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Form **990**

932001 02-04-10

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009

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

Open to Public Inspection

A I	For the	2009 calendar year, or tax year beginning JUL 1, 2009 and endir	g JUN 30, 201	0
B	Check if applicable	Please use IRS	D Employer identi	ification number
	Addre chang Name chang	print or SKI NEW HAMPSHIRE, INC.	02-	0474194
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room		
	Termir	Specific Instruct P.O. BOX 528	603	-745-9396
	Ameno		G Gross receipts \$	787,362.
	Applic		H(a) Is this a group	return
	pendir	F Name and address of principal officer:ALICE PEARCE	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates i	ncluded? Yes No
1.	Tax-exe	empt status X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach	a list (see instructions)
		e: ► WWW.SKINH.COM	H(c) Group exempt	
			Year of formation: 1977	M State of legal domicile: NH
P	art I	Summary		
ě		Briefly describe the organization's mission or most significant activities SKI NH '		
ă	1	THE PROMOTION, SAFETY, ENVIRONMENTAL SOUNDN		
Activities & Governance		Check this box if the organization discontinued its operations or disposed o		
ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		4.0
<u>«خ</u>	1 _	Number of independent voting members of the governing body (Part VI, line 1b)	4	
Ę	1 -	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)		
Ě		Total gross unrelated business revenue from Part VIII, column (C), line 12	7	
ĕ	i	Net unrelated business taxable income from Form 990-T, line 34	7	
-			Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)	47,508	
Revenue	9	Program service revenue (Part VIII, line 2g)	28,976	. 25,566.
eve	10	Investment income (Part VIII, column (A), lines 3,4, and 7d)	17,680	8,301.
~	11	Other revenue (Part VIII, column (A), lines 5, bg, 8c, 9c, 10c, ang 12011	854,528	•
	12	Total revenue - add lines 8 through 11 (must edual Part VIII, column (A), line 12)	948,692	
	13 14	Grants and similar amounts paid (Part IX, column (A), Ince 1:3) Benefits paid to or for members (Part IX, column (A), Ince DEN, Ince DE	27,000	34,450.
တ္ဆ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	204,805	. 232,585.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ğ	. ь	Total fundraising expenses (Part IX, column (D), line 25)		
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	631,248	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	863,053	
	19	Revenue less expenses. Subtract line 18 from line 12	85,639	<u>. <47,712.</u>
sets or	[Beginning of Current Yea	
Sset		Total assets (Part X, line 16)	578,585	
	: 1	Total liabilities (Part X, line 26)	36,237	
		Net assets or fund balances Subtract line 21 from line 20 Signature Block	542,348	. 494,636.
	art II		ments, and to the best of my know	ledge and belief, it is true, correct,
经		Under penalties of perjury I declars that I have examined this return, including accompanying schedules and state and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known of the preparer has a prepare	-1	,
<u>, </u>		1 (I d'uce	6/1	12/11
He	jii ro	Signature of officer	Date	
_	16	ALICE PEARCE, PRESIDENT		
		Type or print name and title		
 ⊙Pai		Preparer's signature Muchael Aby Oate 5/11/1		parer's identifying number instructions)
	parer's	Firm's name (or WILLIAM STEELE & ASSOCIATES, P.C.	EIN ▶	
	Only	self-employed), 40 STARK STREET		·
		address, and ZIP + 4 MANCHESTER, NH 03101	Phone no. ▶	(603)622-8881
Ma	y the !	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	990 (2009) SKI NEW HAMPSHIRE, INC.	02-0474194	Page 2
Par	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION		
	SKI NH'S PURPOSE IS TO ENHANCE THE PROMOTION, SAFETY, E	NVIRONMENTAL	ı
	SOUNDNESS AND PUBLIC AWARENESS OF NEW HAMPSHIRE SKIING	AND THE IMAG	E
	OF NEW HAMPSHIRE AS A DIVERSIFIED WINTER VACATION DESTI		
		Y CONSUMPTIO	
	Did the organization undertake any significant program services during the year which were not listed on	1 001100111110	
2			X No
	the prior Form 990 or 990-EZ?	tes	LAJ NO
	If "Yes," describe these new services on Schedule O.		[TE]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? ∟ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	•	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
	SKI NH DEVELOPS AND MAINTAINS A COMPREHENSIVE WEBSITE T	O HELP WINTE	R
	GUESTS PLAN THEIR TRIPS. THE SITE INCLUDES SNOW CONDITI		CKET
			SKI
		VACATION	<u> </u>
	PLANNING INFORMATION.	VACALLON	
	FLANNING INFORMATION.	· · · · · ·	
		 	
4b		Revenue \$)
	SKI NH PRODUCES DIGITAL & VIDEO ADVERTISING ON WEBSITES	& TELEVISIO	<u>N</u>
	STATIONS IN THE BOSTON & PROVIDENCE MARKETS TO INFORM W	INTER	
	VACATIONERS ABOUT SNOW CONDITIONS & VACATION PLANNING O	PPORTUNITIES	IN
	NEW HAMPSHIRE.		
			
			
4c		Revenue \$)
	SKI NH DEVELOPS & DISTRIBUTES 75,000 COPIES OF AN ANNUA		
	MAGAZINE VIA TARGETED DIRECT MAIL, RACKS IN SKI SHOPS,		<u> </u>
	HAMPSHIRE HIGHWAY WELCOME CENTERS & WINTER SPORTS EXPOS	<u> </u>	
		.	
		· · · · · · · · · · · · · · · · · · ·	
	Other program services (Describe in Schedule O)		
4d		\	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► \$	Γ Λ	90 (2009)
93200		Form 9	20 (2009)
02-04-	-10		

	A.		
Part IV	Checklist of	Required 3	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	ļ		_
	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		<u> </u>
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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		٦,
_	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			v
_	Schedule D, Part III	8		<u>X</u>
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			х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
10		10		х
44	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	10		Α.
11	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- ''-		
_	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 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 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 in Part X, line 15 that is 5% or more of its total assets 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			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
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	<u></u>	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 12A X	<u> </u>		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	45		Х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	 	
16	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 on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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]	х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, 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		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		
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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			Х
	Schedule L, Part III	27		A
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)			ĺ
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
C	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
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			Ì
	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-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	000	X

Fai	t v Statements negaring Other ins Finings and Tax Compliance		-		
	•	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 2			
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming		-	
	(gambling) winnings to prize winners?	1 1	1c		
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				37
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	<u>3a</u>		X
	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		ا ا		v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country.	Pools and			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Sank and			
_	Financial Accounts				v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ation?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transatif "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardance.		30		-
С		raing Profibited	5c		
6-	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	<u> </u>		
oa	any contributions that were not tax deductible?	ie organization solicit	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts			
D	were not tax deductible?	iono or ginto	6b		
7	Organizations that may receive deductible contributions under section 170(c).		"		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			
u	provided to the payor?	•	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
_	to file Form 8282?		7c		
d	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 p	personal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?	7f		ļ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings			
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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.	الما			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
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	1440			
a	Gross income from members or shareholders	11a	1		
b	·	11b			1
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	·	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120	 	
<u>D</u>	ii 165, Gitter the amount of tax-exempt interest received of accross during the year	1 1000	Form	990	(2009)
					/

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Form 990 (2009) SKI NEW HAMPSHIRE, INC. 02-0474194 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 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					
			ı		Yes	No
1a	Enter the number of voting members of the governing body	1a		12		
b	Enter the number of voting members that are independent	1b	l	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct 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 Fo	orm 99	0 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		<u>X</u>
6	Does the organization have members or stockholders?			6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			
	governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsonsí	•	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year		1	
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	levenu	e Code.)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b	ļ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	e 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	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise			
	to conflicts?			12b	X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	descnbe			
	in Schedule O how this is done			120		
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14		X_
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
b	Other officers or key employees of the organization			15t	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a	Ц	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its participation			ŀ
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anıza	ion's			
	exempt status with respect to such arrangements?			16t	<u> Ш</u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ılable 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,	conflic	t of interest pol	ıcy, and fir	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	anızatıon	▶_	
	ALICE PEARCE - 603-745-9396					
	PO BOX 528, NORTH WOODSTOCK, NH 03262					
				For	m 990	(2009)

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

Check this box if the organization did not compensate any current officer, director, or trustee

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)	(B)			-	>)			(D)	(E)	(F)
Name and Title	Average hours	(ct			Position k all that apply)			Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICK KELLEY										
BOARD MEMBER	2.00	X						0.	0.	0.
BOB HOYT		l	ŀ							
BOARD MEMBER	2.00	X	L					0.	0.	0.
GREG GODDARD										
CHAIRPERSON	3.00	X		X				0.	0.	0.
BEN WILCOX					ŀ	ļ				
BOARD MEMBER	2.00	X				<u> </u>		0.	0.	0.
JOHN DEVIVO										
BOARD MEMBER	2.00	X						0.	0.	0.
CHRIS ELLMS										
TREASURER	2.00	X		X				0.	0.	0.
THOM PERKINS										
BOARD MEMBER	2.00	X						0.	0.	0.
JAY GAMBLE										
BOARD MEMBER	2.00	X		L,		<u> </u>	L	0.	0.	0.
KRIS BLOMBACK							ļ			
VICE CHAIRPERSON	2.00	X		X		ļ	<u> </u>	0.	0.	0.
TOM DAY	1		1							
BOARD MEMBER	2.00	X	<u> </u>	ļ			_	0.	0.	0.
DOUGLAS HOLLER						,				
BOARD MEMBER	2.00	X		ļ			<u> </u>	0.	0.	0.
BOB FRIES	ļ.									
BOARD MEMBER	2.00	X	_	ļ	_	ļ	L.	0.	0.	0.
ROSS BOISVERT					1					
BOARD MEMBER	2.00	X		<u> </u>		1_	<u> </u>	0.	0.	0.
ALICE PEARCE			İ	1					_	_
PRESIDENT	45.00	_	_	X	<u> </u>	<u> </u>	L	103,172.	0.	0.
			1	1						
		\vdash	_	⊢		 	<u> </u>	-		
		<u> </u>	L.	<u> </u>			L			- 000

	the organization. NONE		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization	hose listed above) who received more than	

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	27,000.			
?	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	7,450.			
	Grants and other assistance to governments,				•
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				• •
	trustees, and key employees	103,172.			
	Compensation not included above, to disqualified	103/1720			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
		107,072.			
	Other salaries and wages Pension plan contributions (include section 401/k)		· · ·		
	Pension plan contributions (include section 401(k)	6,017.			
	and section 403(b) employer contributions)	0,011.		 	
	Other employee benefits	16,324.			
	Payroll taxes	10,344.			
	Fees for services (non-employees):				
а	Management	24 500			
b		24,500.	······································		
3	Accounting	4,025.			
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
	Advertising and promotion	338,226.			
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	20,669.			
	Travel .	4,715.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest		·-		
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	3,196.			
	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.)				
а	DD ODIIOMI ON	88,137.		<u> </u>	
a 0	POSTAGE	37,883.		·- ·	
	MAINTENANCE	13,771.			· · · · · · · · · · · · · · · · · · ·
2	BANK FEES	11,903.		 	·
d		8,695.	 		
•	MEETINGS	12,319.			
f	All other expenses				
_	Total functional expenses. Add lines 1 through 24f	835,074.		 	
	Joint costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u> </u>	Form 990 (

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Part`X	Balance Sheet		(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing	1	474,457.	1	<u>374,868.</u>
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net		95,693.	4	102,098.
5	Receivables from current and former officers, di		İ		
- 1	employees, and highest compensated employee	es 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 495	58(c)(3)(B) Complete			
	Part II of Schedule L	<u> </u>		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	39,250
10a	Land, buildings, and equipment cost or other				
	basis. Complete Part VI of Schedule D	10a 79,021.			
b	Less: accumulated depreciation	10b 70,586.	8,435.	10c	8,435
11	Investments · publicly traded securities			11	
12	Investments - other securities See Part IV, line	11		12	····
13	Investments - program-related. See Part IV, line		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	0.	15	0	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	578,585.	16	524,651
17	Accounts payable and accrued expenses	ļ	<u>36,237.</u>	17	27,733
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities	ļ.	·	20	
21	Escrow or custodial account liability. Complete			21	· · · · · · · · · · · · · · · · · · ·
22	Payables to current and former officers, directo				
21 22	highest compensated employees, and disqualif	ied persons. Complete Part II			
'	of Schedule L	}		22	
23	Secured mortgages and notes payable to unrel			23	
24	Unsecured notes and loans payable to unrelate			24	0 000
25	Other liabilities. Complete Part X of Schedule D		0.	25	2,282
26	Total liabilities, Add lines 17 through 25		36,237.	26	30,015
į.	Organizations that follow SFAS 117, check h	ere 🕨 📖 and complete			
ខ្ញុំ	lines 27 through 29, and lines 33 and 34.	i			
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
2	Organizations that do not follow SFAS 117, or	heck here 🕨 🗓 and			
5	complete lines 30 through 34.		0		0
30	Capital stock or trust principal, or current funds		0.	30	0
27 28 29 30 31 32	Paid in or capital surplus, or land, building, or e		0.	31	0.
32	Retained earnings, endowment, accumulated in	ncome, or other funds	542,348.	32	494,636
33	Total net assets or fund balances		<u>542,348.</u>	33	494,636
34	Total liabilities and net assets/fund balances		<u>578,585.</u>	34	524,651

	the digulation distance of the control of the contr				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X	
b	b Were the organization's financial statements audited by an independent accountant?				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a				
	consolidated basis, separate basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				

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.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Form 990 (2009)

Form 990 (2009)

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

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

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organization 	tions: Complete Part III.			
Name of organization			Empl	oyer identification number
SKI NEW	HAMPSHIRE, INC.			02-0474194
Part I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV.	
2 Political expenditures			▶\$	<u></u>
3 Volunteer hours				0.
Part I-B Complete if the org	janization is exempt und	ler section 501(c)		
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes Mo
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				1/01
	ganization is exempt und			
1 Enter the amount directly expended				
2 Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for s	section 527	
exempt function activities			▶\$	
3 Total exempt function expenditures	i. Add lines 1 and 2 Enter here a	and on Form 1120-POL		
line 17b			▶\$	
4 Did the filing organization file Form			•	Yes No
5 Enter the names, addresses and er				
For each organization listed, enter t				
that were promptly and directly del		anization, such as a se	eparate segregated fund or a	a political action committee
(PAC). If additional space is needed	1		T :::	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
			filing organization's funds. If none, enter -0-	promptly and directly
				delivered to a separate
				political organization If none, enter -0-
				ii iione, enter -o-
	 			
		_ 		
		- -		

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	janization is ex	AMPSHIRE, IN empt under section	IC . in 501(c)(3) and file	02- ed Form 5768	0474194 Page 2
. (election under sec					
3 Check I I I I I I I I I I I I I I I I I I I	tion checked box A	and "limited control" pre	ovisions apply		
Limi	ts on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	jence public opinioi	(grass roots lobbying)			
b Total lobbying expenditures to infli					
c Total lobbying expenditures (add li	_				
d Other exempt purpose expenditure	es		[
e Total exempt purpose expenditure	s (add lines 1c and	1d)			
f Lobbying nontaxable amount. Enter	er the amount from	the following table in bot	th columns.	• • • •	
If the amount on line 1e, column (a) o		obbying nontaxable am			
Not over \$500,000	i	of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,	000 plus 10% of the exc	cess over \$1,000,000		
Over \$1,500,000 but not over \$17	000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,00	0,000			
g Grassroots nontaxable amount (er	iter 25% of line 1f)			· ·	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				<u> </u>
i Subtract line 1f from line 1c If zero	or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h d	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	ations that made a	veraging Period Under section 501(h) election the instructions for line	n do not have to comp		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		:			
b Lobbying ceiling amount	·				
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(10010 of mio 2d) oblainin (o))					
f Grassroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 SKI NEW HAMPSHIRE, INC. 02-0474194 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

 -	_			
/-lti	under section	E04(L)		
telection	unger section	SU HIIII		

-		(a)		(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or		1		
•	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of		1		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or sec	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	_	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X
<u> </u>	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, lin	e 3 is an	swered	
_	Dues, assessments and similar amounts from members		1	644	,936.
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			. , , , , , ,
2	expenses for which the section 527(f) tax was paid).	.cui			
_	Current year		2a	2.4	,000.
	Carryover from last year		2b		.,
	Total		2c	2.4	,000.
_	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		,000.
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	Cess			.,
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		ľ		
	expenditure next year?	political	4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
_	t IV Supplemental Information		, , ,		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, a	nd Part II-B. II	ne 1ı Also	complete	this part
	ny additional information			,	
	HER INFORMATION:				
<u> </u>	IIII OIGHIIZON				
PA	ID LOBBYIST FOR THE PURPOSE OF MONITORING PENDING 1	NH LEGI	SLATI	ON THE	ΔT
MI	GHT IMPACT SKI AREAS; ORGANIZATION OF TESTIMONY IN	FAVOR	OF OR	OPPOS	SING
PR	OPOSED LEGISLATION AS NECESSARY; PARTICIPATION IN I	LEGISLA	TORS'		
NE'	TWORKING FUNCTION.				

Schedule C (Form 990 or 990-EZ) 2009

Schedule D

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 organization

SKI NEW HAMPSHIRE, INC.

Employer identification number

02-0474194 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization 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 exclusive legal control? Did the organization 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? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization 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 these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 SKI NEW HA	MPSHIRE, INC.		02-0474194 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation [.] -of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
	,		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
			hod of valuation.
(a) Description of investment type	(b) Book value		-of-year market value
		· · · · · · · · · · · · · · · · · · ·	
-			
· · · · · · · · · · · · · · · · · · ·	 		
			- · · · · · · · · · · · · · · · · · · ·
		_	······································
			
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin			
	a) Description		(b) Book value
			
· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	
			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15)		
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of liability		(b) Amount	····
Federal income taxes		` <u>'</u>	
DEFERRED REVENUE		2,282.	
DEI BRRED REVENOE		2,202.	
······································			
	-		
	- 		
			
T 1.1 (O-1 (h) 1 (5 222 1) (1 1)	05)	2 202	
Total. (Column (b) must equal Form 990, Part X, col (B) III		2,282.	
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	outhore to the organization's fi	nanciai statements that rep	ons the organization's liability for
uncertain tax positions under FIN 48.			Schedule D (Form 990) 2009
0.01.10			Schedule D (Form 990) 2008

_	dule D (Form 990) 2009 SKI NEW HAMPSHIRE, INC.			02-047	4194	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fir	nancial Stat	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_	<u>787</u>	<u>.362.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u>,074.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<47	712.
4	Net unrealized gains (losses) on investments		4		·	
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at t XII Reconciliation of Revenue per Audited Financial Statements.		10 evenue per	Return	<47	<u>,712.</u> :
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.					
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		7		
C	Recoveries of prior year grants	2c		7		
d	Other (Describe in Part XIV.)	2d		7		
e	Add lines 2a through 2d	<u> </u>		2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		7		
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		
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With E	xpenses pe	r Return		
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		_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIV)	2d				
е	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	4a	·	_		
b	Other (Describe in Part XIV)	4b		_		
C	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4	1; Part IV, lines	1b and 2b; P	art V, line	4; Part
(, line	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this part to	provide any a	dditional info	rmation.	
						
				<u> </u>		
				Cabadat-1) /F 0	200

932054 02-01-10

2 Employer identification number OF COLLEGIATE SKI RACING OF COLLEGIATE SKI RACING 02 - 0474194TO SUPPORT THE TRAINING TO SUPPORT THE TRAINING Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes ATHLETES AT THE THLETES AT THE recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any MIVERSITY UNIVERSITY Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 20,000 (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) INC. 02-6000937 SKI NEW HAMPSHIRE, General Information on Grants and Assistance (b) EIN critena used to award the grants or assistance? PLYMOUTH STATE UNIVERSITY SKI TEAM 1 (a) Name and address of organization TEAM - 105 MAIN STREET - DURHAM, UNIVERSITY OF NEW HAMPSHIRE SKI or government Name of the organization Department of the Treasury 17 HIGH STREET Internal Revenue Service SCHEDULE (Form 990) NH 03824 Part Part

o

7,000

501(C)(3)

PLYMOUTH, NH 03264

	A			nizations	nd government orga	section 501(c)(3) a	2 Enter total number of section 501(c)(3) and government organization	2

2 . Schedule I (Form 990) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: INDIVIDUAL GRANT RECIPIENTS SUBMIT AN (d) Amount of non-cash assistance ö 450 (c) Amount of cash grant (b) Number of recipients FRIENDS OF NH SKIING GRANTS SUPPORT THE TRAINING OF INDIVIDUAL SKI & SNOWBOARD RACING ATHLETES (a) Type of grant or assistance Part III

APPLICATION THAT DETAILS THEIR ACCOMPLISHMENTS TO DATE, THEIR GOALS & HOW

AT THE END OF THE YEAR, THEY SUBMIT THEY WILL USE ANY CONTRIBUTED FUNDS.

THE ORGANIZATIONS ALSO SUBMIT THEIR THEIR ACCOMPLISHMENTS FOR THAT YEAR.

TEAM'S ACCOMPLISHMENTS AT THE END OF THE YEAR.

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service 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

SKI NEW HAMPSHIRE, INC.

Employer identification number 02-0474194

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF NEW HAMPSHIRE SKIING AND THE IMAGE OF NEW HAMPSHIRE AS A DIVERSIFIED
WINTER VACATION DESTINATION AS WELL AS EFFECT IMPROVEMENTS IN THE AREAS
OF INSURANCE, ENERGY CONSUMPTION, TRAMWAY STANDARDS AND OTHER CONCERNS
THAT ARE OF MUTUAL INTEREST TO THE MEMBER SKI AREAS OF NEW HAMPSHIRE.
A SIGNIFICANT FOCUS OF ITS PROMOTIONAL ACTIVITIES SHALL BE IN
DESTINATION MARKETS, TO CREATE AWARENESS OF THE STATE AND BRING
VISITORS TO ITS REGIONS AND ENCOURAGE MULTI-DAY VACATION STAYS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRAMWAY STANDARDS AND OTHER CONCERNS THAT ARE OF MUTUAL INTEREST TO THE
MEMBER SKI AREAS OF NEW HAMPSHIRE. A SIGNIFICANT FOCUS OF ITS
PROMOTIONAL ACTIVITIES SHALL BE IN DESTINATION MARKETS, TO CREATE
AWARENESS OF THE STATE AND BRING VISITORS TO ITS REGIONS AND ENCOURAGE
MULTI-DAY VACATION STAYS.
FORM 990, PART VI, SECTION A, LINE 6: ANY COMMERCIAL ALPINE OR CROSS
COUNTRY SKI AREA OR ANY RELATED BUSINESS TO THE NEW HAMPSHIRE SKI INDUSTRY
MEETING THE DUES AND MEMBERSHIP REQUIREMENTS AND RECEIVING APPROVAL BY A
MAJORITY OF THE BOARD OF DIRECTORS SHALL BE ELIGIBLE FOR MEMBERSHIP IN THIS
CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE BOARD OF
DIRECTORS ARE ELECTED BY THE SKI AREA MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 7B: EACH YEAR AT THE ANNUAL MEETING,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O

(Form 990)

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

Department of the Treasury Attach to Form 990. Inspection Internal Revenue Service Name of the organization Employer identification number SKI NEW HAMPSHIRE, INC 02-0474194 THE MEMBERS VOTE ON THE PROPOSED MARKETING PLAN AND THE PROPOSED ANNUAL BUDGET. IN ADDITION BYLAWS CHANGES MUST ALSO BE APPROVED BY THE GENERAL MEMBERSHIP (VIA A RECOMMENDATION BY THE BOARD). FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY GIVES THE AUTHORITY FOR THE SUPERVISION AND FILING OF FORM 990 TO THE PRESIDENT/AGENT OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 12C: ANY NEW BOARD MEMBERS ELECTED AT THE ANNUAL MEETING MUST SIGN THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: EACH KEY EMPLOYEE RECEIVED A COST OF LIVING SALARY INCREASE PLUS ANY BONUS EARNED VS. QUANTIFIABLE GOALS FOR THAT YEAR. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE MEMBERS' WEBSITE. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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Schedule O (Form 990) 2009