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GOOCH Q5/21/2010,10 35 AM F₀rm

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2008 Open to Public

					1 mapection
<u>A</u>	For the 20	08 calendar	ear, or tax year beginning 10/01/08, and ending 9/30/09		
В	Check if applic	able Pleas	C Name of organization	D Empl	loyer identification number
	Address chan	use IR	I TE GOOD CHEEK SOCIETY		•
\exists	•	label o	Day Burney As		-0222136
\sqcup	Name change				'
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address) Room/su 2.4.0		hone number
$\overline{\Box}$	Temmation	Specifi	100 ROUTE 101A 348		3-880-1931
\exists	remmation	Instruc		G Gross rec	perpts \$ 1,479,054
\sqcup	Amended retu	m tions	AMHERST NH 03031		
	Application pe	nding F Nai	ne and address of principal officer	H(a) Is this	s a group return for
_	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JZANNE BROWN	affilia	
		9	TENNYSON AVE	H(b) Are a	
			ASHUA NH 03062	"""	,* attach a list (see instructions)
_	Tax-exemp		501(c) (3) ◄ (insert no) 4947(a)(1) or 527		, blastic and (occurrence)
÷	Website.		2 301(c) (3) 4 (IIISERTIIO) 1341(a)(1) (I		- averation averbas
					p exemption number
	Type of organ		proporation Trust Association Other L Year of form	ation	M State of legal domicile
	Part I	Summa			
	1 Brie	fly describe	the organization's mission or most significant activities		
0		HARITA	LE ASSISTANCE TO HOME HOSPICE		
ũ	1				
Ě					
8	2 Che	ck this box	▶ If the organization discontinued its operations or disposed of more than 25% of its	assets	
Ğ	3 Nur	nber of votin	g members of the governing body (Part VI, line 1a)	3	21
0 %	1		endent voting members of the governing body (Part VI, line 1b)	4	21
₹ ₽	i		employees (Part V, line 2a)	5	0
2 ₹			, , , , , , , , , , , , , , , , , , , ,	6	
Zĕ	[volunteers (estimate if necessary)		
Activities & Governance	1	•	lated business revenue from Part VIII, line 12, column (C)	<u>7a</u>	
_	b Net	unrelated b	siness taxable income from Form 990-T, line 34		Current Year
긁				Prior Year	
W & Jau Revenue	1		d grants (Part VIII, line 1h)	16,026	13,408
ي ڇوبر	1	=	revenue (Part VIII, line 2g)	190	340
⊃્રે	10 Inve	stment inco	ne (Part VIII, column (A), lines 3, 4, and 7d)	539,158	-439,965
<u>ر</u>	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
701 n	12 Tota	I revenue-	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	555,374	426,217
-	13 Gra	nts and simi	ar amounts paid (Part IX, column (A), lines 1-3)	103,888	83,834
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)		
_s	15 Sala	ries, other o	ompensation, employee benefits (Part IX, column (A) lines 5-10)		
Expenses	16a Prof				
bed	h Tota		draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) DEC 13 2010		
Ä	17 Oth		(Part IX, column (A), lines 11a-11d, 11f-24f)	22,382	21,803
	1 0	· ·	0000	126,270	105,637
	i .			429,104	-531,854
F 65	19 Rev	enue less e	penses Subtract line 18 from line 12	ginning of Year	End of Year
Net Assets or Fund Balances	20 Tota	d accete (Da		2,845,173	2,313,319
Ass. Bal	20 Tota	•		,,013,113	2,313,313
a g	20 100	•	eart X, line 26) and balances Subtract line 21 from line 20	2,845,173	2,313,319
				.,045,175	2,313,319
	art II		re Block		
		Under pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and stateme is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of w	nts, and to the best o	of my knowledge v knowledge
		L	1 1/2 -	رمها	1-11
Sig	jn		yaine town	1/2	17/10
He	re	Signat	ore of officer	Date	
		\	Stranne bruren president (roud Cheer Sixi	ely 12/	7/10
		Туре с	print name and title	<u> </u>	<u> </u>
		Preparer's	Date	Check if	Preparer's identifying number
Pai	id	signature	5/21/10	self- employed	(see instructions) 018-42-3990
Pre	parer's				► 02-0413305
Use	e Only	Firm's name	(or yours	EIN	► 07-0412202
		if self-emplo		Phone	CO2 00C 1000
		address, ar	141511011, 1411 03003 1200	no 🕨	603-886-1900
			turn with the preparer shown above? (see instructions)		Yes No
DAA	For Priv	arv Art and	Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)

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

4d Other program services (Describe in Schedule O)

including grants of \$

) (Revenue \$

4e Total program service expenses 🕨 💲

83,834 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1.		
•	complete Schedule A	1	X	- -
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3	 	
•	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	-		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	- [[[
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part !!	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			ļ
	Parts VI, VIII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return		ĺ	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			77
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	[]		17
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{X}{X}$
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	 -
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified]		
	person from a pnor year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or] [
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	_		3.5
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			}
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,])
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
¢	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		LX_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I	33		X

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

Х

X

Х

34

35

36

34

35

36

VI

III, IV, and V, line 1

Schedule R, Part V, line 2

organization? If "Yes," complete Schedule R, Part V, line 2

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1				
	U.S. Information Returns. Enter -0- if not applicable	1a_	0			ł	1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	· · · · · · · · · · · · · · · · · · ·			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	rtable					
	gaming (gambling) winnings to prize winners?	7	,		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						ľ
20	Instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	y			3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hontv				 	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				}	ŀ
	account)?			j	4a		X
ь	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 Bai	nk					
	and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a_	<u></u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?			5b_		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?			1	5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?				6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or					
_	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).	_					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	ın			7a		x
b	\$75? If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			†			
•	required to file Form 8282?				7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Ì			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal					
	benefit contract?				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	>			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;					
_	required?			}	7h	X	<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sections are sections as a section of the section of						
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso	ring		1		ł	v
9	organization, have excess business holdings at any time during the year?			}	8		Х
э a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?				9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?			ļ	9b		X
10	Section 501(c)(7) organizations. Enter:			F			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		}	İ	Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
1	Section 501(c)(12) organizations. Enter				ĺ	- 1	
а	Gross income from members or shareholders	11a				ł	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			7			
	amounts due or received from them.)	11b			l	l	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			<u> </u>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

Form 990 (2008) THE GOOD CHEER SOCIETY 02-0222136 Page 6 Part VI Governance, Management, and Disclosure (Sections A. B. and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 21 Enter the number of voting members of the governing body Enter the number of voting members that are independent 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8h Х 9a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9ь 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Х must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies No 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give Х 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? 15a Х Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 14 DUCK POND ROAD organization: JUDITH MCMANUS

603-880-9131

NH 03054

MERRIMACK

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

SUZANNE BROWN PRESIDENT MARY ROCHE VICE PRES. PAMELA OSGOOD RECRDNG. SEC JUDITH MCMANUS TREASURER NANCY WILBUR GC FUND TREA	5 5 5	or director	Institutional trustee	Officer	Key employee	employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PRESIDENT MARY ROCHE VICE PRES. PAMELA OSGOOD RECRDING. SEC JUDITH MCMANUS TREASURER NANCY WILBUR	5 5 5			x		<u> </u>	-			
MARY ROCHE VICE PRES. PAMELA OSGOOD RECRDNG. SEC JUDITH MCMANUS TREASURER NANCY WILBUR	5		╄	IΧ		ł				
VICE PRES. PAMELA OSGOCD RECRDING. SEC JUDITH MCMANUS TREASURER NANCY WILBUR	5			+	ļ	<u> </u>		0	0	
PAMELA OSGOOD RECRDING. SEC JUDITH MCMANUS TREASURER NANCY WILBUR	5			l						
RECRDING. SEC JUDITH MCMANUS TREASURER NANCY WILBUR	5		↓_	X	ļ	-	_	0	0	
JUDITH MCMANUS TREASURER NANCY WILBUR				١,,						
TREASURER NANCY WILBUR	f 3	+	┼	X	├—	├		0	0	
NANCY WILBUR				X				o	o	
	5	+	+-	 ^	├─	-		0		
GC LOND IKEW	5	·		X				ol	o	C
GINNY STABILE			+	┼≏	├─		-			
CORRESP. SEC	5	-		X				o	o	C

P	art VII Section A	A. Officers, Directors, Trus	tees	s, Ke	y En	nplo	yees	, an	d Highest Compensated E	Employees (continued)				
	(A) Name and title	(B) Average			check		,	,	(D) Reportable	(E) Reportable	I	(F) Estima	ited	
		hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
											1			
												·		
												-		
														
—											_			
	•													
		_												
	-													
1b	Total	<u> </u>						•						
2	Total number of indivorganization ► 0	viduals (including those in 1a	a) wh	o re	ceive	ed m	ore ti	han (\$100,000 in reportable com	pensation from the				
				- 4		1							Yes	No
3	employee on line 1a?	list any former officer, direc ? If "Yes," complete Schedul ted on line 1a, is the sum of	le J f	or su	ıch ır	ndivi	laut			•	-	3		X
4		related organizations greate										4		Х
5	Did any person listed	on line 1a receive or accruthe organization? If "Yes," of										5		X
Sec	ction B. Independent	Contractors												
1 	Complete this table for compensation from the	or your five highest compen- ne organization	sate	d ind	epen	deni	con	tract					(0)	
		(A) Name and business address							Descripti	(B) on of services		Соп	(C) ipensati)ON
							_	_						
							_							_
				_										
							_							
2		pendent contractors (including	ng th	ose	in 1)	who	rece	eived	more than \$100,000 in					
DAA	compensation from th	ne organization							 			Form S	990 ((2008)

<u> Pa</u>	art V	III State	ment of Rev	enue						
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>	J .	~						revenue		512, 513, or 514
ants	та	Federated car		1a						
gre	b	Membership of		1b						1
ts,	C	Fundraising e	vents	1c						1
igi Par	d	Related organ	ıızatıons	1d						
S,E	е	Government grants	(contributions)	1e						
tio s	f	All other contribution	ns, gifts, grants,		_	_		ļ ,		1
igi			not included above	1f		13,408				
돧	g	Noncash contribution	ons included in lines 1							
ပ္ပန	h	Total. Add line		u-11 •			13,408			
Program Service Revenue Contributions, gifts, grants	 "	TOTAL Add line	25 14-11			Burn Code	13,400			- -
ž.						Busn. Code	340	340		
eye	2a	DUES				-	340	340		
e R	b								·	-
ξ	C									
Se	d								<u> </u>	
E	е									<u> </u>
ğ	f	All other progr	am service revi	enue						
ď	a	Total. Add line	es 2a-2f			•	340			
	3		come (including	dividen	ds interes	at and				
	-	other similar a			,	, zz	84,085			84,085
	4		nvestment of ta	. ovomr	t bond pr	necods .	01/003			1 32,003
			ivestifient of ta.	K-exemp	it bolla pit	oceeus >				
	5	Royalties	(1.5.)		1.5	_ _				
			(ı) Real		(11) F	Personal				
	6a	Gross Rents					,			
	ь	Less rental exps								
	С	Rental inc or (loss)	[
	d	Net rental inco	me or (loss)			▶				
	7a		(ı) Secunti	es	(11)	Other	ļ			
		sales of assets other than inventory	1,381	,221						
	ь	Less, cost or other								İ
] -	basis & sales exps	1,905	271]		j	J]
	_	Gain or (loss)		, 050	ļ					
				, 050	L		-524,050	-524,050		
	d	Net gain or (los			·			-324,030		+
8	8a	Gross income fro	_	ents				[
nue		(not including \$						İ		
76			eported on line 1	;)				;		ł
Other Revenu		See Part IV, line	18	а				1		
79	b	Less direct ex	penses	b						
õ	С	Net income or	(loss) from fund	Iraising	events				 	<u> </u>
	9a	Gross income fro	om gaming activiti	es.						
		See Part IV, line		а				İ		
	ь	Less direct ex	penses	ь				1		1
		Net income or		ino acti	vities	•				
		Gross sales of		g			·		·	
ı		returns and alle	-	اء		j	ľ			
	L			a b						
		Less: cost of g		- 1						
	С	Net income or			entory	. 🔑				
		Misc	ellaneous Revenu	e		Busn. Code				
	11a					L				<u> </u>
ĺ	b		•			L				<u></u>
	c									<u></u>
	d	All other reven	ue							L
ĺ	e	Total. Add line	• •			•				
1	12	Total Revenue		2a. 3. 4	. 5. 6d. 7d	. 8c.				
	-	9c, 10c, and 11		-51 -17	, -,, . 4		-426,217	-523,710	O	84,085
		ou, rou, and r						2237720	<u> </u>	

Form 990 (2008)

'Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

(C) Management and (D) (B) (A) Total expenses Do not include amounts reported on lines 6b, Fundraising Program service expenses general expenses expenses 7b. 8b. 9b. and 10b of Part VIII Grants and other assistance to governments and 83,834 83,834 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management 825 825 b Legal 700 1,700 Accounting C Lobbying Professional fundraising services See Part IV, line 17 19,189 19,189 Investment management fees Other g 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 75 75 FILING FEE 14 14 OFFICE SUPPLIES d f All other expenses 83,834 21,803 105,637 25 Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

	art /	Dalance Sheet						
				(A) Beginning of year		(B End of		
	4	Cook non interest hearing		8,876	1			309
	1 2	Cash—non-interest bearing Savings and temporary cash investments		137,312			90,	
	3	Pledges and grants receivable, net		13,7312	3		<i>,</i>	<u> </u>
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, tru	istoos kev					
	J	employees, or other related parties Complete Part II of Sc			5			
	6	Receivables from other disqualified persons (as defined ur			_			
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(B)						
		Part II of Schedule L	. Complete		6			
ιn	7	Notes and loans receivable, net			7		•	-
ë	8	Inventories for sale or use			8		•	
Assets	9	Prepaid expenses and deferred charges			9			
•	10a	Land, buildings, and equipment, cost basis	10a					
		Less accumulated depreciation Complete		1				
	_	Part VI of Schedule D	10b		10c			
	11	Investments—publicly traded securities		2,698,985	11	2,2	19,	611
	12	Investments—other securities See Part IV, line 11		, , , , , , , , , , , , , , , , , , , ,	12	•		
	13	Investments—program-related See Part IV, line 11			13		-	
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,845,173	16	2,3	13,	319
	17	Accounts payable and accrued expenses			17			
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
es	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payables to current and former officers, directors, trustees	, key					
abi		employees, highest compensated employees, and disquali	fied					
Ë		persons. Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third pa	arties		23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25			26			
es		Organizations that follow SFAS 117, check here ▶ _	and					
ည		complete lines 27 through 29, and lines 33 and 34.						
Balar	27	Unrestricted net assets			27			
ä	28	Temporarily restricted net assets			28			
nd	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check here	• ► X		ŀ			
o		and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fu		0.045 153	31	2 2	1 2	210
ğ	32	Retained earnings, endowment, accumulated income, or of	ther funds	2,845,173	32	2,3		
det	33	Total net assets or fund balances		2,845,173	33	2,3		
	34	Total liabilities and net assets/fund balances .		2,845,173	34	2,3	13,.	<u> </u>
<u> </u>	art X	Financial Statements and Reporting					Von	
1	Ace	counting method used to prepare the Form 990. $\overline{\mathrm{X}}$ Ca	ash Accrual O	ther			Yes	No
2a		re the organization's financial statements compiled or review				2a	X	
b		re the organization's financial statements audited by an inde				2b		Х
c		Yes" to lines 2a or 2b, does the organization have a committ	•	r oversight of				
_		audit, review, or compilation of its financial statements and				2c	Х	
3a		a result of a federal award, was the organization required to						
		Single Audit Act and OMB Circular A-133?				3a		Х
ь	lf "	es," did the organization undergo the required audit or audi	ts?	<u> </u>		3b		

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE COOD CHEER SOCIETY

Employer identification number

			THE GOOD CITE	TEL DOCTETT		_				1.02	0222130	
P	art i	Reas	on for Public Charity	Status (All organizations	s must c	complete	e this p	oart.) (see in	structi	ions)	
The	orga	nization is not	a private foundation because	e it is. (Please check only one or	ganızatıor	1)						
1		A church, cor	evention of churches, or asso	ociation of churches described in	section '	170(b)(1)(A)(i).					
2	Ш	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or	a cooperative hospital servic	e organization described in sec	tion 170(b)(1)(A)(iii). (Attacl	h Sched	ule H)			
4	\sqcup	A medical res	earch organization operated	in conjunction with a hospital d	escnbed ir	section	170(b)(1)(A)(iii).	. Enter t	he hosp	ital's name,	
	_	city, and state	•									
5		An organizati	on operated for the benefit of	f a college or university owned o	or operated	d by a gov	ernment	al unit d	escribed	d in		
		section 170(b)(1)(A)(iv). (Complete Part	11)								
6		A federal, sta	te, or local government or go	overnmental unit described in se	ction 170	(b)(1)(A)(v).					
7		An organizati	on that normally receives a s	substantial part of its support from	m a gover	nmental ui	nit or fro	m the ge	eneral pu	ublic		
	_	described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II)								
8	Ш	A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part	II)							
9		An organizatı	on that normally receives: (1)) more than 33 1/3 % of its supp	ort from co	ontribution	ıs, meml	oership (ees, an	d gross		
		receipts from	activities related to its exemp	pt functions—subject to certain	exceptions	s, and (2) r	no more	than 33	1/3 % o	f its		
		support from	gross investment income and	d unrelated business taxable inc	ome (less	section 5	11 tax) f	rom bus	inesses			
	_	acquired by the	ne organization after June 30	, 1975 See section 509(a)(2).	(Complete	Part III)						
10	Ш	An organization	on organized and operated e	xclusively to test for public safe	ty. See se	ction 509	(a)(4) . (s	ee instr	uctions)			
11	X	An organization	on organized and operated e	xclusively for the benefit of, to p	erform the	functions	of, or to	carry o	ut the			
		•		d organizations described in se						ction		
		509(a)(3). Ch	eck the box that describes th	ie type of supporting organization	n and com	plete line		F=-1	h			
		а 📙 Туре	— ··	c Type III–Function	, ,		_		e III–Ot	her		
е	X	, ,	, ,	inization is not controlled directly								
		persons other	than foundation managers a	and other than one or more publ	icly suppor	rted organ	iizations	describe	ed in se	ction		
			ection 509(a)(2)									
f		•		mination from the IRS that it is a	Type I, T	ype II, or ⁻	Type III s	supportir	ng		Г	_
		-	check this box								L	┙
g				on accepted any gift or contribu	tion from a	ny of the						
		following pers										
		• • •	· · · · · · · · · · · · · · · · · · ·	ntrols, either alone or together w	ith person	s describe	ed in (ii)					lo
				the supported organization?								X
		• •	member of a person describe									X_
		• •	ontrolled entity of a person de								[11g(iii)] 2	X.
_h		Provide the fo	ollowing information about the	e organizations the organization	supports		,				. ,	
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		rou notify		ls the	(VII) Amount of	
	org	anızatıon		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	support	
				(see instructions))	Janana			port?		S 7		
		_			Yes	No	Yes	No	Yes	No		
Н	OME	HEALTH	AND HOSPICE (ARE								
			23-7331452	12	X	ļ	X		X		83,33	34
						}						
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83,334

<u>Tot</u>al

SCITE	edule A (Form 990 of 990-EZ) 2006 1 ft.	E GOOD CHI	SEK SOCIET	<u> </u>	02	-0222136	Page 2
P	art II Support Schedule for O				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
8	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support	4 1 000 1	T				
Ca	llendar 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	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						
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						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc. (•		es Effh tay year a			
3	First five years. If the Form 990 is for the c	•	secona, mira, iouru	i, or illul tax year a	s a section 501(c)(.)	▶ □
206	organization, check this box and stop here tion C. Computation of Public Su						
4	Public support percentage for 2008 (line 6,	·				14	- %
4	• • • • • • • • • • • • • • • • • • • •	7.7	- T	"		15	
5	Public support percentage from 2007 Schell			and line 14 is 22 t	1/3 % or more, show		%
6a	33 1/3 % support test—2008. If the organi			, and line 14 is 55	173 76 OF MOTE, CHE	CK (IIIS DOX	▶ □
_	and stop here. The organization qualifies a		•	- 16a and l 15 v	22 1/2 9/ 25	ahaak thia	
b	33 1/3 % support test—2007. If the organi				s 33 1/3 % or more	, check this	. □
~ _	box and stop here. The organization qualifi				- 40b 44	- 100/	
7a	10%-facts-and-circumstances test—2008	•			*		
	more, and if the organization meets the "fac			-	•	now the	⊾ □
L	organization meets the "facts-and-circumsta	_	· •		_	o 15 to 100/	- _
b	10%-facts-and-circumstances test—2007	-					
	more, and if the organization meets the "fact			•	•	now the	⊾ □
0	organization meets the "facts-and-circumsta Private foundation. If the organization did					structions	[H
8	riivate iounuation. Ii the organization dio	HOLKING R DOX OU	นเซ เว, เอส, เอย, I	ra, or iro, check t	ino bux and see ins	54 GC110119	- U

Schedule A (Form 990 or 990-EZ) 2008 THE GOOD CHEER SOCIETY 02-0222136 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.)

Sec	tion A. Public Support						
Ca	llendar 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	ļ. ———	_			<u> </u>	
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)						
	tion B. Total Support		1			T	
	lendar 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)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourth	i, or fifth tax year a	s a section 501(c)	(3)	. 🗂
	organization, check this box and stop here		<u> </u>				▶
	tion C. Computation of Public Sup		-				
15	Public support percentage for 2008 (line 8, c	` ,	•			15	%
<u>16</u>	Public support percentage from 2007 Sched			 			%
	tion D. Computation of Investmen			(5)		147	
17 40	Investment income percentage for 2008 (line			olumn (T))		17	<u>%</u>
18 10-	Investment income percentage from 2007 S			4 and line 45	oro then 22 4/2 2/	18	%_
19a	33 1/3 % support tests—2008. If the organ						▶ □
h	17 is not more than 33 1/3 %, check this box 33 1/3 % support tests—2007. If the organ	•	_				- U
b	line 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did r		_			arn20001	. H
<u></u>	to iodifaction in the organization old t						

Schedule A (Form 990 or 990-EZ) 2008 THE GOOD CHEER SOCIETY

02-0222136

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047 2008

Open to Public Inspection

			° ⊠			<u>က</u>					
			Yes 🔀	\$5,000. Use	(h) Purpose of grant	GENERAL ACTIVITIES					
Employer identification number				swered "Ye more than	(n)	GENERAL					
	02-0222136		g	ganization an ient received	(g) Description of						
			s or assistance, an	plete if the org f no one recip	(f) Method of valuation (book, FMV, appraisal, other)						
		General Information on Grants and Assistance	eligibility for the grants	ited States. Com Check this box i	(e) Amount of non-cash assistance						
			sistance, the grantees' in the United States	I Organizations in the United States. Complete if the organization answered "Yes" on seived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	(d) Amount of cash grant (e) Amount of non-cash (book, FMX, appraisal, assistance other)	83,334					
			ants or ass grant funds	d Organ ceived r space is	(c) IRC section if applicable	3					
	IETY		General Information on Grants and Assistance	ie amount of the grice?	vernments and ecipient that re	(p) EIN	23-7331452				
	THE GOOD CHEER SOCIETY			General Information on Grants and A	General Information on Grants and A	General Information on Grants and A	General Information on Grants and A	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations Form 990, Part IV, line 21, for any recipient that received more tha Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government	& HOSPICE CARE STREET NH 03060
Namo of the organization		Parti	1 Does the c the selecti 2 Describe in	Part II	1 (a)	HOME HEALTH 22 PROSPECT NASHUA					

Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Schedule I (F	Schedule (Form 990) 2008 THE GOOD CHEER SOCIETY	SER SOCIETY	0	02-0222136		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the	• United States. Cons needed.	nplete if the organiza	ition answered "Yes" on Fo	orm 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informat	ion required in Part I	, line 2, and any other add	itional information.

Schedule I (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990 To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization THE GOOD CHEER SOCIETY

Employer identification number 02-0222136

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS PART OF THE BY-LAWS THAT EACH POTENTIAL

NEW MEMBER GETS A COPY OF. IT IS UP TO THE MEMBER TO MAKE THE BOARD AWARE

OF ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL NOT APPLICABLE. THE ORGANIZATION DOES NOT HAVE EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS NOT APPLICABLE. THE ORGANIZATION DOES NOT HAVE EMPLOYEES.

GOOCH 'The Good Cheer Society 02-0222136

Federal Statements

5/21/2010 10:35 AM

FYE: 9/30/2009

Tax-Exempt Interest on Investments

Description	Amount		Unrelated Business Code	Exclusion Code	Postal Code
INTEREST INCOME	\$	198		14	
TOTAL	\$	198			

Tax-Exempt Dividends from Securities

Description		Amount	Unrelated Business Code	Exclusion <u>Code</u>	Postal <u>Code</u>
	\$	83,887		14	
ጥ∩ጥል፣.	Ċ	83 887			

GOOD CHEER SOCIETY OF NASHUA INVESTMENT SALES ACTIVITY FOR THE PERIOD OCTOBER 1, 2008 TO SEPTEMBER 30, 2009

SALES DATE	DATE ACQUIRED	DESCRIPTION	SALES PROCEEDS	COST	REALIZED GAIN/(LOSS)
		SHORT-TERM ACTIVITY			
10/22/08	08/15/08	2520 shrs Powershares Db Comdty Idx Tra Unit Ben Int	62,747.64	94,172.40	(31,424.76)
10/22/08	08/21/08	4250.967 shrs Fidelity Advisor Emerging Market Inst Class	48,886.12	96,667.00	(47,780.88)
10/22/08	08/21/08	3393 3 shrs Keeley Small Cap Value Fund - A	56,600.24	96,234.00	(39,633 76)
10/22/08	08/21/08	11581 664 shrs Mfs Research International Fund	123,113 09	190,750 00	(67,636.91)
10/22/08	08/21/08	10478.037 shrs Vanguard Mid-Cap Index Fund	123,012.15	193,215 00	(70,202.85)
10/22/08	08/25/08	1726 413 shrs Vanguard GNMA Fund #36	17,885.64	17,713.00	172.64
12/15/08	08/15/08	420 shrs Yum Brands Inc	11,802 98	15,711.68	(3,908.70)
12/15/08	08/15/08	360 shrs Diageo PLC	20,447 88	26,802 00	(6,354.12)
12/15/08	08/15/08	470 shrs Novartis A G ADR	21,821.97	26,601 25	(4,779 28)
12/15/08	08/15/08	536 shrs Western Union Co.	7,333.43	15,256.68	(7,923 25)
12/15/08	08/15/08	1220 shrs iShares Cohen & Steers Realty	47,738.33	101,395 90	(53,657 57)
12/15/08	09/04/08	750 shrs Home Depot Inc.	17,474 91	21,442.50	(3,967.59)
12/15/08	09/04/08	810 shrs Petsmart Inc.	13,115 82	22,963.50	(9,847.68)
12/15/08	09/04/08	440 shrs Cimarex Energy Co	11,878 17	22,180.40	(10,302.23)
12/15/08	09/04/08	380 shrs Medtronic Inc	11,466 53	20,463.00	(8,996.47)
12/15/08	09/04/08	340 shrs 3M Co.	18,934.49	23,793 20	(4,858.71)
12/15/08	09/04/08	400 shrs Fastenal Co.	12,898 32	20,280.00	(7,381 68)
12/15/08	09/04/08	490 shrs Illinois Tool Works	15,332.99	23,549.40	(8,216.41)
12/15/08	09/04/08	310 shrs United Parcel Service	16,020 71	19,951.60	(3,930.89)
12/15/08	09/04/08	120 shrs United Technologies Corp	5,958.20	7,816.80	(1,858 60)
12/15/08	09/04/08	450 shrs XTO Energy Inc	15,976.04	21,507.57	(5,531.53)
12/15/08	09/04/08	250 shrs US Bancorp DEL	5,990.46	. 7,975 00	(1,984.54)
12/15/08	09/04/08	100 shrs AMGEN Inc.	5,812.96	6,119.00	(306 04)
12/15/08	09/04/08	1620 shrs EMC Corp Mass	17,366.30	22,728.60	(5,362.30)
12/15/08	09/18/08	430 shrs Expeditors Intl Wash Inc	13,330.78	16,537.54	(3,206.76)
01/13/09	08/26/08	2024 343 shrs PIMCO Fds Pac Invt Mgmt Ser	14,048.94	17,713.00	(3,664 06)
02/18/09	12/18/08	500 shrs Johnson Controls Inc	6,150 16	9,204 25	(3,054 09)
02/20/09	12/18/08	800 shrs ALCOA Inc	4,770 89	7,966 40	(3,195.51)
03/05/09	12/18/08	200 shrs PNC Financial Services Group	4,032.28	9,197 20	(5,164 92)
04/03/09	08/15/08	220 shrs Microsoft Corp	3,907 17	6,133.60	(2,226 43)
04/03/09	12/18/08	175 shrs Genzyme Corp	10,306.94	11,224.85	(917.91)
04/03/09	12/18/08	200 shrs Oracle Systems Corp	3,575 97	3,327.74	248.23
04/03/09	12/18/08	250 shrs Raytheon Co.	9,714.94	12,555.00	(2,840.06)
04/03/09	12/18/08	200 shrs Varian Med Sys Inc	6,025 96	7,177.54	(1,151.58)
04/03/09	12/18/08	100 shrs TJX Companies New	2,580 98	1,987.85	593.13
08/14/09	03/31/09	400 shrs Aqua Amer Inc	6,615 83	7,976.00	(1,360 17)
09/22/09	12/18/08	300 shrs Family Dollar Stores Inc	8,030.79	7,430 40	600.39
09/22/09	12/18/08	100 shrs TJX Companies New	3,833 90	1,987.85	1,846 05
09/22/09	12/18/08	350 shrs Estee Lauder Company Inc Ca-A	12,988.17	10,289.30	2,698.87
09/22/09	12/18/08	600 shrs Kroger Co	12,089.69	15,461.10	(3,371.41)
09/22/09		800 shrs Perkinelmer Inc	15,655.60	10,629 60	5,026.00
09/22/09	12/18/08	250 shrs Thermo Fisher Scientific Inc	11,499.70	7,462.00	4,037.70
09/22/09	12/18/08	200 shrs Emerson Electric Co.	8,091.79	6,403.60	1,688 19
09/22/09		100 shrs Lockheed Martin Corp	7,956.80	7,631.00	325 80
09/22/09		500 shrs Intuit	13,769.65	11,539 25	2,230 40
09/22/09		300 shrs Dominion RES Inc VA New	10,175.74	10,360.38	(184.64)
09/22/09		100 shrs Coach Inc	3,281.92	1,661.00	1,620 92
09/22/09	03/31/09	300 shrs OMNICARE Inc	7,133.82	7,323.00	(189.18)
TOTAL SH	HORT-TERM	ACTIVITY	909,183.78	1,324,468.93	(415,285.15)

GOOD CHEER SOCIETY OF NASHUA INVESTMENT SALES ACTIVITY FOR THE PERIOD OCTOBER 1, 2008 TO SEPTEMBER 30, 2009

SALES DATE	DATE ACQUIRED DESCRIPTION		SALES PROCEEDS	COST	REALIZED GAIN/(LOSS)
		LONG-TERM ACTIVITY			
12/15/08	07/05/07	530 shrs Zimmer Hldgs Inc.	20,624 90	44,830.79	(24,205.89)
12/15/08	07/05/07	855 shrs Barclays PLC	7,646.99	48,965 85	(41,318.86)
12/15/08	07/05/07	1460 shrs IMS Health Inc	21,242.88	47,450 00	(26,207.12)
12/15/08	07/17/08	350 shrs JPMorgan Chase & Co	10,045 64	14,098.38	(4,052 74)
12/15/08	Various	425 shrs Procter & Gamble Co	25,276 35	23,940.25	1,336 10
12/15/08	Various	895 shrs Walgreen Company	23,092 57	41,310.25	(18,217.68)
12/15/08	Various	250 shrs Apache Corp.	17,951.89	8,820.00	9,131 89
12/15/08	Various	370 shrs Exxon Mobil Corp	29,552 46	970.94	28,581 52
12/15/08	Various	1075 shrs Coach Inc	21,209 63	32,572.50	(11,362.87)
12/15/08	Various	1025 shrs AMDOCS Ltd	18,065.13	27,436.14	(9,371.01)
12/15/08	Various	1240 shrs Autodesk Inc.	21,885 87	23,648 49	(1,762.62)
12/15/08	Various	1355 shrs CISCO Systems	22,791.97	17,674.18	5,117.79
12/15/08	Various	1590 shrs Cognizant Technology Solutions	27,570.44	29,987.40	(2,416 96)
12/15/08	Various	1040 shrs Sempra Energy	42,500.61	24,294 40	18,206.21
01/22/09	03/13/06	975 shrs Citigroup Inc	3,100 45	41,744.75	(38,644 30)
06/15/09	06/19/02	Target Corp	75,000.00	75,000.00	-
06/15/09	02/23/07	Caterpillar Finl	25,000.00	24,620 75	379.25
06/17/09	06/17/99	Fed Home Ln Bk	50,000.00	50,685.50	(685 50)
09/22/09	Various	100 shrs Exxon Mobil Corp	6,989 82	262 42	6,727 40
TOTAL LO	ONG-TERM A	ACTIVITY	469,547.60	578,312.99	(108,765.39)
TOTAL SI	HORT-TERM	AND LONG-TERM ACTIVITY	1,378,731.38	1,902,781.92	(524,050.54)

GOOD CHEER SOCIETY OFFICERS

ADDRESS	ZIP	
20 Powers Rd.,Hollis	3049	1
38 Farmington Rd.	3060	1
26 Deerhaven Dr.	3064	1
45 Chester St.	3064	1
22 Carroll St.	3063	1
4 McCoy Ave.	3063	1
14 Duck Pond Lane	3054	1
11 Quaker Rd.	3063	1
11 Dover St.	3063	1
14 Lansing Dr.	3062	1
62 Avon Dr.	3064	1
9 Whitman Rd.	3062	1
149 Manchester St.	3064	1
48 Lutheran Dr.	3063	1
2 Marlowe Rd.	3062	1
12 Heather Ct.	3062	1
16 Marlowe Rd.	3062	
	20 Powers Rd., Hollis 38 Farmington Rd. 26 Deerhaven Dr. 45 Chester St. 22 Carroll St. 4 McCoy Ave. 14 Duck Pond Lane 11 Quaker Rd. 11 Dover St. 14 Lansing Dr. 62 Avon Dr. 9 Whitman Rd. 149 Manchester St. 48 Lutheran Dr. 2 Marlowe Rd. 12 Heather Ct.	20 Powers Rd., Hollis 3049 38 Farmington Rd. 3060 26 Deerhaven Dr. 3064 45 Chester St. 3064 22 Carroll St. 3063 4 McCoy Ave. 3063 14 Duck Pond Lane 3054 11 Quaker Rd. 3063 11 Dover St. 3063 14 Lansing Dr. 3062 62 Avon Dr. 3064 9 Whitman Rd. 3062 149 Manchester St. 3064 48 Lutheran Dr. 3063 2 Marlowe Rd. 3062 12 Heather Ct. 3062