50[                              | 3597                             |                             |                                       | 93.79         |
| 22  |                      | _                                  |   | ivestments   |                                    |               |                                      | 3331                             |                             | 23                                    | J.J. 1 8      |
| 2   |                      | _and and buildings                 |   |  |                                    |               |                                      |                                  | 24                          |                                       |               |
| 24  |                      | •                                  |   |  |                                    |               | -'                                   | 3597                             | _                           |                                       | 93.79         |
| 25  |                      | Total assets .<br>Total liabilitie |   |  |                                    |               | ·                                    |                                  | _                           | 26                                    |               |
| 26  | 7                    | Total liabilitie<br>Net accete or  | is (UBS)<br>Fund h  | STIDE F  | ma (D) must sares with             | line 211      | –'                                   | 2507                             | $\rightarrow$               |                                       | <b>62 7</b> 0 |

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

Cat. No 108421

Form 990-EZ (2009)



|      | Statement of Program Service                               | Accomi                                       | allshments (See the instr   | uctions for Part I         | 11.1   | T        | Fage &                           |
|------|--|--|---|----------------------------|--|----------|----------------------------------|
|      | t is the organization's primary exempt pur                 |  | <del></del>   |                            |  | (Regu    | Expenses<br>lired for section    |
| )esc | cribe what was achieved in carrying out                    | the om:                                      | enization's exempt ourog  | ses. In a clear a          | nd concise                                       | 501(0    | )(3) and 501(c)(4)               |
|      | ner, describe the services provided, the r                 |  |   |                            |  |          | izations and section             |
|      | program title.   |  | , po, contract, |                            |  | for ot   | a)(1) trusts; optional<br>hors.) |
|      | are attached schedule III                                  | ~~~~   |   |                            | · · · · · · · · · · · · · · · · · · ·            |          | <u> </u>                         |
| _    |  |  |   |                            |  | <b>j</b> |                                  |
|      |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                            | ***************************************          |          |                                  |
|      | (Grants \$ ) If this                                       |  | includes foreign grants, ch   | eck here                   | . ▶ 🗀  | 28а      |                                  |
| 29   |  |  |   |                            |  |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                    |  | ·   | ******************         |  |          | :                                |
|      | (Grants \$ ) If this                                       | amount                                       | includes foreign grants, ch   | eck here                   | . ▶ ⊔  | 29a      |                                  |
| 30   |  |  |   |                            |  |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      | 10 A A   |  |   |                            |  | 20-      |                                  |
|      |  |  | includes foreign grants, ch   |                            |  | 30a      | <del></del>                      |
| 31   | Other program services (attach schedule)                   |  | includes foreign grants, ch   |                            |  | 31a      |                                  |
| 32   | (Grants \$ ) If this Total program service expenses (add # |  |   |                            |  | 32       | 5720,96                          |
|      | List of Officers, Directors, Trustees                      |  |   |                            | ated. (See the                                   |          |                                  |
|      |  | <u>,                                    </u> | (b) 'l'itle and average   | (c) Compensation           | (d) Contribution                                 | ns to    | (e) Expense                      |
|      | (a) Namo and address                                       |  | hours per week devoted to position  | (If not paid,<br>enter -0) | employee benefit<br>deferred compar              |          | other allowances                 |
| 800  | attached   |  |   |                            |  |          |                                  |
| no c | ompensation paid to officers or directors                  |  |   | l                          | _  |          |                                  |
| Ave  | rage time spent: five hours per week during                |  |   |                            |  |          |                                  |
| WITE | esting season  |  |   |                            |  |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      |  |  | <u>.</u>  |                            |  |          |                                  |
|      |  |  |   |                            | 1  |          | }                                |
|      |  |  |   | <u> </u>                   | <del> </del>                                     |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      |  |  |   |                            | <del> </del>                                     |          |                                  |
|      |  |  |   |                            | }  |          |                                  |
|      |  |  |   |                            | <del>-</del>                                     |          |                                  |
|      | ***************************************                    |  |   |                            |  |          |                                  |
|      |  |  |   |                            | <del>                                     </del> |          |                                  |
|      |  |  |   |                            | 1  |          | İ                                |
|      |  |  |   |                            | <del></del>                                      |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      |  |  |   |                            | 1  |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      |  |  |   | -                          | <del> </del>                                     |          | -                                |
|      | 7755   |  |   | }                          | 1.   |          |                                  |
|      |  |  |   |                            | 1  |          |                                  |
|      |  |  |   | ļ                          |  |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      |  |  |   |                            |  |          | ļ                                |
|      |  |  |   |                            |  |          |                                  |
|      |  |  |   | ļ                          |  |          |                                  |
|      |  |  |   |                            |  |          | Ì                                |
|      |  |  |   |                            | <del> </del>                                     |          |                                  |
|      |  | ·  |   |                            |  |          |                                  |
|      |  |  |   |                            | <del> </del>                                     |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      |  |  |   | <del> </del>               | +  |          |                                  |
|      |  |  |   |                            |  |          |                                  |
|      | · · · · · · · · · · · · · · · · · · ·                      |  |   |                            |  | -        | n <b>990-EZ</b> (2009            |
|      |  |  |   |                            |  | FOR      | n 230-C∠ (2009                   |

Pege 3

Form 990-EZ (2009)

| Part        | Other Information (Note the statement requirements in the instructions for Part V.)  |     |      |                |
|-------------|--|-----|------|----------------|
|             |  |     | Yes  | Nο             |
| 33          | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33  |      | 1              |
| 34          | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34  |      | 1              |
| 35          | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |     |      |                |
| а           | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 358 |      | ✓              |
| ь           | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b |      |                |
| 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  |      | ✓              |
| 37a         | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  |     | 0.00 |                |
| b           | Did the organization file Form 1120-POL for this year?   | 37b |      | ✓              |
| 38a         | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? ,   | 38a |      | 変数             |
| ь           | If "Yes," complete Schedule L, Part II and enter the total amount involved   |     |      |                |
| 39          | Section 501(c)(7) organizations. Enter:  |     |      |                |
| а           | Initiation fees and capital contributions included on line 9   |     |      |                |
| b           | Gross receipts, included on line 9, for public use of club facilities  |     | HOLE | NO.            |
| <b>40</b> 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b |      | <b>✓</b>       |
|             | 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  |     |      |                |
| đ           | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |     |      |                |
| e           | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e | 1    |                |
| 41          | List the states with which a copy of this return is filed. ▶   |     |      |                |
| 42a         | The organization's books are in care of ▶ Telephone no. ▶  | -4  |      |                |
|             | Located at ► ZIP + 4 ►   |     |      |                |
| Ь           | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b | Yes  | No             |
|             | If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |      |                |
| c           | At any time during the calendar year, dld the organization maintain an office outside of the U.S?  | 42c |      | Page (ra jura- |
| 43          | Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here   |     |      | ▶ 🗆            |
| ~           | and enter the amount of tax-exempt interest received or accrued during the tax year  |     |      |                |
| 44          | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44  | Yes  | No             |
| 45          | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.   |     |      |                |
|             |  | 99  | 0_F7 | 2000           |

| Form 990        | )-EZ (2008) •  |   |                                       |   |                         | Page 4        |
|-----------------|--|---|---------------------------------------|---|-------------------------|---------------|
| Part V          | Section 501(c)(3) organizations and a 501(c)(3) organizations and section 494 and complete the tables for lines 50 and | section 4947(a)(1) none<br>47(a)(1) nonexempt chari<br>ad 51. | xempt charit<br>table trusts m        | able trusts only. A<br>nust answer question         | di section<br>ons 46-49 | b             |
|                 | Did the organization engage in direct or indirect  |   |                                       |   | Yes                     | No            |
|                 | candidates for public office? If "Yes," complete 5   |   |                                       |   | 46                      | <b>/</b>      |
|                 | Did the organization engage in lobbying activities   | •   |                                       |   | 47                      | 1             |
|                 | Is the organization a school as described in section   |   |                                       |   | 48                      | <b>↓</b> ✓    |
|                 | Did the organization make any transfers to an ex   |   | d organization?                       | ?   | 49a                     | 1             |
|                 | if "Yes," was the related organization a section 5   |   |                                       |   | 49ь                     | ✓             |
|                 | Complete this table for the organization's five his employees) who each received more than \$100,0                     |   |                                       |   |                         |               |
|                 | (a) Name and address of each employee paid more  | (b) Title and average<br>hours per week                       | (o) Compensation                      | on (d) Contributions to<br>employee benefit plans 6 | (e) Expe                | กรอ           |
| None, T         | than \$100,000<br>The organization has no employees.   | devoted to position   |                                       | deferred compensation                               | other allow             | ances         |
|                 |  |   |                                       |   |                         |               |
|                 |  |   |                                       |   |                         |               |
|                 |  |   |                                       |   |                         |               |
|                 |  |   |                                       |   |                         |               |
|                 |  |   |                                       |   |                         |               |
|                 | Total number of other employees paid over \$100  |   | 0                                     |   |                         |               |
|                 | \$100,000 of compensation from the organization (a) Name and address of each independent contractor                    |   | <del></del>                           | Type of service                                     | (c) Compens             | ation         |
| none            |  |   |                                       |   |                         | <del></del>   |
|                 |  |   |                                       |   |                         |               |
|                 |  |   | ~                                     |   |                         | <u> </u>      |
| d               | Total number of other independent contractors e  | each receiving over \$100,00                                  | ····································· | 0   |                         |               |
|                 | Under penaltres of perjury, I declare that I have examine and boilef, it is true, correct, and complete. Declaration   | od this return, including accompan                            | ying schedules and                    | statements, and to the book                         | st of my know           | rledge<br>de. |
| Sign<br>Here    | ) a  |   |                                       | 1 9/2/1   | U                       |               |
|                 | Signature of officer  James F. Raymond, Treasurer  Type or poot name and title   |   |                                       | Date  |                         |               |
| Paid<br>Prepare | Preparer's signature   | Date  | Check if self-<br>employed            | Preparer's identifying nui                          | nbor (See instru        | ctions)       |
| Use Onl         | i Firm 8 men tor   |   |                                       | EIN ►<br>Pnone no ►                                 |                         |               |
| May the         | e IRS discuss this return with the preparer shown  | above? See instructions                                       | · · · · ·                             | , , , , <b>&gt;</b> [                               | Yes                     | No<br>(2009)  |

## form 990-EZ -

| _ | 1 | h |  |
|---|---|---|--|
|   |   | ı |  |
|   |   |   |  |

Program Services Rendered - Expenses

| 1 Grizzlies Brawl Preseason Tournament | 1,754.94 |     |
|--|----------|-----|
| 2 Nobles Tournament                    | 658,44   |     |
| 3 JV Tournament                        | 175.00   |     |
| 4 End of Season Banquet                | 1,542.58 |     |
| 5 Equipment Purchases                  | 1,590.00 | اسر |
| Total                                  | 5.720.96 |     |

603 224 0320

Friends of Grizzlies Wrestling Officers and Board of Directors 2007-2008

1. Lisa Buber, President 52 Hermsdorf Ave Goffstown, NH 03045 (800) 258-3574 Ext. 337

SEP-02-2010 14:11

- 2. Lisa Roy, Assistant Treasurer 185 Elm St Goffstown, NH 03045 497-8685
- 3. Kelly J. Moran, Secretary 101 Peppermint St Goffstown, NH 03045 : 603-674-2439
- 4. Judy Bowles 206 Robert Rogers Rd Dunbarton, NH 03046 (603) 774-4784
- 5. James F. Raymond, Treasurer P.O. Box 1090 Concord, NH 03302-1090 603-224-7791