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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150 2009

Open to Public Inspection

		the Treasury		_		0,000 at the end of the year a copy of this return to satis			rements		1	Insp	ection
		ue Service 2009 calenda	r vear o	or tax year beginni		a copy of and retain to sauc	, 2009, an				- L	, 20	
_			, year, c	C Name of organizat		-	,			D Employ	er ide		n number
	heck if ap	•	Please	1		r-Norwich Schoo	ols				-6012		
-	ddress ch	-	use IRS label or	<u></u>		s not delivered to street add	-	Room/	suite	E Teleph	one nu	ımber	
-	lame chai	_	print or				,						
,	nitial retur		type. See	PO Box 621						(80	2) 64	9-1678	3
	erminated		Specific Instruc-	City or town, state or o	ountry, and ZIP	+ 4				F Group			
,	mended :		tions	Norwich, VT						Numbe			
	pplication	ion 501/c)(3)) organiz			pt charitable trusts m	ust attach	-	G A	ccounting Me		X Cas	h Accrual
	• 000			npleted Schedule						ther (specify)		<u></u>	
										heck 🕨 📜		organiza	tion is not
	Vebsite									equired to atta			
		·	check on	ly one) - X 501(c) (3) 4	(insert no) 4947	(a)(1) or ;	527		90-EZ, or 990			•
						porting organization			ots are r	normally not	more t	han \$25,	000 A
						anization chooses to f							
						ıf \$500,000 or more,						;	23,861
	rt i					Net Assets or F						Part I)	
ГС	1	Contribution	ns aifts.	grants, and similar	amounts rece	ived · · · · · ·					1		23,450
	2					and contracts					2		
	3			nd assessments							3		
	4	Investment	,								4		411
	5a			sale of assets othe	r than invento	ry	58	a					
	l							b			1		
_	1					y (Subtract line 5b fro					5c		
R e	6					e G) If any amount is from			ere 🕨				
v e	ر ا			including \$	parts or Scriedul	of contributions	gening.	OHCOK III		— i			
n	"						6a	a			ŀ		
u e	, h	•				es · · · · · ·		_					
10						es (Subtract line 6b fro		• • •			6c		
2010						s · · · · · · · ·		1				<u> </u>	
പ്ര				sold • • • • •		- - • • • • • • • • • •	71	b			1		
					ntory (Subtrac	ct line 7b from line 7a)					7c	İ	
	8	Other rever			, (000	1 10 L	, =	≕ 3)	8		
3	9		•	l lines 1, 2, 3, 4, 5c	6c. 7c. and 8	NDOBL	/GD			• • • •	9		23,861
	10		_	amounts paid (attac				3		STM122	10		16,434
Z Z Z E	11			or members · · ·		\$. MAY. 2 1.	5000 B	Ž			11		<u> </u>
Z, E Z, x	12					\$. WAA. 8 J.	Solo 1º) 			12		
SCAR	13					t contractors		ĔĮ			13		
ပ္က ္မီး	14	Occupancy	rent. uti	ilities, and mainten	ance · · ·	OGDEN		.			14		
رر e	15	-		s, postage, and sh			,	↲			15		1,440
Š	16			scribe > STM13)	16		75
	17	Total exper	nses Ac	d lines 10 through	16					•••	17		17,949
_	18	Excess or (deficit) fo	or the year (Subtrac	t line 17 from	line 9) • • • • •					18		5,912
A	19					m line 27, column (A)							
Ns e e t t	'										19		18,279
t e	20	Other chan	nes in ne	et assets or fund ha	lances (attacl	n explanation) • • •					20		<u> </u>
s	21	Net assets	or fund h	nalances at end of	ear Combine	lines 18 through 20				•	21		24,191
[D		Polono	o Sho	eta If Total asse	ets on line 25	column (B) are \$1,25	0 000 or mo	ore file	Form 99	90 instead of	Form	990-FZ	
P	art II	Dalalic	e Sne	(See the instruction			0,000		1	Beginning of year	- 1		End of year
22	Cach	savinos ar	nd invest						, v.v.		958 2		42,746
23	l and	and building	ıs • • •							· ·		3	<u> </u>
24)				4	
25	Total	assets						 ′.		36,	958 2		42,746
26		liabilities (d)	-		679 2		18,555
27		•		ces (line 27 of colu		gree with line 21)	• • • • •	<u> </u>			279 2		24,191
				\		<u> </u>		_		<u>_</u>			

Treasurer

Director

Director

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Mark Lindberg

Amy Pattison

Barbara Gerling

PO Box 621 Norwich VT, 05055

17 Chandler Road Etna NH, 03750

3 Wyeth Road Hanover NH, 03755

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Pa	t V Other Information (Note the statement requirements in the instructions for Part V)			
			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 · · · · · · · · · · · · · · · · · · ·	33	'	Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes · · · · · · · · · · · · · · · · · · ·	34		Х
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			Ì
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?	35a		Х
b	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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a		,	× 1
	Did the organization file Form 1120-POL for this year?	37b	_	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1.3	**************************************	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	3 33	3 -	
39	Section 501(c)(7) organizations Enter		ľ	Į į
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	£ %		1 1
b	20h			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1.		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	11.		,
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		\$ A.	1
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1020. 20.00	1 YOM #3. WA	
	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		Х
С	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			,
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	1 3	,	× ×> !
	reimbursed by the organization			1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	₹	20	, ,
	transaction? If "Yes," complete Form 8886-T	40e	1	x
41	List the states with which a copy of this return is filed NH			
	The organization's books are in care of ▶ Mark Lindberg Telephone no ▶ 802-6	49-1	678	
	Located at ▶ PO Box 621 Norwich, VT ZIP+4 ▶ 050	55		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)? · · · · · · · · · · · · · · · · · · ·	42b		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 U.S.?	42c		x
_	If "Yes," enter the name of the foreign country		J	
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		•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	[
	Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44	lu.	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	45		Х

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	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable tru		stions 46-49b			
	and complete the tables for lines 50 and 51					_	
16 Did th	ne organization engage in direct or indirect polit	ical campaign activities on	behalf of or in oppos	ition to		Yes	No
	idates for public office? If "Yes," complete Sche			• • • • • • • • • • • • • • • • • • • •	46		
47 Did th	ne organization engage in lobbying activities? I	f "Yes," complete Schedule	C, Part II		47		
18 Is the	organization a school as described in section	170(b)(1)(A)(ıı)? If "Yes," co	mplete Schedule E	• • • • • • • • • • • • •	48		Х
19 a Didth	ne organization make any transfers to an exemp	ot non-charitable related org	ganization? • • • •		49a		
b If "Ye	es," was the related organization a section 527 of	organization?			49b		
50 Com	plete this table for the organization's five highes	t compensated employees	(other than officers,	directors, trustees and key			
emple	oyees) who each received more than \$100,000	of compensation from the o	organization If there	is none, enter "None "			
<u></u>	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	acco	Expense ount and llowance	 s
NONE							
TORE							
							
f Total	number of other employees paid over \$100,000	0 •	 				
	plete this table for the organization's five highes		t contractors who ea	ch received more than			
	,000 of compensation from the organization If			on room of more than			
\$100	,000 of compensation from the organization in	there is none, enter 140he					
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Typ	pe of service	(c) Compe	nsation	
101							
NONE							
d Total	number of other independent contractors each	receiving over \$100,000	···• <u> </u>				
	Under penalties of perjury, declare that I have exa	imined this return, including accom	panying schedules and sta	atements and to the best of my know	vledge		
	and belief, it is true correct and complete Declara	ation of preparer (other than officer)) is based on all informatio	-11	dge		
Sign				5/15/2010			
Here	Signature of officer	22 1		Date			
	// 3	. Mark Unat	∞is No	asurer			
	Type or print name and title						
	Preparer's	1	Date	Check if Preparer's Ide	ntifying No	(See ins	st)
Paid	signature		:	self- employed	,	,	,
Preparer's				EIN D			
Use Only	Firm's name (or yours if self-employed),						
	address, and ZIP + 4			Phone no			
May the IRS	S discuss this return with the preparer shown at	oove? See instructions •			Yes	<u> </u>	No
tidy tile iik	5 discuss this fetath with the preparet shown at	2010 - OCC INSTRUCTIONS -			Form 9	1 1	
			EEA		4 01111 3	(-000)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2009

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization Friends of the Hanover-Norwich Schools, Inc. 02-6012322 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 b Type II c Type III-Functionally integrated a Type I Type III-Other e Ti 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? (see instructions)) Yes Nο Yes No Yes Nο

Total

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)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 In 4						
	tion B. Total Support				- 		
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
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 •						
12	Gross receipts from related activities, etc. (s	see instructions)		• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	- 12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first	second, third, four	th, or fifth tax year	as a section 501	c)(3)	···· > []
Sec	tion C. Computation of Public Su	pport Percei	ntage				
14	Public support percentage for 2009 (line 6,						<u> </u>
15	Public support percentage from 2008 Scheen		=		• • • • • • • • •	LL	%
16a	33 1/3% support test - 2009. If the organiza						. ==
	and stop here. The organization qualifies a		•		• • • • • • • •		· · · · · ▶□
b	33 1/3% support test - 2008. If the organiza				ıs 33 1/3% or mo	e, check this	
	box and stop here. The organization qualifi	•	• • •		• • • • • • • • •	• • • • • • • • •	· · · · · • • • • • • • • • • • • • • •
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fac		·	•	•		_
	organization meets the "facts-and-circumsta		•	•			· · · · · • ▶ □ ːːː
b	10%-facts-and-circumstances test - 2008.	•					
	more, and if the organization meets the "fac			•	•		
	organization meets the "facts-and-circumsta		•	· · · · · · · · · · · · · · · · · · ·			
18	Private foundation. If the organization did r	iot check a box o	n line 13, 16a, 16b	17a, or 17b, ched	ck this box and see	e instructions • •	• • • • • • •

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 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 24,249 19,185 24,912 18,152 23,311 109,809 Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 18,152 24.249 19,185 24,912 23,311 109,809 Total. Add lines 1 through 5 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 \$5,000 or 1% of the amount on line 13 for the year . . c Add lines 7a and 7b · · · · · · · · Public support (Subtract line 7c from 109,809 Section B. Total Support (c) 2007 (b) 2006 (d) 2008 (e) 2009 (a) 2005 Calendar year (or fiscal year beginning in) (f) Total 24,249 24,912 Amounts from line 6 · · · · 19,185 18,152 23,311 109,809 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 202 188 133 411 950 sources · · · · · · · · · · · · 16 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 202 188 133 16 411 950 c Add lines 10a and 10b · · · · Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 110,759 and 12) 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) Section C. Computation of Public Support Percentage 99.14 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 99.37 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 0.86 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 % 18 33 1/3% support tests - 2009. 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 gualifies as a publicly supported organization b 33 1/3% support tests - 2008. 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 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

▶ Complete if the organization is described below.

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

OMB No 1545-0047 2009

Open to Public Inspection

If the	organization answered "Yes," to Form 9	90, Part IV, line 4, or Form 990-EZ, Pa	rt VI, line 47 (Lob	bying Activities), then	
-	Section 501(c)(3) organizations that have Section 501(c)(3) organizations that have				
If the	organization answered "Yes," to Form 9	90, Part IV, line 5 (Proxy Tax), then			
•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nai	ne of organization			Employer i	dentification number
Fr	lends of the Hanover-Norwich	Schools, Inc.		02-601	12322
Pa	rt I-A Complete if the organ	ization is exempt under sect	ion 501(c) or	is a section 527 org	anization.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours				
			<u> </u>		
₹Pa	rt I-B Complete if the organ	ization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise tax incurr				
2	Enter the amount of any excise tax incurr				
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	?	• • • • • • • • • • • • • • • • • • • •	· · Yes No
4a	Was a correction made?		• • • • • • • •	• • • • • • • • • • • • •	· · Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under sect	ion 501(c), ex	cept section 501(c)	(3).
1	Enter the amount directly expended by the				
	activities · · · · · · · · · · · · · · · · · · ·		• • • • • • • •	• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organizatio				
	527 exempt function activities • • • • •		• • • • • • •	• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form	1120-POL,	<u></u>	
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-	-POL for this year?		.	· · Yes No
5	State the names, addresses and employe				
	were made. For each organization listed,			- · ·	
	contributions received that were promptly	-		•	
	fund or a political action committee (PAC	-	-	•	-94
			<u> </u>		T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
				 	none, enter -0-
		1			
					<u> </u>
				<u> </u>	ļ

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Sche	3416 G (1 5111 550 G1 550-E2) 2005	Hanover-Norwich Schools, Inc.	02-6012	
Pa	rt II-A Complete if the organization	is exempt under section 501(c)(3) and filed	Form 5768 (elec	ction
	under section 501(h)).			
	Check if the filing organization belongs to			
3		x A and "limited control" provisions apply	,	
	•	ing Expenditures	(a) Filing	(b) Affiliated
		ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public op			·
b	Total lobbying expenditures to influence a legislat			
С				
d	Other exempt purpose experiences			
е	Total exempt purpose expenditures (add lines 1c	and 1d)		
f	Lobbying nontaxable amount Enter the amount fr	om the following table in both		
	columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :		
	Not over \$500,000	20% of the amount on line 1e	1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		4
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line	1f) · · · · · · · · · · · · · · · · · · ·		
h	Subtract line 1g from line 1a If zero or less, enter	-0-		
i	Subtract line 1f from line 1c If zero or less, enter	0-		
j		e 1h or line 1i, did the organization file Form 4720 reporting	·	
	section 4911 tax for this year?			Yes N

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			v		
f	Grassroots lobbying expenditures					

Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled l	Form	5768		
	Telection under section so thing.	(a)		(b)	
		Yes	No	A	mount	1
1	During the year, did the filing organization attempt to influence foreign, national, state or local		1			
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of			l		
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	1		
C	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •		X			
i	Other activities? If "Yes," describe in Part IV		X			
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·	<u></u>				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		-	
b	If "Yes," enter the amount of any tax incurred under section 4912 · · · · · · · · · · · · · · · · · · ·					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 • • • • • • • • • • • • • • • • • • •					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ļ	L		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	:)(5),	or se	ection		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	• • •	• • •	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	• • •	• • •	3		<u> </u>
	complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."	ine 3	is ar		ed	
1	Dues, assessments and similar amounts from members • • • • • • • • • • • • • • • • • • •	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·		2a			
b	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2b			
c	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues • • • • • • • • • • • • • • • • • • •		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1	 		
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year? · · · · · · · · · · · · · · · · · · ·		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	 		
	rt IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line complete this part for any additional information	11				
						-
						
				 ,		

Name(s) as shown on	Federal Supporting Statements	2009 FEIN
	Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule	Statement #122
Activity Grantee	Support of local public schools SAU 70	Relationship 6,434
Address	41 Lebanon St., Suite 2 Hanover NH 03755	<u></u>
	Total 1	<u>6,434</u>
	Form 990EZ, Part I, Line 16 Other Expenses Schedule 2	
Descripti Annual re	on Amou	<u>unt</u> 75
Total		75
	Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3	
Descripti Grants co	Beginning	nd of Year 18,555
Total	<u> 18,679</u> <u> </u>	18,555