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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)

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

A	For the 2009 calendar year, or tax year beginning	, 2009, and	d ending			, 20
В	Check if applicable Please C Name of organization use IRS Alc . Ha achieve Floring C of the	1.60		D Employe		ification number
H	Address charge liabelor NEW HOMPS IN E LIECTRE COUP	OUNCALIBA			<i></i>	, , , <u> </u>
Ħ	Name change print or Number and street (or P.O box, if mail is not delivered to street initial return type see 579 Tenney Min Huy	(address)	oom/suite	E Telephor		36-8166
ğ	Amended return Specific City or town, state or country, and ZIP + 4 Instruc-			F Group E	xemp	
ᆜ						7 . 🗀
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must be a completed Schedule A (Form 990 or 990-EZ). 	ust attach	1	nting Metho (specify) ∙►	od. E	Cash
- i \	website: > nhec. com/community_nhecfoundation		•			anization is not edule B (Form 990,
JI	Tax-exempt status (check only one) — 501(c) (13) (insert no.) □ 4947(a)(1)	or 🔲 527	990-E	Z, or 990-P	F).	
	Check ► ☐ if the organization is not a section 509(a)(3) supporting organization ar		ceipts are n	ormally not	more	than \$25,000. A
	Form 990-EZ or Form 990 return is not required, but if the organization chooses to file	-	=	-		
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Forn				\$	
_	art I Revenue, Expenses, and Changes in Net Assets or Fund				ons fo	or Part I.)
	Contributions, gifts, grants, and similar amounts received		<u>., </u>	1	1	267.379
	2 Program service revenue including government fees and contracts			2	+	
				3		
				4		2 /41
	4 Investment income	11		4		2,141
	5a Gross amount from sale of assets other than inventory	5a			- 5	
	b Less: cost or other basis and sales expenses	5b			₹	
ø	c Gain or (loss) from sale of assets other than inventory (Subtract line	5b from line	5a)	50	:	
Revenue	6 Special events and activities (complete applicable parts of Schedule G). If any amount is	s from gaming,	check here	,		
Ş	a Gross revenue (not including \$	s		;	곕	
æ	reported on line 1)	6a		* *]	
	b Less: direct expenses other than fundraising expenses	6b	-	The second	ينيا	
	c Net income or (loss) from special events and activities (Subtract line	6b from line	6a) .	. 60	;	-
	7a Gross sales of inventory, less returns and allowances	7a	· -	1	-y	
	b Less: cost of goods sold	7b	-	o.		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from lir			70	. 1	-
	8 Other revenue (describe >			1 8		-
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			. > 9	1	269 520
	10 Grants and similar amounts paid (attach schedule)	<u> </u>		10	.	218, 186
	· · ·			11	\rightarrow	210, 100
"	11 Benefits paid to or for members			12		-
š	12 Salaries, other compensation, and employee benefits			· —		
Expenses	13 Professional fees and other payments to independent contractors .			13	_	-
×	14 Occupancy, rent, utilities, and maintenance			14	~+	
Ш	1 to 1 tiliting, publications, postago, and simpping . ,			15		2,165
	16 Other expenses (describe ► Insurance (2, 200); Stofen H (7)	<u> </u>) <u>"16</u>	_	2,875
	17 Total expenses. Add lines 10 through 16	<u> </u>		<u>. ▶</u> 17	<u>'</u>	223, 226
10	18 Excess or (deficit) for the year (Subtract line 17 from line 9)					46, 294
Assets	19 Net assets or fund balances at beginning of year (from line 27, col	umn (A)) (m	ust agree	with 🗀	1	
B	end-of-year figure reported on prior year's return)			19		90,269
Net	20 Other changes in net assets or fund balances (attach explanation).			20		-
Z	21 Net assets or fund balances at end of year. Combine lines 18 through	n 20 .		. ▶ 21		136.563
Р	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250),000 or mor	e, file Forr	n 990 inst	ead c	of Form 990-EZ.
	(See the instructions for Part II.)		(A) Begi	nning of year	1	(B) End of year
22	,		7	10269	22	136 563
23				-	23	-
24				-	24	
25				90269	25	136 563
26				, , ,	26	- , <u>, , , , , , , , , , , , , , , , , ,</u>
27		21)		90,269	27	136,563
~1	, or raine administration (into Er or obtaining (b) made agree with inte	· · · ·	1	, , , , , , , , , , , , , , , , , , , ,		104.353



rom	990-62 (2009)					
Par	t III Statement of Program Service Accom	plishments (See the inst	ructions for Part I	11.)	J	Expenses
Wha	t is the organization's primary exempt purpose?					ured for section
Desc	cribe what was achieved in carrying out the org	ganization's exempt purpo	ses. In a clear a	ind concise)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation for	4947(a)(1) trusts, optional
each	program title.	*		· · · · · · · · · · · · · · · · · · ·	for ot	hers.)
28	Grant programs - see A	Hechment A				
	, ,					
						2.5.01
	(Grants \$ 218,186) If this amount	includes foreign grants, ch	eck here	▶ □	28a	218, 186
29						
	(Grants \$) If this amount	includes foreign grants, sh	ook boro	. ▶ □	.29a	
30					.234	·· ····
30						
		4*************************************]	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31						-
		includes foreign grants, ch			31a	
	Total program service expenses (add lines 28a t				32	218,186
Par	t IV List of Officers, Directors, Trustees, and Key		 	 		<u></u>
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and
	14 17	devoted to position	enter -0)	deferred comper	sation	other allowances
	see Atlachment B]	j	
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
•	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		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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		*
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0 -	111	*** - 1 · 1	4.4
b	Did the organization file Form 1120-POL for this year?	37b	h	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 outstanding at the end of the period covered by this return?	38a	النشاة	X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 1		
39	0 - 1 - 504/A/7			
	Initiation fees and capital contributions included on line 9			17500
a	Gross receipts, included on line 9, for public use of club facilities	1		
b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			24
40a	section 4911 ▶	: E. 2	12.70	51.3
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	اً مُنْ الله	2 بعددا
	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		X
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		4	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, , , , , , , , , , , , , , , , , , ,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. > New Hampshire			
42a	The organization's books are in care of ▶ Judy Gove Telephone no. ▶ (60)	5) 53(~ 86	66
	Located at > 579 Tenney Mfn Hwy Plymouth NH ZIP+4 > 03	264.	314	7
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		<u> </u>
	If "Yes," enter the name of the foreign country: ▶	14 1	12.1	. ' ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	14.72		
С	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: ▶			_
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			
		5	V1	Na
44	Did the appropriation and the second of the		Yes	<u>No</u>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	74	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	불보	X
_		000		

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt chari id 51.	xempt chari table trusts n	table trusts only. nust answer questi	All sec ons 46	tıon 3–49t	ɔ
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf o	f or in opposition to		Yes	No
	candidates for public office? If "Yes," complete \$				46		Х
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II		47		X
	Is the organization a school as described in section				48		X
	Did the organization make any transfers to an ex				49a		X
	If "Yes," was the related organization a section 5				49b		
	Complete this table for the organization's five his employees) who each received more than \$100,						
		(b) Title and average	(c) Compensat	ion (d) Contributions to	(e)	Expens	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans a deferred compensation		count a	
	None	develop to position		1	1 00,000	anoma	11003
	·						
				- 	+-		
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					1		
					$\overline{}$		
					Ì		
51	Complete this table for the organization's five h \$100,000 of compensation from the organization	n. If there is none, enter "No	one."				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Con	ipensa	tion
	None						
	·			-			
	***************************************			-			
	Total number of other independent contractors of	ach recours aver \$100.00					
d	Total number of other independent contractors e	ach receiving over \$100,00	· · · · · · · · · · · · · · · · · · ·				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration of	d this return, including accompany of preparer (other than officer) is ba	ing schedules and ased on all informa	statements, and to the be tion of which preparer has	st of my any kno	knowle wiedge	dge
Sign	1 0 -			127 April	20	10	
Here	Signature of officer			Date		<u>·</u>	
	David C. Talbot, Treasur	0 7					
	Type or print name and title	<u>C1</u>					
	Preparer's	Date	Check if	Preparer's identifying nu	mber (See	_ instructi	ions)
Paid	signature		self- employed ▶				
Prepare	1 min share to		, ,,,,,,,,,	EIN ►			
Use On	y yours if self-employed), address, and ZIP + 4			Phone no ▶			
May the	e IRS discuss this return with the preparer shown	above? See instructions	· · ·	▶ Г	Yes		lo
					gan		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Hampshire Electric Coop Foundation | Employer identification number | 11 : 375/465 |

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

4 P.E	art I	Reaso	n for Public C	harity Status (All o	organiza	tions mu	ist comp	olete this	part.) S	<u>Bee instru</u>	uctions.
The	org	anization is	not a private fou	indation because it is	: (For line	es 1 throi	ugh 11, c	heck only	y one bo	x.)	
1		A church, o	convention of ch	urches, or association	n of chur	ches des	cribed in	section	170(b)(1)	(A)(i).	
2		A school de	escribed in sect	ion 170(b)(1)(A)(ii). (A	ttach Sc	hedule E.	.)				
3				hospital service orga			•	on 170(b)(1)(A)(iii	١.	
4				ation operated in coi							1)(A)(iii). Enter the
·	_		ame, city, and s								
5		•		or the benefit of a coll							al unit described in
Ū	_	-		omplete Part II.)	-9			0,000	. o, a go		ar arm accomped n
6				vernment or governm	ental uni	t describ	ed in sec	tion 170	(b)(1)(A)(v).	
7	X		-	ly receives a substant						•	the general public
				(1)(A)(vi). (Complete		, ,		Ü			9-11-1-11 p-2-11-1
8		A communi	ty trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9		An organiza	tion that normali	y receives [.] (1) more th	nan 331/3 9	% of its si	upport fro	om contri	butions, r	nemberst	nip fees, and gross
				ed to its exempt fund							
				nent income and unri						n 511 tax	() from businesses
		acquired by	the organization	n after June 30, 1975	See se	ction 509	(a)(2). (C	omplete	Part III.)		
10		An organiza	ition organized a	and operated exclusiv	ely to tes	st for pub	lic safety	. See se e	ction 509	9(a)(4).	
11		An organiza	ition organized	and operated exclusi	vely for t	the benet	fit of, to	perform	the funct	ions of, o	or to carry out the
				iblicly supported orga							
		509(a)(3) . C	heck the box th	at describes the type	of suppo	orting org	anızatıon	and con	nplete lin	es 11e th	rough 11h.
		a 🗌 Type	. 1 Б] Type II 💢	: 🗆 Тур	oe III–Fur	nctionally	ıntegrate	ed	d 🗀	Type III-Other
е		By checking	g this box, I cer	tify that the organiza	tion is no	ot contro	lled direc	ctly or inc	directly b		
		persons oth	er than foundation	on managers and othe	er than on	e or more	e publicly	supporte	ed organı	zations de	escribed in section
		509(a)(1) or	section 509(a)(2)).							
f		If the organ	zation received	a written determinat	ion from	the IRS	that it is	а Туре	I, Type I	l, or Type	III supporting
			, check this box					71			
g		Since Augus	st 17, 2006, has	the organization acce	epted any	y gift or c	ontributi	on from a	any of the	Э	_
Ū		following pe		•					•		
		(i) A persor	n who directly o	r indirectly controls, e	either alo	ne or tog	ether wi	th persor	ns descri	bed ın (iı)	Yes No
		and (III) t	pelow, the gover	ning body of the sup	ported or	rganizatio	n? .	•	,		11g(i)
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)
				of a person described		(ii) above	? .				11g(iii)
h		Provide the	following inform	ation about the suppo	orted org	anızatıon	(s)				
(1)		of supported	(iı) EIN	(III) Type of organization		organization		ou notify		ls the	(vii) Amount of
	orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support
			İ	(see instructions))	3			port?		S?	
					Yes	No	Yes	No	Yes	No	
						!					
									}		
										L	
				,							
				,	· ·	1	-	,	4		

	Support Schedule for Org (Complete only if you chec	ganizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	70(b)(1)(A)(iv) i.)	and 170(b)(1)(A)(vi)
	ction A. Public Support	,					
C	alendar 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")	550	301,690	304,201	335,341	267,379	1,209,161
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			200	33=04		
-4	Total. Add lines 1 through 3 .	550	301690	364,201	335, 341	267,379	1,209,161
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				30 3 2 2 3 3 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6		,
_	shown on line 11, column (f)	-A.S	5 1 23.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
6	Public support. Subtract line 5 from line 4		13.4	V 12 1 2 2 1 1 1 1	1 2 2 2 2 3	* * * * * * * * * * * * * * * * * * * *	
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		550	301,690	304201	335,341	267 379	1,209 /61
7	Amounts from line 4	340	307,070	307,-01	222,247	11,5,100	1,001,161
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-	33	2,473	2,471	2,141	7,118
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 .		3 '			• '. • •	1,216 279
12	Gross receipts from related activities, etc	(see instructio	ns)	•	. [12	
13	First five years. If the Form 990 is for torganization, check this box and stop her	е		d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Sup	port Percer	ntage				
14	Public support percentage for 2009 (line 6	i, column (f) div	vided by line 11	, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch				[_15	%_
16a	331/3 % support test—2009. If the organization qualifies				ine 14 is 33% %	or more, chec	k this box
b	33½% support test—2008. If the organize box and stop here. The organization qualities						check this
17a	10%-facts-and-circumstances test – 200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	cts-and-circum	nstances" test, c	heck this box a	and stop here.	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test – 2008. more, and it the organization meets the "fa organization meets the "facts-and-circumstar Private foundation. If the organization did it	cts-and-circums nces" test. The c	stances" test, ch organization qual	ieck this box ai ifies as a publicl	nd stop here E y supported org	Explain in Part l' anization	V how the .▶ □

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.)

	Complete only if you check	ou the box o	11 11110 0 01 1 0				
	tion A. Public Support						
Ca	alendar 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	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 through 5	f- 					
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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		45. 3.				
Sec	tion B. Total Support					·	
Ca	ellendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 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						
с 11	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						
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 torganization, check this box and stop to the first five years.	here	<i></i>		•		on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	pport Percer	ntage			,	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column	(f))	15 16	<u>%</u> <u>%</u>
Sec	tion D. Computation of Investmen	it Income Pe	ercentage				
	Investment income percentage for 2009 Investment income percentage from 20			-	olumn (f)) .	17	<u>%</u> %
19a	33% % support tests – 2009. If the organizer is not more than 33% %, check this be	anization did ne	ot check the bo	ox on line 14, a		nore than 331/3	%, and line
b	001/0/	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33/3 %, and
on.	Private foundation If the organization	· · · · · · · · · · · · · · · · · · ·	_	•			

Schedule A (Fo	orm 990 or 990-E	Z) 2009							P	age 4
Part IV	Suppleme Part II, line	ntal Info 17a or	rmation. 17b; and	Complete Part III, line	this part 12. Pro	to provide vide any ot	the explanather additiona	tions required al information.	by Part II, line See instruction	10:
							····			
				•				•		
							•			
							·			

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								**		

NH Electric Co-op Foundation 2009 Awards

Attachment A

\$2,500 \$2,000 \$2,500 \$2,500 \$969 \$5,000 \$10,000 \$4,000 \$1,955 \$18,000 \$2,000 \$1,500 \$750 \$1,500
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\$1,500
\$5,500
\$1,000
\$2,000
\$3,000
\$3,000
\$5,000
\$2,000
\$16,888
\$1,000
\$5,000
\$2,500
\$4,000
\$5,000
\$4,400
\$2,000
\$72,000
\$1,789
\$2,435
\$10,000
\$2,000
\$2,000

Organization Name	Purpose of Award	Amount of Award
Whole Village Child Care Center	Charitable Scholarship Assistance for Whole Village/Bridge House Partnership	\$7,500
YMCA Camp Nellie Huckins -	Charitable. To support construction of residential housing	\$3,000
Youth Venture, Inc	Educational 'To support youth programs	\$2,500



Attachment B

New Hampshire Electric Co-op Foundation EIN: 11-3751465 Form 990-EZ - 2009 Attachment for Part IV

Current Officers, Directors, Trustees, and Key Employees

			200		ובוויים ביו ביווים וביווים מולווים וביו	3
Name	Address	Title	Hours/Week	Compensation	deferred compensation	other
Fred Anderson	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	
Chuck Braxton	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	o o	
W Ray Gosney	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	
Earl Hansen	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Chairman	₹	¢	¢	
Jerry Hopkins	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	₹-	¢	¢	
Gail Paine	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Secretary	-	¢	¢	
Georgie Thomas	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	
David Talbot	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Treasurer	-	¢	¢	
Judy Gove	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Exec Director	7	¢	¢	
Charleen Hughes	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	
Schuyler Sweet	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	

					Contributions to	Expense
			Average		employee benefit plans &	account and
	Address	Title	Hours/Week	Compensation	deferred compensation	other allowances
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	¢
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	o o
_	579 Tenney Mitn Hwy, Plymouth, NH 03264-3147	Director	+	¢	¢	¢
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Chairman		¢	¢	¢
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director		¢	¢	¢
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Secretary		¢	¢	¢
S	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	þ
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Treasurer	-	¢	¢	¢
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Exec Director	7	¢	¢	¢
es	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	_	¢	¢	¢
	579 Tenney Mtn Hwy, Plymouth, NH 03264-3147	Director	-	¢	¢	¢