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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

2009

OMB No 1545-1150

Open to Public Inspection

A From the 2008 calendar year, or tax year begaining 07/01/09 and ending 06/30/10 Provided a region Provided Provi	Dep	Department of the Treasury Internal Revenue Service 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 Inspection						
B Check of applicable Auditions Change Indian Change India	A	07/04/00						
Anteres change Indian information Indian info	В) Emplo	yer identification number
Name change more THE FRENDS OF ST. JOHN FOUNDATION Tool	\bigcap	Address	change		•			
Interest eterm September Description Englishment Food	П	Name ch	hange		THE FRIENDS OF ST. JOHN FOUNDATION		20-	1674540
Application pending Septimical Septimi	П	Initial ref	turn	'	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	Telep	hone number
Application printed loss of CONCORD NH 03302-1382 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ) • Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ) • Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ) • Section 501(c)(3) organizations and 4947(a)(1) or 527 • Tax exempt status search or every limits or section 505(a)(3) supporting organization and its gross recepts are normally not more than \$25,000 A Form 990-EZ or 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. • Add lines 66, bit and 710, line 19 determine gors recepts \$50,000 or norm, file Form 990 metals of form 990-EZ by \$ 19, 242 Part II Revenue, Expenses, and Changos in Net Assets or Fund Balances (See the instructions for Part II) • Continuence, gible, grants and sales expenses • Revenue, Expenses, and Changos in Net Assets or Fund Balances (See the instructions for Part II) • Continuence, gible, grants and sales expenses • Revenue, Expenses, and changos in Net Assets or Fund Balances (See the instructions for Part II) • Less cost or other bases and sales expenses • See Gard or loss 1 from sale of assets other than inventory (Subtrect line 50 from line 5s) • See Special cents and actives (complete appricable part of Schedule 6s) If any amounts from gaming, check here • Net incorne or (loss) from sale of assets other than inventory (Subtrect line 50 from line 5s) • See Carlo or the data of the see of the file of the fil		Termina	ition		P.O. BOX 1382		603	3-223-2703
Appetation perind		Amende	d return	•	City or town, state or country, and ZIP + 4	F	Group	Exemption
Website: ► N/A N/A Website: ► N/A Website: ► N/A Website: ► N/A Website: ► N/A		Applicati	ion pending		CONCORD NH 03302-1382		Numb	er >
Webstre: N/A Tax-exempt status-insex only easy X 501(c) (3)		• Sec	tion 501(c)(3)	organi	cations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting n	nethod	Cash X Accrual
Takesempt status/cross arrows					npleted Schedule A (Form 990 or 990-EZ).	Other (specify)	>	
K Check	ı					H Check ►	If the o	organization is not
Add lines 50, 60, and 7b, to line 91 betamen goos recepts, it \$500,000 or more, life Form 930 nested of Form 930-EZ \$19,242	<u>J</u>							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1 Contributions, gift, gards, and smalar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Spoal and costs of the description of the sales of the sale	K		لب			-		e than \$25,000 A
Part I Contributions, gifts, grants, and smiller amounts received 1						a complete ret		10.040
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership duces and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 13,249 5b 13,344 5,993	느					. 41 1 4		
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 SEE STMT 1 5 Spenal events and activities (complete applicable parts of Schedule G) Linavamounter from gaming, check here a Gross revenue (not including 5	<u> </u>	1				e the instruc		or Part I)
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5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c and or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 SEE STMT 1 5c −95 6 Special events and activities (complete applicable parts of Schedule G) If any amounts from gaming, check here a Gross revenue (not including 5		1	-		d assessments			E 003
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 SEE STMT 1 5 G Special events and activities (complete applicable parts of Schedule (3) If any amounts from gaming, check here a Gross revenue (not including \$ reported on line 1) b Less direct expenses other than fundrasing expenses c Net income or (loss) from special events and activities (Subtract line 6b) c Net income or (loss) from special events and activities (Subtract line 6b) c Gross sales of inventory, less returns an platified (Subtract line 6b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales of inventory (Subtract line 7b) c Gross profit or (loss) from sales or fund balances at expenses (describe					-1ft	12 2/0	-	3,993
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11 Benefits paid to or for members 11	Ā	9		•			-	5,898
11 Benefits paid to or for members 11	T.	10	·· · · · ·			TMT 2	10	
13 Professional fees and other payments to independent contractors 13 555 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe SEE STATEMENT 3) 16 755 17 Total expenses. Add lines 10 through 16 17 37, 630 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 −31, 732 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) 19 244, 055 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 ≥1 212, 323 22 Cash, savings, and investments (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 244, 055 22 212, 323 23 Land and buildings 23 24 Other assets (describe) 24 25 Total assets 244, 055 25 212, 323 26 Total liabilities (describe) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 244, 055 27 212, 323		11			·		11	
13	(n	12	Salaries, oth	er comp	ensation, and employee benefits		12	
16 Other expenses (describe SEE STATEMENT 3) 16 75 17 Total expenses. Add lines 10 through 16	ıse	13	Professional	fees and	dother payments to independent contractors		13	555
16 Other expenses (describe SEE STATEMENT 3) 16 75 17 Total expenses. Add lines 10 through 16	per	14					14	
17 Total expenses. Add lines 10 through 16 17 37,630 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 −31,732 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) 19 244,055 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 212,323 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 244,055 22 212,323 25 Total assets 244,055 25 212,323 26 Total liabilities (describe) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 27 212,323 212,323 28 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 28 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 29 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 20 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 20 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 21 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 22 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 23 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 24 Total sasets or fund balances (line 27 of column (B) must agree with line 21) 244,055 27 212,323 25 Total sasets or fund balances (line 27 of column (B) must	ñ	15	Printing, pub	lications	postage, and shipping		15	-
18		16	Other expens	ses (des	cribe ▶ SEE STATEMENT 3)	16	
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21 Net assets or fund balances at end of year Combine lines 18 through 20 21 212, 323 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	ě	20	Other change	es in net	assets or fund balances (attach explanation)		20	
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26 Total liabilities (describe ►			•	pe 🕨))	244 055		010 000
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)			212 202
						244,055) 2/ <u> </u>	

	RIENDS OF ST. JOHN FO		7-16/4540	. 1		Page :
	rogram Service Accomplishmen	nts (See the instruct	ons for Part III	.)		penses
What is the organization's primary ex	empt purpose?					for section
SEE STATEMENT 4						and 501(c)(4)
-	ing out the organization's exempt purposes led, the number of persons benefited, or of				_	ons and section trusts, optional
each program title	ed, the number of persons benefited, or of	mer relevant information for			for others	• •
	NG THE EDUCATION OF THE STUDENTS	<u> </u>		_	101 Outcis	
AT ST JOHN REGIONAL SO		•				
(Grants \$ 37,0	00) If this amount includes foreign gran	nts, check here		\prod	28a	37,000
29						
				سب		
(Grants \$) If this amount includes foreign gran	nts, check here	> _	Щ	29a	
30						
(Cranta &) If this amount includes foreign area	ata ahaak hara	_	ا ۲۰۰	30a	
(Grants \$ Other program services (attach s) If this amount includes foreign gran	its, check here	<u></u>	닉	30a	
(Grants \$) If this amount includes foreign gran	nts check here	•	\sqcap	31a	
32_ Total program service expense		ito, oneak nore	<u>-</u>	┢╢	32	37,000
	rectors, Trustees, and Key Employees. L	ist each one even if not co	mpensated (See ti	he ins		
		(b) Title and average	(c) Compensation	(d)	Contributions to yee benefit plans &	(e) Expense
(a)	Name and address	hours per week devoted to position	(If not paid, enter -0)		red compensation	account and other allowances
PAUL M PROVOST	CONCORD	PRESIDENT				
P.O BOX 1382	NH 03302	1.00	0		0	
FRANCIS TANSEY	CONCORD	DIRECTOR				
P O BOX 1382	NH 03302	1.00	0	ļ	. 0	C
JANET D. RAYMOND	CONCORD	DIRECTOR				
P.O BOX 1382	NH 03302	1.00	0		0	
SCOTT SLOANE	CONCORD	DIRECTOR				
P O BOX 1382	NH 03302	1.00	0		0	
JOAN HERRINGTON P O BOX 1382	CONCORD NH 03302	DIRECTOR 1 00	,		0	,
LARRY OWSOWITZ	CONCORD	DIRECTOR				
P O BOX 1382	NH 03302	1 00	0	ŀ	0	,
RENEE ACHONG	CONCORD	DIRECTOR				`
PO BOX 1382	NH 03302	1.00	О		0	
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Form 990-EZ (2009)

٣٤	ter V Other information (Note the statement requirements in the instructions to	r Ραπ V.)			
				Yes	No
33	3.3 , , ,				7.7
	description of each activity		_ 33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	DT .			v
	the changes	e to a consider of	34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but r	iot reported			
_	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		f	1	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		35a		x
h	6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		350		
,0	during the year? If "Yes," complete applicable parts of Schedule N		36		х
273		7a	30	=	
b	Did the organization file Form 1120-POL for this year?	74	37ь	1	х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	ere	3,0		
νoα	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	CIC	38a	1	х
h		8b	304		
39	Section 501(c)(7) organizations Enter	00	╡		
a		9a			
b	[-	9b	\neg		
I0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	 1	7		
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bei	nefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	·	. [
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization	·	. [
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
11	List the states with which a copy of this return is filed NH				
l2a	The organization's books are in care of PAUL M. PROVOST	Telephone no ► 60	3-22	3-2	703
	P.O. BOX 1382				_
	Located at ► CONCORD, NH		302-	138	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori	ty			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b	ļļ	X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	К			
_	and Financial Accounts.				v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	LI	<u> </u>
12	If "Yes," enter the name of the foreign country				
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	N 42			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
				Van	N-
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		-	Yes	No
	Form 990-EZ		44	Ħ	X
15	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If	77		
-	"Yes," Form 990 must be completed instead of Form 990-EZ	••	45	†	Х
			Form 99	0-EZ	
					/

Form	1990-EZ (2009) THE FRIENDS OF ST. JOHN FOUND	DATION	20-1674540			Page 4
Pa	art Vi* Section 501(c)(3) organizations and section 4947(a)(1) nonexem	npt charitable trus	sts only. All se	ection	
	501(c)(3) organizations and section 4947(a)(1) none	exempt charit	able trusts must a	ınswer questior	ns 46-49b	1
	and complete the tables for lines 50 and 51.					
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in o	oposition to		Yes	
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complet	e Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related or	rganization?			49a	X
b	If "Yes," was the related organization a section 527 organization?				49b	<u></u>
50	Complete this table for the organization's five highest compensated employees	· ·		•		
	employees) who each received more than \$100,000 of compensation from the			ne " (d) Contributions to	(a) Even	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per wee devoted to posit	k	employee benefit plans & deferred compensation	(e) Exper account a other allows	and
NON	5					
f	Total number of other employees paid over \$100,000	•		_		
	\$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.	1	(b) Type of service	(c) C	Compensation	
NO	NE .					
			1 			
d	Total number of other independent contractors each receiving over \$100,000	-				
	Under penalties of perjury, I declare that I have examined this return, including	accompanying sch	adules and statements, and	to the best of my kno	udedae	
	and belief, it is true, correct, and complete Declaration of preparer (other than		all information of which pre	eparer has any knowled		
Sigi	Thurs M Throng		1 4/-9	2-10		
Her	e Signature of officer		Date			
	Type or print name and title					
	Type or print name and title		Ob a last			
	Preparer's Preparer's	Date	Check if self-	_ '	tifying Number (S	ee instr)
Paid			/26/10 employed ▶			
	parer's Firm's name (or yours MASON & RICH P.A.			EIN ▶ 0	2-0365	<u> 196</u>
Use	Only of self-employed), 6 BICENTENNIAL SQ	050		Phone		
	address, and ZIP + 4V CONCORD, NH 03301-40	<u> </u>		no ▶ 603	-224-2	$\overline{}$
May	the IRS discuss this return with the preparer shown above? See instructions			Fo	Yes 990-E2	No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

		THE FRIENDS	OF ST. JOH	N FOUN	IDATI	ON_			20	<u>-1674</u>	540
Part i	Reas	on for Public Charity	Status (All organ	iizations	must c	omplete	e this p	art.) S	ee ins	struction	ns.
The orga	inization is not	a private foundation because	e it is (For lines 1 throu	ugh 11, che	ck only o	ne box)					
1 🗌	A church, cor	nvention of churches, or asso	ociation of churches de	escribed in s	section 1	70(b)(1)(A)(i).				
2	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule	eE)							
3	A hospital or	a cooperative hospital service	e organization describ	ed in secti e	on 170(b)	(1)(A)(iii)).				
4	A medical res	search organization operated	in conjunction with a l	hospital des	scribed in	section '	170(b)(1)(A)(iii).	Enter tl	ne hospita	al's name,
	city, and state	е									
5	An organizati	on operated for the benefit of	f a college or university	y owned or	operated	by a gove	ernment	al unit de	escribed	l in	
_	section 170(b)(1)(A)(iv) (Complete Part I	II)	•	-						
6		ite, or local government or go	·	ibed in sec	tion 170(b)(1)(A)(\	/).				
7		on that normally receives a s			-		-	n the ae	neral pu	ublic	
	-	section 170(b)(1)(A)(vı). (Co	•		3			J .			
8		trust described in section 17	•	lete Part II)						
9	·	on that normally receives (1)			-	ntribution	s memb	ershin f	ees an	d aross	
٠ ـــا		activities related to its exemp	•	• •				-		-	
		gross investment income and	•								
	• •	he organization after June 30			•			0 500.			
10		on organized and operated e			•		a)(4)				
11 X	_	on organized and operated e	•	-		-		carry or	it the		
•••		one or more publicly supporte	•				•	•		tion	
		eck the box that describes th	•		-						
	a Type			-Functiona		-	d		 e III–Ot	her	
e X		this box, I certify that the orga								1101	
• ==	-	r than foundation managers a		•				•		ction	
		section 509(a)(2)	and other than one or i	more paeme	ny suppoi	ica organ	iizutioi is	40301100	Ju 111 JC	Stion	
f		ation received a written deter	mination from the IRS	that it is a	Type I Ty	nell or l	Tyna III s	unnortir	10		
ı	_	check this box	mination from the fixo	mat it is a	1 ypc 1, 1 y	pc 11, 01	ype iii s	афроги	9		
	_	: 17, 2006, has the organizati	on accepted any gift o	r contribute	on from a	ny of the					L
g	following per	-	on decepted any gift o	COMMODAL	o.,	ny or the					
	•	n who directly or indirectly cor	ntrole either alone or t	logether wit	h nerson	e doceribe	ad in (ii)				Yes No
		•		•	in persons	s describe	50 III (II)				
		below, the governing body of member of a person describe	., -	alloni							
	-	·	* *	20103							7.
h		ontrolled entity of a person de									[11g(III)] X
n (ı) Nam	e of supported	ollowing information about the	(III) Type of organ		(nd) to the s	organization	L 60 Did	rou notific	(10)	la tha	(vai) Amount of
	ganization	(11) 2114	(described on line			sted in your		ou notify	organiza	ls the ion in col	(vii) Amount of support
			above or IRC se			document?		of your		zed in the	••
			(see instruction	ns))	Yes	No	Yes	port?	Yes	S?	
ST.	TOWN DE	GIONAL SCHOOL			162	NO	res	NO.	res	NO	
SI.	OOM RE	02-0301651	6		x		x				27 000
		02-0301631	0					 	Х	\vdash	37,000
			•					1			
								 	 		
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		<u> </u>			-	-		ļ	 	 	
			<u> </u>						-		
Total_											37,000

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

Schedule A (Form 990 or 990-EZ) 2009

Sche		FRIENDS				-1674540	Page 2
Pa	Support Schedule for O				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
500	(Complete only if you che tion A. Public Support	ecked the box	on line 5, 7, or	o or Part I.)			
	lendar year (or fiscal year beginning in)▶	(a) 200E	(h) 2000	(a) 2007	(4) 2000	(a) 2000	40 T-4-1
Ça	lendar year (or liscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		######################################				
6	Public support. Subtract line 5 from line 4			·			
Sec	tion B. Total Support		,		•		
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				:		
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
12	Total support. Add lines 7 through 10			<u> </u>	1	10	
13	Gross receipts from related activities, etc. (h		(2)	
13	First five years If the Form 990 is for the organization, check this box and stop here		secona, inira, rouri	n, or littn tax year a	as a section 501(c)	(3)	▶ □
Sec	tion C. Computation of Public Su					<u> </u>	
	Public support percentage for 2009 (line 6,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	(f)			0/
14 15	Public support percentage from 2008 Sche	* *	•	(1))		14	<u> </u>
16a				2 and line 14 is 22	1/2 9/ or more sha		
IVa	33 1/3 % support test—2009. If the organiand stop here. The organization qualifies a			5, and line 14 is 55	1/3 % of more, che	ECK I'MS DOX	▶ [□
b	33 1/3 % support test—2008. If the organi		•	or 16a, and line 16	.a 22 1/2 0/ as mas	a abaalutbia	
U	box and stop here. The organization qualif				15 33 1/3 % 01 111011	e, check this	
17a	10%-facts-and-circumstances test—200				or 16h and line 14	Lio 109/ n=	
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst					A LIOM ITIE	▶ □
b	10%-facts-and-circumstances test—200					no 15 is 100/ or	▶ □
~	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsti					A LIGAA (IIIC	▶ □
18	Private foundation. If the organization did					nstructions	

THE FRIENDS OF ST. JOHN FOUNDATION 20-1674540 Schedule A (Form 990 or 990-EZ) 2009 Page 3 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) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (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 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. 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 stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2009 THE FRIENDS OF ST. JOHN FOUNDATION 20-1674540

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

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Federal Statements

FYE. 6/30/2010

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

	Gain / Loss	354	 	998-		-47		464	-95	
		٠	+						\$	
	Depreciation	ŧo.	-						v	
	Cost & Expense			9,700		3,644			13,344	
		w	+						Ş	
	Sale Price	354	! !	8,834		3,597		464	13,249	
		رن درن	-						భ	
	Date Sold	\$ 60/50/8		8/02/03		8/24/09		1/01/10		
	Date Acquired	12/19/05		VARIOUS		5/31/05		12/30/09		
Description	Whom Sold		JSD		4FE					
	How Received	27 COMCAST DONATION	87 ISHARES IBOXX USD	DONATION	70 ISHARES MSCI EAFE	DONATION	21 ORACLE	DONATION	TOTAL	

215 THE FRIENDS OF ST. JOHN FOUNDATION 20-1674540 FYE: 6/30/2010

Federal Statements

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Sta	

		FMV Explanation	
		Book Value Explanation	ı
		Book Value	
2		Noncash Contribution	
OI Ballications	Class of Activity	Cash Contribution	EDUCATIONAL PROG
		Description of Property	EDUCAT
	Name and Address	Date of Gift	ST. JOHN REGIONAL SCHOOL

61 SOUTH STATE ST

CONCORD, NH 03301

TOTAL

37,000

215 THE FRIENDS OF ST. JOHN FOUNDATION

Federal Statements

FYE: 6/30/2010

20-1674540

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

Description	Amount
EXPENSES	\$
NH FILING FEE	75
TOTAL	\$ <u>75</u>

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20-1674540

Federal Statements

FYE: 6/30/2010

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

SUPPORTING, ENCOURAGING AND ADVANCING THE EDUCATION OF THE STUDENTS AT ST. JOHN REGIONAL SCHOOL.