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Form **990-EZ**

2009

OMB No 1545-1150

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning and ending

В	<u>.</u>	Check if applicable	Please	C Name of organiza		•			D Em	ployer identification number		
L	<u></u>	Address change	use IRS NEW HAMPSHIRE HORSE & TRAIL									
L		Name change	print or	BOUCHER					23	<u> 7160170 </u>		
		Initial return	type.	· · · · · · · · · · · · · · · · · · ·						ephone number		
	_	Termination	See Specific	PO BOX 16	0					<u> 3-463-7924</u>		
L	_	Amended return	Instruc-	City or town, state or c	ountry, and ZIP + 4				F Group Exemption			
	L	Application pending	tions.	DEERFIELD		NH 03037				Number •		
		 Section 501(c)(3 			1) nonexempt charitab	le trusts must attac	ch	G Accounting	_	X Cash Accrual		
-	-	MALL SEE TOTAL			(Form 990 or 990-EZ).	-		Other (specify)	<u>▶</u>			
١.				HTA.ORG	7 \ 4 (==== + ==)	4047/-)/4) [H Check ► required to	attach So	ie organization is not chedule B (Form 990,		
<u>J</u>		Tax-exempt status (d			7) ◄ (insert no)	4947(a)(1) or	527					
K		Check ▶		-			_			t more than \$25,000 A		
-					out if the organization ch				te retur			
느					ipts, if \$500,000 or more, fi anges in Net Asse							
	F					ets of Fullu Dale	arices (c	bee the man	1			
	,		-	ints, and similar amounts		to			2			
					nment fees and contrac		ረ ሞአጥፔ	MENT 1	3	5,830		
			•	nd assessments		255	SIAIE	MIDINI I	4	254		
		4 Investment				ء ا	. 1			2,74		
		,		sale of assets other th	•	. 58	- 1					
		Į.		pasis and sales expen			9		<u> -</u>			
	_	, ,	•		entory (Subtract line 5b from	•			<u>5c</u>			
	nue	•			le parts of Schedule G) If a		ling, check	nere P				
	Revenue											
1	Ä	reported or	•		•	68		38,71	읚			
				es other than fundrais		<u>6</u> 1		42,21	_	2 405		
					and activities (Subtract	l l	1		6c	-3,495		
				ntory, less returns and	allowances	78						
		b Less cost	-			_ 7t	<u> </u>					
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c	7 400		
		8 Other revenue (describe ► <u>SEE STATEMENT 2</u>)) 8	7,422			
_		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	10,011			
				imounts paid (attach s	schedule)	•			10	1,600		
		11 Benefits pa							11			
	Se	12 Salaries, of	ther com	pensation, and employ	yee benefits				12	2 100		
	Expenses	13 Professiona	al fees ar	nd other payments to i	ndependent contractors	3			13	3,499		
	xbe	· ·		ilities, and maintenand				• • • • • •	14			
ı	Е			s, postage, and shipp		RECEI	VED	- [15	10.550		
				scribe ▶ <u>SEE</u> S	TATEMENT 3			70 .) 16	10,553		
	_			ld lines 10 through 16		MAY 0 4	2010)S ▶	17	15,652		
	S			or the year (Subtract li		1 - 1		S. (S	18	-5,641		
	set	19 Net assets	or fund t	palances at beginning	of year (from line 27, co	1		[民	İ			
2010	As	end-of-year	r figure re	eported on prior year's	return)	OGDEN	4, 1,17		19	57,467		
	Net Assets	20 Other chan	iges in ne	et assets or fund balar	nces (attach explanation	1)	<u></u>		20			
~ :					r Combine lines 18 thr				21	51,826		
Part if Daiance Sheets, it total assets on line 25. Column (B) are \$1,250,000 or more, the form 990 instead of Form 990-E2												
\$				(See the instructions	s for Part II)		(A)	Beginning of year		(B) End of year		
≥≥ 2	2	Cash, savings, and	Investm	ents				57 , 46	7 22	51,826		
(日) 2	3	(See the instructions for Part II) Cash, savings, and investments Land and buildings Other assets (describe ▶ (A) Beginning of year 57, 46				23	 					
勞 2	4					24	 					
浸 2		Total assets						57,46		51,826		
<u></u> ₹ 2		Total liabilities (de		·			.)		0 26	0		
~~~					B) must agree with line			<u>57,46</u>	7 27	51,826		
F لأكث	or	Privacy Act and Pa	aperwor	k Reduction Act Noti	ce, see the separate ir	structions.				Form <b>990-EZ</b> (2009)		

	AMPSHIRE HORSE & '			3-716017 <u>0</u>			Page 2
Part IIi Statement of F	Program Service Accomplis	shments (	See the instruc	tions for Part I	II.)	Exp	penses
What is the organization's primary	exempt purpose?					(Required f	for section
	D SOCIAL ACTIVITIES FOR HO	RSE ENTHUS	IASTS			501(c)(3) a	nd 501(c)(4)
	rying out the organization's exempt			9		organizatıo	ns and section
manner, describe the services prov		4947(a)(1)	trusts; optional				
each program title						for others )	
	GEMENT OF HORSE ACTIVITIES	IN NH AND					
BEYOND SINCE 1945.							
BETOND SINCE 1943.					•		
(Grants \$	) If this amount includes fore	ian arante ch	ack here	•		28a	
29	) II this amount moldes fore	igit grants, or	ICON TICIC		<u>'</u>		
		•		•			
(O	)				rr   <i>.</i>	29a	
(Grants \$	) If this amount includes fore	ign grants, cr	ieck nere		┸	234	
30				•	1	İ	
			•				
				_	႕ .		
(Grants \$	) If this amount includes fore	ign grants, cr	eck here	<u> </u>	نبلنا	30a	
31 Other program services (attach					<u> </u>		
(Grants \$	) If this amount includes fore	ign grants, ch	eck here			31a	<del></del>
32 Total program service expens					<del></del>	32	
Part IV List of Officers, D	irectors, Trustees, and Key Emplo	oyees. List ea			e the ir	nstructions fo	
(3)	) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions to ee benefit plans &	(e) Expense account and
	/ Name and address		devoted to position	enter -0)		d compensation	other allowances
CHRISTINA BALCH	MANCHESTER		PRESIDENT				
226 MORNING GLORY DRIVE	ин 03109	_	5.00	0		0	0
PATRICIA DARMOFAL	HAVERHILL		VICE-PRES				
12 KELLY ST	MA 01832		3.00	0		o	0
JANE BOUCHER	DEERFIELD		SECY/TREAS				
PO BOX 160	ин 03037		5.00	1,986		0	0
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Pa	rt ♥ 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		Χ
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		Χ
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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		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	1000		
30	during the year? If "Yes," complete applicable parts of Schedule N	36	ľ	Х
270	Enter amount of political expenditures, direct or indirect, as described in the instr			
37a		37b		Х
b	Did the organization file Form 1120-POL for this year?	3/6		<del></del>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		Х
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	304		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	-{		
b	Gross receipts, included on line 9, for public use of club facilities	-{		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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			
	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	ļ	
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			
	reimbursed by the organization			
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 ▶ NONE			
42a	The organization's books are in care of ▶ JANE BOUCHER Telephone no ▶			
	PO BOX 160			
	Located at ▶ DEERFIELD, NH ZIP+4 ▶ .03	037		
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.			
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			_
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			<u> </u>
~~	Form 990-EZ	44	1	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<del>                                     </del>		<del></del>
40	"Yes," Form 990 must be completed instead of Form 990-EZ	45	]	Х
			0-F7	(2009)
		J <b>3</b>		- (2003)

Form	n 990-EZ(2009) NEW HAMPSHIRE HORSE & TRAIL	23	3-716017 <u>0</u>			Page 4
	art VI Section 501(c)(3) organizations and section 4947(a)(1) 501(c)(3) organizations and section 4947(a)(1) nonexer and complete the tables for lines 50 and 51.	nonexemp	t charitable tr			
46	Did the organization engage in direct or indirect political campaign activities on bel	half of or in op	position to		Ye	s No
	candidates for public office? If "Yes," complete Schedule C, Part I					
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	Part II	•	•	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Y	es," complete	Schedule E		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization	nization?		•	49a	
b	If "Yes," was the related organization a section 527 organization?				49b	
50	Complete this table for the organization's five highest compensated employees (of			=		
	employees) who each received more than \$100,000 of compensation from the org				(a) F	
	than \$100,000	Title and average hours per week evoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e) Exp account other allo	t and
	·					
	Total number of other employees paid over \$100,000	<b>&gt;</b>	<u></u>			
51 	Complete this table for the organization's five highest compensated independent of \$100,000 of compensation from the organization. If there is none, enter "None"	contractors who	each received m	ore than	· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	on .
	•					
	· ·	<u> </u>				
d	Total number of other independent contractors each receiving over \$100,000					
ŭ	Total number of other mospendent contractors each receiving over \$100,000					
Sig Her	- Jan Sura					
1161	TANE BOUCHER  Type or print name and title		Date			
	Preparer's	Date	Check if self-	Preparer's Iden	tifying Numbe	r (See instr
Pai	d signature V VVVV	04/20	0/10 employed 1	▶□   P0003	1228	

HOWARD & COMPANY, CPAS,

03077-2366

56 MAIN ST

RAYMOND,

May the IRS discuss this return with the preparer shown above? See instructions

02-0494101

no ▶ 603-895-0101

EIN

Phone

Preparer's

Use Only

Firm's name (or yours

address, and ZIP + 4

ıf self-employed),

Form' <b>99</b>	0		Special Event	s Schedule			2009
1 5.1		For calendar year 2009, or t	ax year beginning	, and e	ending		
Name NEW HAM	1PSHTR	E HORSE & TRAI	Τ,			Employer lo	lentification Number
BOUCHER						23-716	0170
Gross receipts Less contrib Gross revenue Less direct e Net income (lo	utions _ e expenses _	(A) 32,007 0 32,007 34,182 -2,175	(B) 5,376 0 5,376 7,168 -1,792	1,335 0 1,335 863 472	Others	0 0 0 0	Total 38,718 0 38,718 42,213 -3,495
Description ⁻	(A) (B) (C) Others	ANNUAL HORSE  ANNUAL BANQUI  TRAIL RIDES					

23-7160170

# **Federal Statements**

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		 Amount		
MEMBERSHIP	DUES	\$ 5,830		
TOTAL		\$ 5,830		

#### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount		
AFFILIATIONS AND ASSESSMENTS	\$ 6,997		
RAFFLE	325		
WEB SPONSOR	50 50		
MISCELLANEOUS	 30		
TOTAL	\$ 7,422		

#### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
EXPENSES	\$
OFFICE	3,815
CONFERENCES/MEETINGS	91
PRIZES AND AWARDS	3,853
DUES	175
BANK FEES	1,117
INSURANCE	640
MISCELLANEOUS	 862
TOTAL	\$ 10,553