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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form  
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public  
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**FRIENDS OF CONCORD CREW**

Number and street (or P O box, if mail is not delivered to street address)

**PO BOX 1781**

Room/suite

City or town, state or country, and ZIP + 4

**CONCORD****NH 03302****D** Employer identification number**03-0388282****E** Telephone number**603-224-9109****F** Group ExemptionNumber **►**

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☐ Cash ☒ Accrual

Other (specify) **►**

**I** Website: **WWW.CONCORDCREW.COM****J** Tax-exempt status (check only one) — ☒ 501(c) ( **3** ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **► \$ 203,540****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>42,142</b>
	2	Program service revenue including government fees and contracts	2	<b>98,449</b>
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	<b>2,500</b>
	b	Less cost or other basis and sales expenses	5b	<b>2,901</b>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<b>-401</b>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		<b>SEE STMT 1</b>
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>49,227</b>
	b	Less direct expenses other than fundraising expenses	6b	<b>15,000</b>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>34,227</b>	
7a	Gross sales of inventory, less returns and allowances	7a	<b>11,222</b>	
b	Less cost of goods sold	7b	<b>11,997</b>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<b>-775</b>	
8	Other revenue (describe <b>►</b> _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <b>►</b>	9	<b>173,642</b>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<b>1,080</b>
	14	Occupancy, rent, utilities, and maintenance	14	<b>55,316</b>
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>► SEE STATEMENT 2</b> )	16	<b>115,934</b>
	17	<b>Total expenses.</b> Add lines 10 through 16 <b>►</b>	17	<b>172,330</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>1,312</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>227,303</b>
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20	<b>-16</b>
	21	Net assets or fund balances at end of year Combine lines 18 through 20 <b>►</b>	21	<b>228,599</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>18,422</b>	<b>16,238</b>
23 Land and buildings	<b>82,972</b>	<b>116,263</b>
24 Other assets (describe <b>► SEE STATEMENT 4</b> )	<b>176,409</b>	<b>173,399</b>
25 Total assets	<b>277,803</b>	<b>305,900</b>
26 Total liabilities (describe <b>► SEE STATEMENT 5</b> )	<b>50,500</b>	<b>77,301</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>227,303</b>	<b>228,599</b>

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

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28a	148,013
-----	---------

28a

29a

30a

31a

32

148,013

**(a) Name and address**

(a)	(b) Title and average hours per week devoted to position
1.	President, 60
2.	Vice President, 40
3.	Secretary, 40
4.	Treasurer, 40
5.	Director of Finance, 40
6.	Director of Administration, 40
7.	Director of Marketing, 40
8.	Director of Sales, 40
9.	Director of Research and Development, 40
10.	Director of Legal Affairs, 40
11.	Director of Human Resources, 40
12.	Director of Information Systems, 40
13.	Director of Facilities Management, 40
14.	Director of Environmental Health and Safety, 40
15.	Director of Quality Control, 40
16.	Director of Compliance, 40
17.	Director of Corporate Social Responsibility, 40
18.	Director of Investor Relations, 40
19.	Director of Public Affairs, 40
20.	Director of Governmental Affairs, 40
21.	Director of International Operations, 40
22.	Director of Logistics, 40
23.	Director of Procurement, 40
24.	Director of Manufacturing, 40
25.	Director of Distribution, 40
26.	Director of Customer Service, 40
27.	Director of Product Support, 40
28.	Director of Technical Training, 40
29.	Director of Career Development, 40
30.	Director of Employee Wellness, 40
31.	Director of Diversity and Inclusion, 40
32.	Director of Ethics and Governance, 40
33.	Director of Sustainability, 40
34.	Director of Innovation, 40
35.	Director of Strategic Planning, 40
36.	Director of Business Development, 40
37.	Director of Partnerships, 40
38.	Director of Mergers and Acquisitions, 40
39.	Director of Capital Markets, 40
40.	Director of Financial Reporting, 40
41.	Director of Internal Audit, 40
42.	Director of Tax Services, 40
43.	Director of Risk Management, 40
44.	Director of Insurance Services, 40
45.	Director of Pension Services, 40
46.	Director of Retirement Services, 40
47.	Director of Disability Services, 40
48.	Director of Life Insurance Services, 40
49.	Director of Health Insurance Services, 40
50.	Director of Dental Insurance Services, 40
51.	Director of Vision Insurance Services, 40
52.	Director of Term Life Insurance Services, 40
53.	Director of Whole Life Insurance Services, 40
54.	Director of Variable Life Insurance Services, 40
55.	Director of Universal Life Insurance Services, 40
56.	Director of Indexed Universal Life Insurance Services, 40
57.	Director of Equity-Linked Life Insurance Services, 40
58.	Director of Cash-Value Life Insurance Services, 40
59.	Director of Dividend-Paying Life Insurance Services, 40
60.	Director of Non-Qualified Deferred Compensation Services, 40
61.	Director of Executive Compensation Services, 40
62.	Director of Performance-Based Compensation Services, 40
63.	Director of Long-Term Incentive Plans, 40
64.	Director of Restricted Stock Units, 40
65.	Director of Stock Options, 40
66.	Director of Phantom Stocks, 40
67.	Director of Profit-Sharing Plans, 40
68.	Director of 401(k) Plans, 40
69.	Director of 408(a) Plans, 40
70.	Director of 457(b) Plans, 40
71.	Director of SIMPLE IRA Plans, 40
72.	Director of SEP IRA Plans, 40
73.	Director of Rollover IRAs, 40
74.	Director of Traditional IRAs, 40
75.	Director of Roth IRAs, 40
76.	Director of Coverdell Education Savings Accounts, 40
77.	Director of 529 College Savings Plans, 40
78.	Director of Uniform Gifts to Minors Act (UGMA), 40
79.	Director of Uniform Transfers to Minors Act (UTMA), 40
80.	Director of Trust Agreements, 40
81.	Director of Will Drafting, 40
82.	Director of Estate Planning, 40
83.	Director of Probate Proceedings, 40
84.	Director of Creditors' Claims, 40
85.	Director of Bankruptcy Proceedings, 40
86.	Director of Debt Restructuring, 40
87.	Director of Asset Protection, 40
88.	Director of Wealth Preservation, 40
89.	Director of Dynasty Trusts, 40
90.	Director of Intergenerational Transfers, 40
91.	Director of Charitable Giving, 40
92.	Director of Foundation Grants, 40
93.	Director of Non-Profit Organizations, 40
94.	Director of Social Impact Investing, 40
95.	Director of Environmental, Social, and Governance (ESG) Factors, 40
96.	Director of Sustainable Investment Strategies, 40
97.	Director of Responsible Investment Principles, 40
98.	Director of UN Global Compact, 40
99.	Director of ISO 26000 Standards, 40
100.	Director of Stakeholder Engagement, 40

(c) Compensation  
(If not paid,  
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense  
account and  
other allowance

MICHAEL SHEEHAN	CONCORD	PRESIDENT			
PO BOX 1781	NH 03302	8.00	0	0	0
DAVID FOX	CONCORD	VICE PRES			
PO BOX 1781	NH 03302	1.00	0	0	0
JOAN VALLIERES	CONCORD	SECRETARY			
PO BOX 1781	NH 03302	6.00	0	0	0
PHIL DONOVAN	CONCORD	TREASURER			
PO BOX 1781	NH 03302	6.00	0	0	0
JOHN MACINTOSH	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	0	0	0
STEVE LAFOND	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	0	0	0
PAUL MAGGIOTTO	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	0	0	0
AMY HARRINGTON	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	0	0	0
CASSANDRA DENONCOURT	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	0	0	0
JAY PRINTZLAU	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	6,000	0	0
PETER WEBSTER	CONCORD	DIRECTOR			
PO BOX 1781	NH 03302	1.00	3,000	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <b>40b</b>		<b>X</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>41</b> <b>NH</b>		
<b>42a</b> The organization's books are in care of <b>42a</b> <b>PHILIP DONOVAN</b> Telephone no <b>42a</b> <b>603-225-5058</b>		
<b>PO BOX 1781</b>		
Located at <b>42a</b> <b>CONCORD, NH</b> ZIP + 4 <b>42a</b> <b>03302-1781</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country <b>42b</b>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? <b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>45</b>		<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

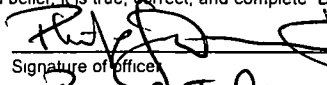
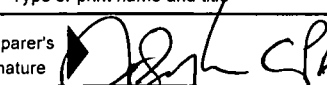
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>11/16/11</u>	
Paid Preparer's Use Only	 Preparer's signature		Date <u>11/30/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or your name if self-employed), address, and ZIP + 4 <b>MASON &amp; RICH P.A. 6 BICENTENNIAL SQ CONCORD, NH 03301-4058</b>		Preparer's Identifying Number (See instr.) <b>P00399600</b>	
			EIN <b>02-0365196</b>	
			Phone no <b>603-224-2000</b>	

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

☐ Yes ☐ No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	30,462	62,890	71,334	74,422	42,142	281,250
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	30,462	62,890	71,334	74,422	42,142	281,250
<b>5</b> 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)						50,061
<b>6 Public support.</b> Subtract line 5 from line 4						231,189

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	30,462	62,890	71,334	74,422	42,142	281,250
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						281,250
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	279,028
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	82.20 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	88.18 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FUNDRAISING ACT</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	49,227			49,227
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	49,227			49,227
Direct Expenses	4 Cash prizes	15,000			15,000
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				15,000
	11 Net income summary Combine line 3, column (d), and line 10				34,227

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities **NH**

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

**RAFFLE TICKET SALES. NOT REQUIRED TO REGISTER WITH THE STATE**

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11		X
12		X

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

<b>13a</b>	100.00 %
<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **PHILIP DONOVAN**  
**PO BOX 1781**

Address ► **CONCORD**

**NH 03302-1781****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$  
 amount of gaming revenue retained by the third party ► \$

and the

**c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

15a

X

17a

X

Form

**4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**FRIENDS OF CONCORD CREW**

Identifying number

**03-0388282**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note.** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	41,543

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	41,543
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

447 FRIENDS OF CONCORD CREW

03-0388282

FYE: 6/30/2010

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
LAUNCH, MOTOR AND TRAILER PURCHASE				7/21/08	6/30/10	\$ 2,500	\$ 3,995	\$ 1,094	\$ -401
TOTAL						\$ 2,500	\$ 3,995	\$ 1,094	\$ -401

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
ROAD TRIPS	\$
ROAD TRIPS	35,221
FUNDRAISING ACTIVITIES	
FUNDRAISING EXPENSES	11,543
EXPENSES	
INTEREST EXPENSE	80
LOANS	4,160
INSURANCE - PROPERTY/CASUALTY	6,700
INSURANCE - DIRECTORS/OFFICER	895
INSURANCE - CONCORD BOATHOUSE	1,464
COACHES' COMPENSATION	22,025
TAXES - REGISTRATION FEES	75
POSTAGE AND DELIVERY	79
POSTAGE AND DELIVERY - PO	60
OFFICE EXPENSE	14
RECONCILIATION DISCREPANCY	10,571
REGISTRATION FEE REFUND	500
RACE ENTRY FEES	7,523
LAUNCH EXPENSE	870
TRAILER AND BOAT REGISTRATION	428
DUES AND SUBSCRIPTIONS	1,900
MISCELLANEOUS	100
REPAIRS - EQUIPMENT REPAIRS	2,432
PROGRAM EXPENSE	138
SUPPLIES	254
SUPPLIES - PROGRAM ITEMS	5,094
MISC BOATHOUSE EXPENSE	3,808
TOTAL	\$ 115,934

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
ROUNDING	\$ -21
BOOK / TAX DEPREC DIFFERENCE	5
TOTAL	\$ -16

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
EQUIPMENT	\$ 277,711	\$ 330,005
LESS ACCUMULATED DEPRECIATION	103,052	158,356
ORGANIZATIONAL COSTS	1,750	1,750
	176,409	173,399

**Federal Statements****Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
MORTGAGE AND OTHER NOTES PAYABLE	\$ <u>50,500</u>	\$ <u>77,301</u>
	<u>50,500</u>	<u>77,301</u>



**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments**

**Description**

COMPETED IN THE ANNUAL SLEIGH CUP REGATTA. THIS REGATTA IS THE UNOFFICIAL PUBLIC HIGH SCHOOL CREW CHAMPIONSHIP HELD IN HANOVER, NH.

EXPAND THE CREW PROGRAM AT CONCORD HIGH SCHOOL TO ALLOW ATHLETES TO PARTICIPATE AND COMPETE IN AN NON-TRADITIONAL TEAM SPORT. BOYS AND GIRLS COMPETE ON AN EQUAL BASIS. RAISE FUNDS FOR EQUIPMENT PURCHASES AND OPERATIONAL COSTS.

PURCHASE NEW AND USED ROWING EQUIPMENT AND OTHER NECESSARY EQUIPMENT.

TRAVEL TO COMPETE IN MAJOR REGATTA'S IN OTHER STATES AS WELL AS THE NH CHAMPIONSHIPS REGATTA IN PEMBROKE, NH.

BUILT A BOATHOUSE ON THE SHORES OF THE MERRIMACK RIVER NEAR THE EVERETT ARENA ON LOUDON ROAD, CONCORD ON LEASED PROPERTY.

447 FRIENDS OF CONCORD CREW

03-0388282

## Federal Statements

FYE: 6/30/2010

### ROAD TRIPS

#### Receipts

<u>Description</u>	<u>Amount</u>
OTHER INCOME · ROAD TRIPS - CO	\$ 4,536
OTHER INCOME · ROAD TRIPS - CO	3,348
OTHER INCOME · ROAD TRIPS - CO	<u>20,900</u>
TOTAL	<u>\$ 28,784</u>

447 FRIENDS OF CONCORD CREW

03-0388282

## Federal Statements

FYE: 6/30/2010

### CLOTHING

#### Receipts

<u>Description</u>	<u>Amount</u>
CLOTHING · APPAREL	\$ 7,577
CLOTHING · UNIFORMS	2,700
CLOTHING · HATS	775
BUMPER STICKERS	170
TOTAL	\$ <u>11,222</u>

447 FRIENDS OF CONCORD CREW

03-0388282

FYE: 6/30/2010

## Federal Statements

### FUNDRAISING ACTIVITIES

#### Receipts

<u>Description</u>	<u>Amount</u>
FUNDRAISING	\$ 1,403
WREATHS	32,024
RAFFLES	15,800
TOTAL	\$ <u>49,227</u>