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Form **990-EZ**Department of the Treasury
Internal Revenue Service

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)

OMB No 1545-1150

2008Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning**and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☒ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		NEW ENGLAND RURAL HEALTH ROUNDTABLE		01-0532229
		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
		10 BENNING STREET, BOX 184		603-643-2800
City or town, state or country, and ZIP + 4		F Group Exemption Number		
WEST LEBANON, NH 03784				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website. ▶ NEWENGLANDRURALHEALTH.ORG**H Check** ▶ ☒ if the organization is not

J Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 332,510.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	85,850.
	2	Program service revenue including government fees and contracts	2	235,417.
	3	Membership dues and assessments	3	7,425.
	4	Investment income	4	3,818.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	332,510.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	55,605.
	13	Professional fees and other payments to independent contractors	13	93,914.
	14	Occupancy, rent, utilities, and maintenance	14	7,203.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	162,017.
	17	Total expenses. Add lines 10 through 16	17	318,739.
	18	Excess of (deficit) for the year (Subtract line 17 from line 9)	18	13,771.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	69,624.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	18,208.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	101,603.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	172,494.	104,180.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	42,877.	26,127.
25 Total assets	215,371.	130,307.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	145,747.	28,704.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,624.	101,603.

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Form **990-EZ** (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The books are in care of ▶ NEW ENGLAND RURAL HEALTH ROUNDTABLE Telephone no ▶ 603-643-2800 Located at ▶ 10 BENNING STREET, BOX 184, WEST LEBANON, NH ZIP + 4 ▶ 03784		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the US?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000	0			

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		0

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

Sign Here Signature of officer: *Marion Pawlek* Date: *2/18/10*

PAID PREPARER'S USE ONLY Preparer's signature: *W. Jay Lemmon* Date: *2/18/10* Check if self-employed: ☐ Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: **TYLER, SIMMS & ST. SAUVEUR CPAS PC**
19 MORGAN DRIVE
LEBANON, NH 03766

EIN: **603-653-0044**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

NEW ENGLAND RURAL HEALTH ROUNDTABLE

Employer identification number

01-0532229

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
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The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,925.	131,955.	133,957.	120,829.	93,275.	529,941.
2 Tax revenues levied for the organization'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 - 3	49,925.	131,955.	133,957.	120,829.	93,275.	529,941.
5 The portion of total contributions 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						529,941.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	49,925.	131,955.	133,957.	120,829.	93,275.	529,941.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	426.	774.	2,728.	4,414.	3,818.	12,160.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						542,101.
12 Gross receipts from related activities, etc. (see instructions)					12	527,928.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.76 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.69 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2008

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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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 the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSE		11,296.	
TRAVEL		9,902.	
CONFERENCES & MEETINGS		42,105.	
INSURANCE		1,380.	
MISCELLANEOUS		19,499.	
PROJECT ACTIVITIES		57,553.	
BAD DEBT		3,500.	
WEBSITE		3,175.	
NOSORH WORKFORCE		13,548.	
CREDIT CARD FEES		59.	
TOTAL TO FORM 990-EZ, LINE 16		162,017.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	36,377.	7,000.	
PREPAID EXPENSES AND DEFERRED CHARGES	6,500.	500.	
OTHER ASSETS	0.	18,627.	
TOTAL TO FORM 990-EZ, LINE 24	42,877.	26,127.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	12,189.	9,704.	
DEFERRED REVENUE	133,558.	19,000.	
TOTAL TO FORM 990-EZ, LINE 26	145,747.	28,704.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
TEMPORARILY RESTRICTED NET ASSETS	18,208.
TOTAL TO FORM 990-EZ, LINE 20	18,208.

FOOTNOTES	STATEMENT	5
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NEW ENGLAND RURAL HEALTH ROUNDTABLE IS
AMENDING ITS 2008 FORM 1040-EZ FOR THE
FOLLOWING REASON.

PART IV - IN ERROR, THE WAGES PAID TO
MARION PAWLEK, THE EXECUTIVE DIRECTOR,
WERE SHOWN AS HAVING BEEN PAID TO ED
PERLAK, THE IMMEDIATE PAST PRESIDENT.
THEY ARE NOW BEING SHOWN CORRECTLY.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
SHARLEEN MOFFATT, 10 BENNING STREET, WEST LEBANON, NH 03784	PRESIDENT 2.00	0.	0. 0.
CARLA LUNDQUIST, 10 BENNING STREET, WEST LEBANON, NH 03784	SECRETARY 2.00	0.	0. 0.
JOHN GALE, 10 BENNING STREET, WEST LEBANON, NH 03784	PRESIDENT ELECT 1.00	0.	0. 0.
MARY WINAR, 10 BENNING STREET, WEST LEBANON, NH 03784	BOARD MEMBER 0.05	0.	0. 0.
ED PERLAK, 10 BENNING STREET, WEST LEBANON, NH 03784	IMMEDIATE PAST PRESIDENT 1.00	0.	0. 0.
MARION PAWLEK, 10 BENNING STREET, WEST LEBANON, NH 03784	EXECUTIVE DIRECTOR 40.00	55,605.	0. 0.
RICHARD CLARK, 10 BENNING STREET, WEST LEBANON, NH 03784	TREASURER 2.50	0.	0. 0.
BARBARA BERGER, 10 BENNING STREET, WEST LEBANON, NH 03784	EX-OFFICIO 0.50	0.	0. 0.
CATHLEEN MCELLIGOTT, 10 BENNING STREET, WEST LEBANON, NH 03784	EX-OFFICIO 0.50	0.	0. 0.
ALISA BUTLER-DRUZBA, 10 BENNING STREET, WEST LEBANON, NH 03784	EX-OFFICIO 0.50	0.	0. 0.
MARGERET ANN SMITH, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0. 0.
CHARLES DWYER, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0. 0.
JOHNATHAN SPRAGUE, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0. 0.
JANE BONVINI, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0. 0.

NEW ENGLAND RURAL HEALTH ROUNDTABLE

01-0532229

BRIDGETTE MADDEN, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
ERIC TURER, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
KATHERINE TERRIE, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
SHARON BEATY, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
ALISON BUCKSER, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
CHRISTOPHER TANGUAY, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
YVETTE MENDEZ, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
NANCY DUMONT, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
KEVIN COONEY, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
AMY BOLGER, 10 BENNING STREET, WEST LEBANON, NH 03784	MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		55,605.	0.	0.

990-EZ PG 2

STATEMENT 8

HELD THE 11TH ANNUAL SYMPOSIUM, WHICH TOOK PLACE IN OCTOBER 2008. THE SYMPOSIUM FEATURED NATIONALLY RECOGNIZED KEYNOTE SPEAKERS FROM THE FEDERAL AND STATE LEVEL AND FROM THE PRIVATE SECTOR. THE SPOTLIGHT WAS ON THE NATION'S HEALTHCARE STATUS.

990-EZ PG 2

STATEMENT 9

HELD THE 3RD ANNUAL RURAL ORAL HEALTH CONFERENCE, WHICH TOOK PLACE IN SEPTEMBER 2008. MORE THAN 155 DENTAL HEALTH PROVIDERS AND STATE AND FEDERAL POLICYMAKERS WERE IN ATTENDANCE. THE CONFERENCE FOCUSED ON RECRUITING AND RETAINING ORAL HEALTH PROFESSIONALS.

990-EZ PG 2

STATEMENT 10

HELD THE 4TH ANNUAL PERFORMANCE IMPROVEMENT SUMMIT, WHICH TOOK PLACE IN APRIL 2009. THE SUMMIT FOCUSED ON THE ECONOMIC IMPACT OF GAINING (OR LOSING) A PHYSICIAN IN A RURAL COMMUNITY, AS WELL AS PERFORMANCE IMPROVEMENT INITIATIVES CURRENTLY UNDERWAY IN NEW ENGLAND'S CRITICAL ACCESS HOSPITALS.

990-EZ PG 2

STATEMENT 11

TO IMPROVE THE HEALTH OF RURAL NEW ENGLAND COMMUNITIES BY PROVIDING A FORUM FOR PERSONS AND ORGANIZATIONS INTERESTED IN RURAL HEALTH TO COLLABORATE TO IDENTIFY AND ADDRESS RURAL HEALTH ISSUES THROUGH STRENGTHENED ADVOCACY, SUPPORT AND SHARED RESOURCES.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	12
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DESCRIPTION	GRANTS	EXPENSES
OTHER PROGRAM SERVICES	0.	159,183.
TOTAL TO FORM 990-EZ, LINE 31		159,183.