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Form

Department of the Treasury Internal Revenue Servece

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_ 2009

Open to Public Inspection

B Check if applicable use IRS label or Name change Initial return New Change Initial return		oyer identification number
Address change Iabel or Print or Doing Business As Initial return See Specific P.O. BOX 196 P.O. BOX 196 P.O. BOX 196	75	-6671209
type. Initial return Number and street (or P O box if mail is not delivered to street address) P.O. BOX 196 Room/suit		
Initial return See P.O. BOX 196	e E Telep	hone number
		3-772-2921
Termination Instruc- City or town, state or country, and ZIP + 4	G Gross rec	erpts \$ 873,773
Amended return tions. STRATHAM NH 03885		
Application pending F Name and address of principal officer	'	s a group return for
MAUREEN CAREY PO BOX 196	affiliai H(b) Are a	Il affiliates
STRATHAM NH 03885	includ	neo? [res res ,* attach a list (see instructions)
1 Tax-exempt status		, attack a not feed more accounty
J Website: ▶ N/A		p exemption number
K Type of organization Corporation X Trust Association Other ▶ L Year of formal	tton 2002	M State of legal domicile NI
Part I Summary	· . · · · - · · · · · · · · · · · · · ·	
1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE NHSCPA TRUST IS TO SUPPORT THE VISION,		
PURPOSE AND ACTIVITIES OF THE NH SOCIETY FOR THE PREVENTION		•
PURPOSE AND ACTIVITIES OF THE NH SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its neither		•
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its nei	t assets.	
ु 🚜 3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	5	0 1
6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12	. 6 7a	<u> </u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,675	19,736
9 Program service revenue (Part-VIII, line-2g)	-32,068	-21,673
10 Investment income (Part VIII, column (A), lines 3, 47 and 7d) FP 0 7 2010	-32,000 -272,990	
12 Total revenue – add lines 8 through 11 (must equal Part VIII column (A) line 12)	-297,383	
13 Grants and similar amounts paid (Part IX, column (A), lines (3) EA, UT	51,597	
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)		
b Total fundraising expenses (Part IX, column (D), line 25) ► 30,763 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	41,092	41,343
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	92,689	
19 Revenue less expenses. Subtract line 18 from line 12	-390,072	266,593
S S Beginnin	g of Current Year	End of Year
5 m	,101,385	1,369,646
	6,749	
Part II Signature Block	,034,030	1,302,031
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of	of my knowledge
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of wi	hich preparer has an	y knowledge
Sign Jacurles Jaces, press.		<u> </u>
Here Signature of officer CAREO, TREASUREY	Date	1112
Type or print name and title	<u>4</u>]
	Check if	Preparer's identifying number
Paid Preparer's signature Date 08/23/10	self-	(see instructions) P00650823
Preparer's MASON & RICH P A	employed EIN	02-0365196
Use Only Firm's name (or yours if self-employed), 6 BICENTENNIAL SQ	Phone	
		603-224-2000
address, and ZIP + 4 CONCORD, NH 03301-4058	no 🕨	
	no	X Yes No Form 990 (2009)

Part III St	atement of Program 3	ervice Accomplishments			
1 Briefly descri	be the organization's mission				
THE PURI	POSE OF THE NHS	CPA TRUST IS TO	SUPPORT THE VISI	ON,	_
PURPOSE	AND ACTIVITIES	OF THE NH SOCIE	TY FOR THE PREVE	NTION	•
OF CRUEI	TY TO ANIMALS			,	•
				7 3 1	
2 Did the organ	nization undertake any signific	ant program services during the ye	ear which were not listed on		
	·	ant program services during the ye	sai which were not listed on		Yes X No
	m 990 or 990-EZ?		•	• •	tes _A No
	cribe these new services on So				
	nization cease conducting, or r	make significant changes in how it	conducts, any program		
services?					Yes X No
If "Yes," desc	cribe these changes on Sched	ule O			
4 Describe the	exempt purpose achievement	s for each of the organization's the	ree largest program services by e	xpenses	
		ons and section 4947(a)(1) trusts a			
		nd revenue, if any, for each progra		3	
	outere, and total expenses, an	a revenue, il any, ier each progra	co. vice reperteu.		
4a (Code:	\/Evrence f	45,971 including gran	45 4 6 36 971	·) (Revenue \$	
)(Expenses \$,
	• •	PCA TRUST IS TO		ON	
		OF THE NH SOCIE	TY FOR THE	••	
PREVENT	ON OF CRUELTY	TO ANIMALS			•
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4c (Code: 4d Other program (Expenses \$) (Expenses \$	including grandule O)			
4c (Code: 4d Other program (Expenses \$) (Expenses \$	including gran	ts of \$		Form 990 (2009)

Pa	art 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,"			
	complete Schedule A	1	x	
2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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 similar funds or accounts where donors have	Ť		
•	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 II	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	1	x
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	l	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable	11		x
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
Ĭ	Schedule D, Part VI			
	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more			
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		- 1	
Ĭ	of its total assets reported in Part X,-line-16?-If-"Yes;"-complete-Schedule-D,-Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
Ĭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	İ
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		ŀ	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		$\neg \neg$	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities 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	$\neg \uparrow$	X

	art IV Checklist of Required Schedules (continued)			,
24	Did this assessment and seems than BE 000 of assests and other assests and other assessment and assessment and		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	,,	x	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	00		x
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c	<u> </u>	<u> </u>
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 duning the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization 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	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	_		
	Schedule-L,-Part-IV — — — — — — — — — — — — — — — — — — —	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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		X
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	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			•
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1 7		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1				
	U.S Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		<u> </u>	ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			ł	
	gaming (gambling) winnings to prize winners?			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			İ
b	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					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	onty		-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal		- [
	account)?			4a		X
b	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 Ban	k		1		
	and Financial Accounts.					l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				ĺ
	Prohibited Tax Shelter Transaction?		•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1		
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	οr				
	gifts were not tax deductible?		• •	_6b_		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
<u>a</u>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
_	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	[7c		<u> </u>
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- ,		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal part of the pa	onai		_		
	benefit contract?		•	7e		
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		7f		
y h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			7g		
•••	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		• •	711		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.	• • • •		-		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b		
10	Section 501(c)(7) organizations. Enter:			35		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter.		 	7		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			-		
-	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
4	Finder the grant and other control of the control o	L	ı	0		Yeş	No
1a -	Enter the number of voting members of the governing body	1a		<u>8</u> 8	\dashv		
b	Enter the number of voting members that are independent	11	<u> </u>	<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						v
2	any other officer, director, trustee, or key employee?		٠		2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct				_		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3	 	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	1!			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5	 	X
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						v
_	of the governing body?	•			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		•		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
_	the year by the following				ء ا	x	
a	The governing body?				. <u>8a</u> 8b	X	_
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				80	_	_
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the In	orn	 al				
	renue Code.)	ICI II	aı				
1101	ende Gode.)					V	Na
10a	Does the organization have local chapters, branches, or affiliates?				10a	Yes	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				iva		
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	•			100		
••	form?				11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•			··	-	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				120		
_	rise to conflicts?				12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				125		
•	describe in Schedule O how this is done				12c	x	
13	Does the organization have a written whistleblower policy?	•	• •		13		X
14	Does the organization have a written document retention and destruction policy?		•	• •	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by				1.3		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization	•		• •	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	•		•	- 132		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?				16a		X
b	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		
Sec	tion C. Disclosure		-		1		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NH						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly)			•		
	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 interes	it					
	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	:					
	organization. ▶ NHSPCA P.O. BOX 196						
_s:	TRATHAM NH 0388	35	•	6	03-77	2-2	921
DAA				-			(2000)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- 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.

(A) Name and Title	(B) Average	Pos	ition ((C checi		hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated		
	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		
JULIE QUINN										_		
TRUSTEE THOMAS	0.50	X						0	0	0		
KEITH EUSTIS	0.50								•	•		
trustee FREDRICKWOODBURN		X	_				_	0	0	0		
Trustee	0.50	x				1		o	0	0		
MAUREEN CAREY	0.30	^	 			H		<u>_</u>				
TRUSTEE	0.50	x						o	o	0		
GURDON METZ						\Box						
TRUSTEE	0.50	X						o	0	0		
JAMES THEISON										***************************************		
TRUSTEE	0.50	X	_			Ш		0	0	0		
OTTO GROTE												
TRUSTEE	0.50	X				Ш	_	0	0	0		
JOSEPHINE LAMPREY												
TRUSTEE	0.50	X	_			\vdash	\dashv	0	0	0		
••												
•												
•		-										
										·		
	<u> </u>		_							-		
·												
			_			\vdash	\dashv	-				
		1	-			 	_					

<u>Pa</u>	rt VII Section A. Officers	Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	rage Position (check all that a						(D) Reportable	(E) Reportable		(F)	ated	
	•	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)		amour other ompen from organizand rel ganiza	er sation the ation ated	
														·
	·													
										<u>-</u>				
			:											
1b 2	Total	dudos but not lo		4- 45			4 - 1	<u> </u>		00.000				
	Total number of individuals (inc reportable compensation from t				ose	istec	abo	ve)	who received more than \$10					
3	Did the organization list any for								e, or highest compensated		ſ		Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line the organization and related org	1a, is the sum of	repo	ortab	le co	mpe	ensat	ion a			ŀ	_3		X
5	individual	receive or accru	 ие со	mpe	nsatı	on fr	rom a	iny ι	 unrelated organization for		-	4		X
Sec	services rendered to the organition B. Independent Contractor		comp	olete	Sch	edul	e J fo	rsu	ch person			5		X
1	Complete this table for your five compensation from the organiz	highest comper	sate	d ind	lepe	nden	t cor	trac	tors that received more than	n \$100,000 of				
	Name and	(A) business address							Descript	(B) tion of services		Ço	(C) mpensati	on
													_	
							-							
	····													
		- · · · · · · · · · · · · · · · · · · ·												_
2	Total number of independent compret than \$100,000 in compen						to the	ose I	isted above) who received			0		

_Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	1a	Federated campaigns	1a				Tevende		012, 010, 01 014
ant	h	Membership dues	1b			į			
Contributions, gifts, grants and other similar amounts	٠	Fundraising events	1c						
jifts ar a	٦	Related organizations	1d						
S, G	ŭ	Government grants (contributions)	1e						
ion	f	All other contributions, grits, grants,	-10						
the	•	and similar amounts not included above	1f		19,736				
ntri d o	g	Noncash contributions included in lines 1a-		 \$	13,730				
Co	l b	Total. Add lines 1a–1f	"	Ψ		19,736			
_	···	Total / too mico to 11			Busn. Code	257,30			
enn	2a				Busii. Gode				
Rev	ь	•				····	·		
ice	c	•	•						
er.	ď	•	•			-			
E	e	• • • • • • • • • • • • • • • • • • • •	•			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	f	All other program service reven	ue			i i			
Pro		Total. Add lines 2a–2f .		•	•		· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (including d	ividend	ls. interes	st. and				
		other similar amounts)		,	▶	31,631			31,631
	4	Income from investment of tax-	exemp	t bond pro	oceeds •				,
	5	Royalties			•	***		11111	
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	c	Rental inc or (loss)							
	d	Net rental income or (loss)		_	•			•	
	—7a-	Gross amount from (i) Securities	,	(u)	Other				
		sales of assets other than inventory 475	,034		628	İ			
	ь	Less cost or other				j			
		basis & sales exps 528	966						
	С		932		628				
	d	Net gain or (loss)			•	-53,304			-53,304
_	8a	Gross income from fundraising ever	nts [
nue		(not including \$							
Other Reven		of contributions reported on line 1c)							
5		See Part IV, line 18	a						
the	b	Less: direct expenses	ь[
0	С	Net income or (loss) from fundr	aising	events	•				
	9a	Gross income from gaming activities	;						
		See Part IV, line 19	a				•		
	b	Less. direct expenses	. ь[
	С	Net income or (loss) from gamin	ng actiy	vities					
	10a	Gross sales of inventory, less							
		returns and allowances	a						
	b	Less: cost of goods sold	ь						
	С	Net income or (loss) from sales	of inve	entory	•				
		Miscellaneous Revenue			Busn. Code	Ţ			
	11a	UNREALIZED LOSS ON SE	CURIT	IES		346,744			346,744
	b								
	С	•							
	d	All other revenue	•						
	е	Total. Add lines 11a-11d			•	346,744			
	12	Total Revenue. See instruction	ıs .		<u>▶</u>	344,807	0	0	325,071

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).

	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1			expenses	general expenses	expenses
'	Grants and other assistance to governments and	35,000	35,000		
	organizations in the U.S. See Part IV, line 21	33,000	33,000		
2	Grants and other assistance to individuals in	1 071	1 071		
	the U S. See Part IV, line 22	1,871	1,871		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		····		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			··	
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .				
b	Legal .				
С	Accounting				
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	9,100	9,100		-
g	-Other				
12	Advertising and promotion	30,763			30,763
13	Office expenses	•			
14	Information technology				
15	Royalties				
16	Occupancy				· - · · · · · · · · · · · · · · · · · ·
17	Travel			· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		* /		
20	Interest				
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization				
23	Insurance	1,480	 	1,480	
	• • • • • • • • • • • • • • • • • • • •	-,			
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.)				
•	3 % of total expenses shown on line 23 below.)				
a b	• • •	· · · · · · · · · · · · · · · · · · ·			
					
9	•				
d					
e	All address augusta				
f	All other expenses	70 01 4	4F 074		20 800
25	Total functional expenses. Add lines 1 through 24f	78,214	45,971	1,480	30,763
26	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 X		13-00/1809		Page 11
		· ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	2,306	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	30,575	3	28,550
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		Ť	
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	· .	_	
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
556	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or			
	''"	other basis. Complete Part VI of Schedule D			
	۱,	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1,061,011	11	1,341,096
	12	Investments—other securities. See Part IV, line 11	1/001/011	12	1,541,050
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,493		,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,101,385		1,369,646
	17	Accounts payable and accrued expenses	6,749		7,595
	18	Grants payable	07:25	18	.,,055
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	
Liabilițies		Payables to current and former officers, directors, trustees, key			
Ξ		employees, highest compensated employees, and disqualified			
<u>a</u>		persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,749	26	7,595
S		Organizations that follow SFAS 117, check here ▶ X and			. 7000
ည		complete lines 27 through 29, and lines 33 and 34.			
la l	27	Unrestricted net assets	349,100	27	597,115
Ba	28	Temporanly restricted net assets		28	30 : 7225
<u> </u>	29	Permanently restricted net assets	745,536		764,936
5		Organizations that do not follow SFAS 117, check here			
Ē		and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
šet	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
155	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	1,094,636		1,362,051
ž	34	Total liabilities and net assets/fund balances	1,101,385	34	1,369,646

Form **990** (2009)

o <u>rm</u> 9	90 (2009) NHSPCA TRUST	75-6671809		Pa	ge 12
Part	XI Financial Statements and Reporting				
	- , -			Yes	No
1 /	ccounting method used to prepare the Form 990.	Accrual Other			
- 1	the organization changed its method of accounting from a prior year or	checked "Other," explain in			
5	chedule O		ļ		ļ
2a \	Vere the organization's financial statements compiled or reviewed by an	independent accountant?	2a	ļ	X
b \	Vere the organization's financial statements audited by an independent	accountant?	2b	X	
c i	"Yes" to line 2a or 2b, does the organization have a committee that ass	sumes responsibility for oversight of			
	he audit, review, or compilation of its financial statements and selection	of an independent accountant?	2c	X	<u> </u>
1	the organization changed either its oversight process or selection proc	ess during the tax year, explain in			
	chedule O				
d I	"Yes" to line 2a or 2b, check a box below to indicate whether the financial	cial statements for the year were			
- 1	sued on a consolidated basis, separate basis, or both.				
	Separate basis X Consolidated basis Both consolidated	and separate basis	1		
3a /	s a result of a federal award, was the organization required to undergo	an audit or audits as set forth in			
t	ne Single Audit Act and OMB Circular A-133?		3a		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

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 se

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 75–6671809

Part I Reason for Public Cha The organization is not a private foundation bed A church, convention of churches, or A school described in section 170(b A hospital or a cooperative hospital s A medical research organization operative, and state An organization operated for the ben	cause it is: (For lines a association of church)(1)(A)(ii). (Attach Scienvice organization dirated in conjunction when the fit of a college or unity part II.)	1 through 11, ches described in hedule E.) escribed in secritic a hospital diversity owned conversity of conversity of conversity of conversity of conversity of conversity of conversity of conversity of conversity of conversity	neck only on section tion 170(b)	one box.) 170(b)(1)(o)(1)(A)(iii) o section	A)(i).).				ns.	-
A church, convention of churches, or A school described in section 170(b A hospital or a cooperative hospital s A medical research organization ope city, and state	association of church (1)(A)(ii). (Attach Scienvice organization d rated in conjunction w efit of a college or uni Part II.) or governmental unit	hes described in hedule E.) escribed in sectivith a hospital di eversity owned o	tion 170(b	170(b)(1)()(1)(A)(iii)) section).)(A)(iii).	Enter th			
A school described in section 170(b A hospital or a cooperative hospital s A medical research organization operative, and state)(1)(A)(ii). (Attach Scienvice organization dirated in conjunction where the conference of a college or unity part II.) or governmental unit	hedule E.) escribed in sectivith a hospital diversity owned o	tion 170(b escnbed in)(1)(A)(iii) section).)(A)(iii).	Enter th			
A hospital or a cooperative hospital s A medical research organization ope city, and state	service organization d rated in conjunction w efit of a college or uni Part II.) or governmental unit	escribed in sectivith a hospital di	escnbed in	section)(A)(iii).	Enter th			
4 A medical research organization ope city, and state	rated in conjunction w . efit of a college or uni Part II.) or governmental unit	vith a hospital d	escnbed in	section)(A)(iii).	Enter th			
4 A medical research organization ope city, and state	rated in conjunction w . efit of a college or uni Part II.) or governmental unit	vith a hospital d	escnbed in	section)(A)(iii).	Enter th			
city, and state	efit of a college or uni Part II.) or governmental unit	iversity owned o						ie nospii	al's name,	
5 An organization operated for the ben	Part II.) or governmental unit	·	or operated					•		
	or governmental unit	·	•	oy a gov	emmenta	al unit de	escribed	In		• •
section 170(b)(1)(A)(iv). (Complete	or governmental unit			, ,						
6 A federal, state, or local government	_	described in se	ction 170	(b)(1)(A)(v	v).					
7 An organization that normally receive	o a sabstantian part o				•	n the ge	neral pu	iblic		
described in section 170(b)(1)(A)(vi	•	••	J			J	•			
8 A community trust described in secti		Complete Part	II.)							
9 An organization that normally receive	es: (1) more than 33 1	/3 % of its supp	ort from c	ontribution	s, memb	ership f	ees, and	gross		
receipts from activities related to its	exempt functions—sul	bject to certain	exceptions	s, and (2) r	no more	than 33	1/3 % o	fits		
support from gross investment incom	e and unrelated busii	ness taxable inc	come (less	section 5	11 tax) fr	om busi	nesses			
acquired by the organization after Ju	ne 30, 1975. See sec	tion 509(a)(2).	(Complete	Part III.)						
10 An organization organized and opera	ted exclusively to tes	t for public safe	ty See se	ction 509(a)(4).					
11 X An organization organized and opera	ted exclusively for the	e benefit of, to p	erform the	functions	of, or to	carry ou	ıt the			
purposes of one or more publicly sup	ported organizations	described in se	ction 509(a)(1) or se	ction 50	9(a)(2)	See sec	tion		
509(a)(3). Check the box that describ	es the type of suppor	rting organizatio	on and con	nplete line:	s 11e thr	ough 11	h			
aTypeI b 🗶 Type	II c 🗌 T	ype III-Function	nally integr	ated	ď	Тур	e III-Ot	her		
e X By checking this box, I certify that the	e organization is not c	ontrolled directl	y or indire	ctly by one	or more	disqual	ıfied			
persons other than foundation manag	gers and other than o	ne or more publ	licly suppo	rted organ	ızatıons	describe	ed in se	ction		
509(a)(1) or section 509(a)(2):										
f If the organization received a written	determination from th	ie IRS that it is a	a Type I, T	ype II. or	Type III s	upportin	g			
organization, check this box										
g Since August 17, 2006, has the orga	nization accepted any	gift or contribu	tion from a	iny of the						
following persons?										
(i) A person who directly or indirect	dy controls, either alor	ne or together v	vith persor	is describe	ed in (ii)				_	Yes No
and (III) below, the governing bo	• • •	rganization?							11g(i)	X
(ii) A family member of a person de	• •								. 11g(ii)	X
(iii) A 35% controlled entity of a pers	• •	• •							11g(iii)	X
h Provide the following information about	out the supported orga	anızatıon(s)	-т				1			
(i) Name of supported (ii) EIN	1	f organization	1 ' '	organization	(v) Did y	rou notify nization in		s the	(viı) Am	
organization		on lines 1–9 IRC section		listed in your document?		of your	organizat (i) organi	zed in the	supt	ort
	(see inst	ructions))	-	<u> </u>	 	oort?	 	S ?		
ATH COCTEMY FOR MUT PRE			Yes	No	Yes	No	Yes	No		
NH SOCIETY FOR THE PRE			1	MIMA	1					25 222
02-6000061			X	<u> </u>	Х		X			35,000
			+						·	
	- 		+	 			 			
····			+	+	-			\vdash		
				 		-	-	\vdash		
Total				1	!					35.000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pa	rt II Support Schedule for Or	ganizations D	escribed in Se	ctions 170(b)(I)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	cked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support						
Cal	endar 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				<u></u>		
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						
Cal	endar 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 carned 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	rganızatıon's first,	second, third, fourti	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						. •
Sec	tion C. Computation of Public Sup	port Percent	age				
14	Public support percentage for 2009 (line 6,	column (f) dıvıded	by line 11, column ((f))		14_	%
15	Public support percentage from 2008 Sched	lule A, Part II, line	14 .			15	%
16a	33 1/3 % support test—2009. If the organiz	zation did not ched	k the box on line 13	3, and line 14 is 33	1/3 % or more, che	ck this box	
	and stop here. The organization qualifies a		•	-			▶ ∟
b	33 1/3 % support test—2008. If the organiz	zation did not chec	k a box on line 13 o	or 16a, and line 15	s 33 1/3 % or more	e, check this	_
	box and stop here. The organization qualifi	es as a publicly su	ipported organization	n .			. ▶ ∟
17a	10%-facts-and-circumstances test—2009	•			•		
	more, and if the organization meets the "fac					/ how the	. –
	organization meets the "facts-and-circumsta		•		•	•	▶ [_
b	10%-facts-and-circumstances test—2008						
	more, and if the organization meets the "fac			•	•	/ how the	, _
	organization meets the "facts-and-circumsta		•		•		▶ -
18 	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions .	. ▶ ∟

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	scked the box	on line 9 of Pa	<u> </u>			
	lendar 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						
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			i			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
0	line 6)						
Sec	tion B. Total Support		<u> </u>	l	1	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts_from line 6						= = =
I0a	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 organization, check this box and stop here	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	. •
Sec	tion C. Computation of Public Su	 -					
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column ((f))		15	%
6	Public support percentage from 2008 Scheo				.	16	%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin			olumn (f))		. 17	%_
8	Investment income percentage from 2008 S	•				. 18	%
19a	33 1/3 % support tests—2009. If the organ						
	17 is not more than 33 1/3 %, check this bo		-				▶ [_
D	33 1/3 % support tests—2008. If the organ line 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did						•

Schedule A (Fe	orm 990 or 990-EZ) 2009	NHSPCA TRUST			75-6671809	Page 4
Part IV	Supplemental Info	rmation. Complete th	is part to provide the	explanations requi	red by Part II, line 10;	
	Part II, line 17a or	17b; and Part III, line	12. Provide any othe	r additional informa	tion. See instructions.	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name	of the org	anization		Employe	er identification number
_N	HSPCA	TRUST			671809
Pa	ırt i	Organizations Maintaining Donor Advised Furthe organization answered "Yes" to Form 990,	nds or Other Similar Funds or Acc Part IV, line 6.	ounts.	. Complete if
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nun	nber at end of year			
2	Aggregat	e contributions to (during year)			
3	Aggregat	e grants from (during year)			
4	Aggregat	e value at end of year			
5	Did the o	rganization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are	the organization's property, subject to the organization's excli	usive legal control?		Yes No
6	Did the o	rganization inform all grantees, donors, and donor advisors in	writing that grant funds can be		
	used only	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other		
	purpose	conferring impermissible private benefit?			Yes No
_Pa	rt II	Conservation Easements. Complete if the org	anization answered "Yes" to Form	<u>990, P</u>	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Pres	ervation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	rtant lan	d area
	Prote	ection of natural habitat	Preservation of certified historic stru	ucture	
	Pres	ervation of open space			
2	Complete	lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conservation	on	
	easemen	t on the last day of the tax year			
					Held at the End of the Tax Year
а	Total nun	nber of conservation easements		2a	
b	Total acre	eage restricted by conservation easements		2b	
C	Number of	of conservation easements on a certified historic structure incli	uded in (a)	2c	
d	Number	of conservation easements included in (c) acquired after 8/17/0	06	2d	
3	Number of	of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organization o	lunng	
	the taxab	le year 🕨			
4		of states where property subject to conservation easement is le			
5	Does the	organization have a written policy regarding the periodic moni	toring, inspection, handling of		
	violations	, and enforcement of the conservation easements it holds?			Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year		
	▶				
7	Amount o	of expenses incurred in monitoring, inspecting, and enforcing c	conservation easements during the year		
	▶ \$	-			
8		th conservation easement reported on line 2(d) above satisfy t	he requirements of section		П., П.,
		(B)(ı) and section 170(h)(4)(B)(ıi)?	••		Yes No
9		V, describe how the organization reports conservation easemi	-		
		sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that descri	oes	
	art III	uzation's accounting for conservation easements Organizations Maintaining Collections of Art,	Historical Transuras or Other Sim	ilor A	
	31 (111	Complete if the organization answered "Yes" to		ıllar A	
1a	If the org	anization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance sheet we	orks of	
	art, histor	ncal treasures, or other similar assets held for public exhibition	, education, or research in furtherance of publ	ıc servic	e,
	provide, ı	n Part XIV, the text of the footnote to its financial statements the	nat describes these items		
b	If the org	anization elected, as permitted under SFAS 116, to report in its	s revenue statement and balance sheet works	of art,	
	historical	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public se	ervice,	
	provide th	ne following amounts relating to these items:			
	(i) Reve	nues included in Form 990, Part VIII, line 1		•	· \$
	(ii) Asse	ts included in Form 990, Part X		•	* *
2	If the orga	anization received or held works of art, historical treasures, or	other similar assets for financial gain, provide	the	
	following	amounts required to be reported under SFAS 116 relating to the	hese items:		
а	Revenue	s included in Form 990, Part VIII, line 1		•	·
b	Assets in	cluded in Form 990, Part X		•	· \$

Page	2
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	dule D (Form 990) 2009 NHSPCA TRU				71809	Page 2
	rt III Organizations Maintaining ((continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following t	that are a significant	use of its	
а	Public exhibition	d Loan	or exchange program	S		
b	Scholarly research	e Other				
c	Preservation for future generations					
4	Provide a description of the organization's collection Part XIV.	ctions and explain how the	ey further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of art, his e maintained as part of the	stoncal treasures, or o	other similar		Yes No
Pa	rt IV Escrow and Custodial Arrar				Yes" to Form	
	IV, line 9, or reported an amo		-	ition anoworda	103 10 1 01111	550, i ait
1a	is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?	or other intermediary for t	ZONU IDUUONS OF OUTER	assets 110t		Yes No
h	if "Yes," explain the arrangement in Part XIV an	d.complete the following t	able:			1e3 10
J	in res, explain the arrangement in Fart Arv air	a complete the following t	able.			Amount
_	Paginging halance				4.	Amount
	Beginning balance Additions during the year		•		1c	
	•	••			1d	
_	Distributions during the year				1e	
f 2-	Ending balance				1f	
	Did the organization include an amount on Form	1 990, Part X, line 21?				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Comple	to if organization or	anyonad "Vaa" ta	Form 000 Por	+ 1\ / line 10	
	rt v Endowment Funds. Comple	(a) Current year			(d) Three years ba	ok (a) Four your book
4-	Passanas of was balance		(b) Pnor year	(c) Two years back	(u) Three years ba	ck (e) Four years back
	Beginning of year balance	1,101,385	1,500,277			
	Contributions	19,736	7,675			
С	Net investment earnings, gains,	205 100	205 050			
	and losses	325,102	-305,058			
	Grants or scholarships	36,871	51,597			
е	Other expenditures for facilities	7 460	10.524	_		-
	and programs	7,463	18,534		 	
T	Administrative expenses	32,243	31,378			
g	End of year balance	1,369,646	1,101,385		L	
2	Provide the estimated percentage of the year er					
a	Board designated or quasi-endowment ▶	%				
	Permanent endowment %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization that	are neid and adminis	stered for the		[₁ ,]
	organization by.					Yes No
	(i) unrelated organizations			•	•	3a(i) X
	(ii) related organizations				•	3a(ii) X
_	If "Yes" to 3a(ii), are the related organizations lis	•		•	•	3b
4 Bo	Describe in Part XIV the intended uses of the or			Dorf V Bas 40		
Pa	rt VI Investments—Land, Buildin					(4) 6 1
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	' '	cumulated reciation	(d) Book value
1a	Land					
b	Buildings					
	Leasehold improvements				1	
	Equipment					· -
	Other					
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X. colur	nn (B), line 10(c).)			
	······································	. ,				

Part VII	Investments—Other Securities. See Form 9	90. Part X. line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
•	(including name of security)	''	Cost or end-of-year market value	
Financial denv				
Closely-held ed	• • • • • • • • • • • • • • • • • • • •			
Other				
		-		
		_	, , , , , , , , , , , , , , , , , , , ,	
				
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Total (Column	(h) must equal form 000. Best V and (B) line 42.)			
Part VIII		DOO Dort V line 12	<u> </u>	
Part VIII	Investments—Program Related. See Form 9 (a) Description of investment type	(b) Book value	(a) Mothed of valuation	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
				
			· · · · · · · · · · · · · · · · · · ·	
				
	· · · · · · · · · · · · · · · · · · ·			
Total (Column	(h) must equal Form 000 Deat V and (D) long 42)		+	
Part IX	o (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15.	<u> </u>		
Taitix	(a) Description	·	(b) Book v	aluo
	(a) Description		(b) Book v	alue
	· · · · · · · · · · · · · · · · · · ·			
		· · · · ·		
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Total (Column	n (b) must equal Form 990, Part X, col (B) line 15.)	· · · · · ·	•	
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1	(a) Description of liability	(b) Amount	, <u>ar</u> <u></u>	
Federal income	e taxes	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
Total, (Column	(b) must equal Form 990, Part X, col (B) line 25.)	>		
	otnote In Part XIV, provide the text of the footnote to the orga		that reports the	

organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 NHSPCA TRUST 75-667180	9	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· <u>-</u>
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c]	
d	Other (Describe in Part XIV.)]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	· · · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
а	Investment expenses not included on Form 990, Part VIII, line 7b]]	
b	Other (Describe in Part XIV.)]	
C	Add lines 4a and 4b	_4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a]	
þ	Prior year adjustments 2b]	
-с-	-Other losses 2c		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b]	
b	Other (Describe in Part XIV.)]	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	_
Pa	rt XIV Supplemental Information		
omp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
ind 2	b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
his p	art to provide any additional information.		
_			

Schedule D (Form 990) 2	2009	NH	SPC	A T	RUS	T										7	<u>5-6</u>	671	180	9				Page	5
Schedule D (I	Suppl	emen	tal In	form	atior	1 (cc	ntin	uec	1)																	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No 1545-0047* 2009 Inspection

Employer Identification number

≗ □ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant GENERAL PURPOSE or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of 75-6671809 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 35,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization NHSPCA TRUST Enter total number of other organizations DISTRIBUTION TO BENEFICIARY or government

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

Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009 NHSPCA TRUST	£		75-6671809		Page 2
Part III Grants and Other Assistance to Individuals in the Use Part IV and Schedule I-1 (Form 990) if addition	to Individuals in the (Form 990) if addition	e United States. Com onal space is needed	omplete if the organiza ed.	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. nal space is needed.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		1			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	complete this part to	provide the informa	ation required in Part I	, line 2, and any other addi	tional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	ES FOR MONITO	RING THE USE	OF GRANT FUND	ស្	
THE GRANTS ARE USED TO SUPPORT THE NH	PPORT THE NH	SOCIETY FOR THE	THE PREVENTION	PREVENTION OF CRUELTY	:
TO ANIMALS. BOTH THIS TRUST AND THE ORGANIZATION ARE AUDITED.	UST AND THE O	RGANIZATION	•	FURTHER,	
THE TRUST IS A SUPPORTING	SUPPORTING ORGANIZATION	OF THE NH	SPCA.	:	:

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NHSPCA TRUST

Employer identification number 75-6671809

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND PRESENTED TO THE
BOARD PRIOR TO FILING THE TAX RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
EXECUTIVE DIRECTOR REVIEWS ALL CONFLICTS OF INTEREST TO ENSURE THEY ARE
WITHIN THE GUIDELINES OF THE ORGANIZATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE AT THE OFFICE LISTED DURING NORMAL BUSINESS HOURS UPON REQUEST. THE TAX RETURN IS AVAILABLE ON-LINE AT WWW.GUIDESTAR.ORG

(Form 990)	Netated Organizations and Uniterated FartherShips ▼ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	IZATIONS AND I	nizations and Onfelated Parthersnips ion answered "Yes" to Form 990, Part IV, line 33, 34, 35	:rsmps 33, 34, 35, 36, or 37.		2009
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	A	See separate instructions.	.S		Open to Public Inspection
Name of the organization	NHSPCA TRUST				Employer 75-66	Employer identification number 75-6671809
Part I Identifica	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	organization answ	vered "Yes" to Form	990, Part IV, line		
Nar	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
:	:					
-						
Part II Identifica	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the orging the tax year.)	j ganization answered	"Yes" to Form 99(0, Part IV, line 34 b	ecause it
Nam	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
NH SOCIETY FOR 104 PORTSMOUTH STRATHAM	THE PREVENTION 02-6000614 AVE NH 03885	ANIMALS	NH	c(3)	7	N/A
:						
<u>:</u>						
or Privacy Act and Paper	Ent Britany And and Branch Bodinalian And Melian and the Institute for Form OOA					

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edule R	Schedule R (Form 990) 2009 NHSPCA TRUST 75-6671809			75-66	71809				1 1	Page 2
art III	ldentification of reflated Organizations, laxable as a Fartnership (Complete if the organization because it had one or more related organizations treated as alpartnership during the tax year.)	ons laxable as organizations	reated	nersnip (as a parti	Jership during the	ganization answertax year.)	ered res to For	rm 990, P	art IV, line 34	
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	ling Predominant income (felated, unrelated, excluded from sections 512-514)	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate alloc ?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
•										
: : :										
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ons Taxable as related organiz	ations t	oration c	or Trust (Complete a corporation or	e if the organizati trust during the ta	on answered "Ye ax year.)	es" to For	"Yes" to Form 990, Part IV	<u> </u> ,
	(a) Name, address, and EIN of related organization	(b) Primary activity	Let	(c) Legal domicile (state or state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	-	(h) Percentage ownership
	:									
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Nete Complete line 1 if any entity is lated in Parts II. III. or for of this schedule. 1 During the Xyear for the considerations With Related Organizations (Complete line I if any entity is lated in Parts III. III. or for of this schedule. 1 During the Xyear for the registration of the constitution of the registration of the constitution of the registration of the constitution of the registration of registration of the r	J, Part IV, line 34, 35, or 36.)	or 36)
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Name of other organization	and transaction thresholds.	
	(b) Transaction	(c) Amount involved
1) 2) 3)	type (a-r)	
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Schedule R (Form 990) 2009 NHSPCA TRUST

Part VI

75-6671809

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entry	(b) Pnmary activity	(c) Legal domicile	(d) Are all partners		(f) Disproportionate		(h) General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
	_		Yes No	:	Yes No		Yes No
							·
					_	Schedule R (F	Schedule R (Form 990) 2009
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