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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Neme of the contestion											Employer Identification number					
Friends of Northshore Education Consortium										61-1479553						
Parting Reason for Public Charity Status (All organizations must complete this part.) (see instructions)																
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(bX1XAXI).															
2	М					(Attach Schedule										
3	Н	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)														
4	Н	A medical res	oopo.	organizatio	n onerate	d in conjunction with a	hospital de	scribed	in secti	on 1 70 (b X1XAX	iii). Ente	r the haspli	al's		
~	ш	A medical research organization operated in conjunction with a hospital described in section 170(bx1xAxiii). 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(bX1)XAXiv). (Complete Part II.)														
6 7	Н	A federal, state, or local government or governmental unit described in section 170(bX1XAXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXv). (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 503(a)(2), (Complete Part III.)														
10						exclusively to test for ;										
11	X	An organization more publicly describes the	on org suppo type	anized and orted organ of supportin	operated izations d	exclusively for the ben escribed in section 509 atten and complete in	efit of, to p (a)(1) or s es 11e thro	erform ection 5	the func 09(a)(2) 1.	tions of . See se	or carrection 50	y out the 19(a)(3).	check the	of one box th	or 12t	
		а 🗶 Туре І	•	b.[Type II	c 🗍 Type	III - Fund	tionally	integrate	ed		d 🗌	Type III-	Other		
e X 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																
g		Since August	17, 20	006, has the	organiza	tion accepted any gift	or contribu	Ition fro	m any of	f the fol	lowing p	ersons?				
														Yes	No	
	(i) a person who directly or indirectly controls, either alone or together with persons desc below, the governing body of the supported organization?									scribed	ın (ii) ar	id (iii)	119 ()	_	X	
, ,				ber of a person described in (i) above? lled entity of a person described in (i) or (ii) above?							11 9 (i)				<u> </u>	
				-	-								. 11 g (BI)		X	
h		Provide the fo	llowin	g information	on about t	he organizations the or	rganization	suppor	ts.							
(i) Name of Supported Organization			d	(II) EIN		(ii) Type of organization (described on lines 1-9 above or IRC socilon (see instructions))	(i) lister	(iv) is the organization in col- (i) listed in your governing document?		(v) Did you notify the argenization in cot. (f) of your support?		s the lon in col. sed in the S ?	(vii) Amount	of Sup	porl.	
							Yes	No	Yes	No	Yes	No		_		
Northehore Education Con			n Con	04-2576	5982	6	X	<u> </u>	Х		X			52,5	3 <u>2.</u>	
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Total					22115									52,5	32.	

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

Schedule A (Form 990 or 990-EZ) 2008

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May 06, 2010 LTR 2695C 0 R
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FRIENDS OF NORTHSHORE EDUCATION CONSORTIUM
112 SOHIER RD
BEVERLY MA 01915



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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

The Top

Signature of officer or trustee

Date

Director

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