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Return of Organization Exempt From Income Tax

2009

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

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 9/01, 2009, and ending 8/31, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See specific instructions	C NORTHSHIRE CIVIC CENTER, INC P.O. BOX 835 MANCHESTER CENTER, VT 05255-0835		D Employer Identification Number 03-0341616
		F Name and address of principal officer ROBERT W. THOMPSON Same As C Above		E Telephone number 802-362-0150
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)		G Gross receipts \$ 1,049,993.
J Website: WWW.RILEYRINK.COM		H(c) Group exemption number		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 1993	M State of legal domicile VT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To provide affordable youth, adult, and family enrichment through athletic, cultural and social activities and programs for the broadest segments within our communities.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	85
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	14,245.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	194,514.	61,679.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	459,528.	484,470.
	11 Other revenue (Part VIII, column (A), lines 6, 8c, 9c, 10c, and 11e)	-75,606.	33,603.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,700.	54,458.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	626,136.	634,210.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,900.	10,285.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	282,595.	258,587.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	481,305.	441,769.
	19 Revenue less expenses Subtract line 18 from line 12	772,800.	710,641.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-146,664.	-76,431.
	21 Total liabilities (Part X, line 26)	Beginning of Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	5,462,428.	5,366,676.
		153,340.	99,497.
	5,309,088.	5,267,179.	

Part II Signature Block

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 ROBERT W. THOMPSON	Date 1-28-11		
Paid Preparer's Use Only	Preparer's signature Robert E. Buzzell, Jr.	Date 1/19/11	Check if self employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self employed), address, and ZIP + 4 Siliski & Buzzell, P.C. P.O. Box 802 Rutland, VT 05702-0802	EIN N/A	Phone no (802) 775-7132	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

To provide affordable youth, adult, and family enrichment through athletic, cultural and social activities and programs for the broadest segments within our communities.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 626,043. including grants of \$ _____) (Revenue \$ _____)
 DEVELOP AND OPERATE A COMMUNITY CIVIC CENTER WHICH HOUSES AN INDOOR SKATING RINK THAT
 CONVERTS TO A MUSIC PAVILLION IN THE SUMMER. SERVING CHILDREN AND ADULTS IN FIGURE
 SKATING AND HOCKEY PROGRAMS. THE FACILITY ALSO PROVIDES SKATING FOR THE GENERAL
 PUBLIC.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 626,043.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	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? <i>If 'Yes,' complete Schedule J</i>		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	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		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)		X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official See Schedule O	X	
b Other officers of key employees of the organization See Schedule O	X	
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 arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

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) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ ROBERT W. THOMPSON, TREASURER ROUTE 7A MANCHESTER CENTER VT 05255 802-362-0150

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL TEGEN 2009 Director	0.5	X						0.	0.	0.
JIM E. HAND 2009 Director	1	X						0.	0.	0.
ANDREW KING 2009 Director	0.5	X						0.	0.	0.
PAT ZILKHA 2009 Director	0.5	X						0.	0.	0.
BARRY BROWN 2009 Director	0.5	X						0.	0.	0.
CHRIS AMS 2009 Director	2	X						0.	0.	0.
BRUCE WELSH 2010 Director	1	X						0.	0.	0.
NANCY MCNALLY 2010 Director	0.5	X						0.	0.	0.
RICK JACKSON 2010 Director	1	X						0.	0.	0.
BILL HADDEN 2010 Director	3	X						0.	0.	0.
ROBERT W. THOMPSON 2010 Director	4	X						0.	0.	0.
RICK JACKSON 2009 President	1			X				0.	0.	0.
BRUCE WELSH 2009 VICE PRES	1			X				0.	0.	0.
ROBERT W. THOMPSON 2009 TREASURER	2			X				0.	0.	0.
BRUCE WELSH 2009 SECRETARY	1			X				0.	0.	0.
BILL HADDEN 2010 PRESIDENT	3			X				0.	0.	0.
ROBERT W. THOMPSON 2010 VP/TREAS	2			X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS AMS 2010 SECRETARY	2			X				0.	0.	0.
RICK JACKSON 2010 ASST SEC	1			X				0.	0.	0.
SUSAN MARMER Executive Direc	40			X				67,340.	0.	0.
1 b Total								67,340.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,285.	10,285.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,180.	55,635.	18,545.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	161,460.	121,095.	40,365.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,755.	2,066.	689.	
9 Other employee benefits				
10 Payroll taxes	20,192.	15,144.	5,048.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,488.	3,488.		
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	3,697.	3,697.		
g Other				
12 Advertising and promotion	14,849.	14,849.		
13 Office expenses	5,501.	5,391.	110.	
14 Information technology				
15 Royalties				
16 Occupancy	98,404.	96,436.	1,968.	
17 Travel	4.	4.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	917.	917.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,858.	106,972.	11,886.	
23 Insurance	44,188.	43,304.	884.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REPAIRS & MAINTENANCE	52,132.	52,132.		
b MISC	27,272.	27,272.		
c EVENT EXPENSE	25,920.	25,920.		
d PERMIT FEES	23,907.	23,907.		
e COMPUTER EXPENSE	4,689.	4,689.		
f All other expenses	17,943.	12,840.	5,103.	
25 Total functional expenses. Add lines 1 through 24f	710,641.	626,043.	84,598.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	53,380.	1	702,066.
	2 Savings and temporary cash investments	1,242,388.	2	596,003.
	3 Pledges and grants receivable, net	600.	3	600.
	4 Accounts receivable, net	33,770.	4	12,103.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,476.	8	5,356.
	9 Prepaid expenses and deferred charges	12,549.	9	22,765.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,923,353.		
	b Less. accumulated depreciation	10b 1,897,269.	4,112,703.	10c 4,026,084.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	562.	15	1,699.
16 Total assets Add lines 1 through 15 (must equal line 34)	5,462,428.	16	5,366,676.	
LIABILITIES	17 Accounts payable and accrued expenses	77,040.	17	43,406.
	18 Grants payable		18	
	19 Deferred revenue	25,631.	19	53,950.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	50,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	669.	25	2,141.
	26 Total liabilities. Add lines 17 through 25	153,340.	26	99,497.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	4,131,048.	27	4,090,434.
	28 Temporarily restricted net assets	28,040.	28	26,745.
	29 Permanently restricted net assets	1,150,000.	29	1,150,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,309,088.	33	5,267,179.
34 Total liabilities and net assets/fund balances	5,462,428.	34	5,366,676.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

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 Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

BAA

Form 990 (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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHSHIRE CIVIC CENTER, INC

Employer identification number

03-0341616

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
---------------	---

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

[illegible]

BAA 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

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
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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						

Section B. Total Support

Calendar 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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Schedule A (Form 990 or 990-EZ) 2009

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 yr 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 'unusual grants'.)	11,653.	99,735.	139,484.	194,514.	61,679.	507,065.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	92,595.	484,052.	477,992.	459,528.	484,470.	1,998,637.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	104,248.	583,787.	617,476.	654,042.	546,149.	2,505,702.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	425.	69,120.	51,650.	40,250.	41,130.	202,575.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	7,884.	2,659.	0.	10,543.
c Add lines 7a and 7b	425.	69,120.	59,534.	42,909.	41,130.	213,118.
8 Public support. (Subtract line 7c from line 6.)						2,292,584.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	104,248.	583,787.	617,476.	654,042.	546,149.	2,505,702.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,696.	113,166.	94,161.	70,748.	69,097.	366,868.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		16,082.		9,345.	14,245.	39,672.
c Add lines 10a and 10b	19,696.	129,248.	94,161.	80,093.	83,342.	406,540.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12)						2,912,242.
14 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	78.7 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	71.2 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	14.0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	6.8 %

- 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 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

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.

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No 1545 0047

2009**Open to Public
Inspection**

Name of the organization

NORTHSHIRE CIVIC CENTER, INC

Employer identification number

03-0341616

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1 a 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 ▶ \$ _____

2 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 ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,150,000.	1,150,000.			
b Contributions					
c Net investment earnings, gains, and losses	42,846.	12,753.			
d Grants or scholarships	10,285.	8,900.			
e Other expenditures for facilities and programs	32,561.	3,853.			
f Administrative expenses					
g End of year balance	1,150,000.	1,150,000.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

See Part XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		1,170,691.		1,170,691.
b Buildings		3,982,872.	1,226,040.	2,756,832.
c Leasehold improvements				
d Equipment		702,749.	604,266.	98,483.
e Other		67,041.	66,963.	78.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

4,026,084.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

N/A

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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investments 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 revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

N/A

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments 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	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

Northshire Civic Center, Inc. has two permanently restricted endowment funds: one

whereby the principal is permanently restricted but the income may be used for

operating expenses and another whereby the principal is permanently restricted but

the income may be used for scholarships.

Part XIV Supplemental Information (continued)

BAA

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Employer identification number

03-0341616

Part I	General Information on Grants and Assistance
---------------	---

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **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 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.

[illegible]

- | | | |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 0 |
| 3 | Enter total number of other organizations | 0 |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

NORTHSHIRE CIVIC CENTER, INC

Employer identification number

03-0341616

Form 990, Part VI, Line 11 - Form 990 Review Process

The finance and executive committees review the 990 and report back to the full
board prior to the filing of the 990.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Monitoring is provided by the executive committee in the form of monitoring and
signing the conflict of interest form.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

ANNUAL REVIEW BY EXECUTIVE COMMITTEE

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

ANNUAL REVIEW BY EXECUTIVE COMMITTEE

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Paper copies are available upon request.

Name of the organization

NORTHSHIRE CIVIC CENTER, INC

Employer identification number

03-0341616

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV01 HADDEN W

Prepared For:

6229-5497
NORTHSHIRE CIVIC CENTER INC
SMALL-MID CAP GROWTH ACCT
ATTN SUSAN MARMER (RILEY RINK)
APEX MANAGED ACCOUNT
PO BOX 835
MANCHESTR CTR VT 05255-0835

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Short										
33	ALBERTO CULVER CO NEW	ACV	11/13/2009	913.77		27.6900	07/14/2010	978.54	29.6532	64.77 7.09
60	ARENA RESOURCES INC	040049-10-8	10/19/2009	2,587.00		43.1167	03/22/2010	1,924.42	32.0742	-662.58 -25.61
74	CYMER INC	CYMI	06/22/2009	2,064.67		27.9009	02/26/2010	2,329.32	31.4777	264.65 12.82
115	EV3 INC	26928A-20-0	03/04/2010	1,764.62		15.3445	08/10/2010	2,587.50	22.5000	822.88 46.63
62	GAMESTOP CORP NEW CL A	GME	02/12/2009	1,626.55		26.2347	11/12/2009	1,517.11	24.4701	-109.44 -6.73
39	HANSEN NATURAL CORP	HANS	02/05/2009	1,365.00		34.9999	11/10/2009	1,346.84	34.5354	-18.16 -1.33
7	INTUITIVE SURGICAL NEW	ISRG	02/02/2009	720.79		102.9699	10/14/2009	1,752.75	250.4001	1,031.96 143.17
4	INTUITIVE SURGICAL NEW	ISRG	02/02/2009	411.88		102.9699	12/11/2009	1,164.13	291.0400	752.25 182.84
62	MARVEL ENTERTAINMENT INC	57383T-10-3	04/30/2009	1,897.06		30.5977	11/04/2009	3,137.11	50.6000	1,240.05 65.37
73	NEUTRAL TANDEM INC	TNDM	04/23/2009	1,844.87		25.2722	01/28/2010	1,162.88	15.9301	-681.99 -36.97
30	NUVASIVE INC	NUVA	11/13/2009	1,192.80		39.7599	02/04/2010	847.58	28.2530	-345.22 -28.94
70	ONYX PHARM INC	ONXX	04/23/2009	1,846.35		26.3764	03/23/2010	2,265.65	32.3669	419.30 22.71
45	SALESFORCE COM INC	CRM	02/04/2009	1,329.30		29.5399	01/20/2010	3,071.26	68.2511	1,741.96 131.04
83	SCANSOURCE INC	SCSC	10/20/2009	2,459.29		29.6300	04/05/2010	2,456.24	29.5939	-3.05 -0.12
60	SYNAPTICS INC	SYNA	02/27/2009	1,269.59		21.1599	11/05/2009	1,445.96	24.1000	176.37 13.89
71	TCF FINANCIAL CORP	TCB	12/09/2008	1,067.13		15.0300	09/25/2009	980.51	13.8104	-86.62 -8.12
48	TCF FINANCIAL CORP	TCB	04/20/2009	695.96		14.4992	09/25/2009	662.88	13.8104	-33.08 -4.75
58	TERRA INDUSTRIES INC	880915-10-3	02/06/2009	1,380.90		23.8087	09/16/2009	2,073.74	35.7552	692.84 50.17
112	THERAVANCE INC	THRX	05/07/2009	1,610.00		14.3750	02/03/2010	1,241.61	11.0860	-368.39 -22.88
43	THERAVANCE INC	THRX	06/16/2009	595.12		13.8399	02/03/2010	476.69	11.0860	-118.43 -19.90
21	UNIT CORP	UNT	08/24/2009	844.57		40.2177	02/25/2010	902.41	42.9723	57.84 6.85
				29,487.22	0.00			34,325.13		
										4,837.91

Long

63	AK STEEL HOLDING CORP	AKS	08/19/2008	3,272.22		51.9400	03/02/2010	1,426.96	22.6505	-1,845.26 -56.39
95	AK STEEL HOLDING CORP	AKS	02/06/2009	929.87		9.7892	03/02/2010	2,151.77	22.6505	1,221.80 131.38
53	ALNYLAM PHARMACEUTICALS	ALNY	08/19/2008	1,763.84		33.2800	02/03/2010	929.68	17.5415	-834.16 -47.29
195	ARM HLDGS PLC SPONS ADR	ARMH	04/08/2009	962.06		4.9336	07/23/2010	3,170.64	16.2600	2,208.58 229.57
0.5000	AEROPOSTALE	ARO	08/19/2008	3.26		23.3571	03/05/2010	12.17	24.3400	8.91 273.31
49	AIRGAS INC	ARG	08/19/2008	2,849.84		58.1600	02/05/2010	2,982.13	60.8606	132.29 4.64

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV01 HADDEN W

Prepared For:

6229-5497
NORTHSHIRE CIVIC CENTER INC
SMALL-MID CAP GROWTH ACCT
ATTN SUSAN MARMER (RILEY RINK)
APEX MANAGED ACCOUNT

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Long - Continued										
77	ALBERTO CULVER CO NEW	ACV	08/19/2008	2,105 18		27,3400	07/14/2010	2,283 25	29,6532	178 07 8 46
50	ANSYS INC	ANSS	09/26/2008	1,928 50		38 5700	08/16/2010	2,055 96	41 1200	127 46 6 61
9	AUTOZONE INC	AZO	08/19/2008	1,213 92		134 8800	11/16/2009	1,282 31	142 4830	68 39 5 63
5	BAIDU INC SPONS ADR CL A	BIDU	08/19/2008	1,558 00		311 6000	10/08/2009	2,064 99	413 0100	506 99 32 54
6	BAIDU INC SPONS ADR CL A	BIDU	08/19/2008	1,869 60		311 6000	12/11/2009	2,510 45	418 4200	640 85 34 28
43	BUFFALO WILD WINGS INC	BWLD	02/25/2009	1,301 93		30 2774	05/10/2010	1,611 49	37 4771	309 56 23 78
82	COGNIZANT TECH SOL CL A	CTSH	08/19/2008	2,441 96		29 7800	10/14/2009	3,258 60	39 7401	816 64 33 44
26	CREE INC	CREE	02/26/2009	527 80		20 3000	05/03/2010	1,916 77	73 7235	1,388 97 263 16
51	GLOBAL PAYMENTS INC	GPN	09/26/2008	2,364 36		46 3600	07/02/2010	1,838 91	36 0578	525 45 22 22
76	ISIS PHARMACEUTICALS	ISIS	08/19/2008	1,390 80		18 3000	02/05/2010	836 74	11 0100	-554 06 -39 84
74	ILLUMINA INC	ILMN	08/19/2008	3,413 25		46 1250	11/03/2009	2,419 73	32 7000	-993 52 -29 11
50	LIFE TECHNOLOGIES CORP	LIFE	08/19/2008	2,137 00		42 7400	01/20/2010	2,443 19	48 8646	306 19 14 33
62	MINDRAY MED INTL LTD A	MR	08/19/2008	2,356 62		38 0100	04/16/2010	2,199 14	35 4707	-157 48 6 68
106	MONOLITHIC POWER SYS INC	MPWR	08/19/2008	2,465 35		23 2580	11/04/2009	2,036 20	19 2100	-429 15 -17 41
30	NUVASIVE INC	NUVA	10/24/2008	1,233 30		41 1100	02/04/2010	847 57	28 2530	-385 73 -31 28
44	OSI PHARMACEUTICALS INC	671040-10-3	08/19/2008	2,261 16		51 3900	03/01/2010	2,453 62	55 7650	192 46 8 51
43	OSI PHARMACEUTICALS INC	671040-10-3	08/19/2008	2,209 77		51 3900	04/22/2010	2,538 24	59 0301	328 47 14 86
262	ON SEMICONDUCTOR CORP	ONNN	08/19/2008	2,606 90		9 9500	07/02/2010	1,640 12	6 2601	-966 78 -37 09
64	PENN NATIONAL GAMING INC	PENN	04/17/2009	1,824 00		28 5000	07/02/2010	1,467 21	22 9256	-356 79 -19 56
9	PRICELINE COM INC NEW	PCLN	08/19/2008	892 62		99 1800	03/05/2010	2,111 80	234 6473	1 219 18 136 58
11	PRICELINE COM INC NEW	PCLN	08/19/2008	1,090 98		99 1800	08/04/2010	3,106 89	282 4501	2,015 91 184 78
123	SIGMA DESIGNS INC	SIGM	08/19/2008	2,318 55		18 8500	09/08/2009	1,799 29	14 6288	-519 26 -22 40
29	SOHU.COM INC	SOHU	02/10/2009	1,394 03		48 0699	07/01/2010	1,188 98	41 0005	-205 05 -14 71
55	UNIT CORP	UNT	12/01/2008	1,468 50		26 7000	02/25/2010	2,363 43	42 9723	894 93 60 94
62	URBAN OUTFITTERS INC	URBN	08/19/2008	2,095 60		33 8000	05/10/2010	2,312 19	37 2942	216 59 10 34
29	URBAN OUTFITTERS INC	URBN	04/17/2009	509 24		17 5599	05/10/2010	1,081 52	37 2942	572 28 112 38
				56,760.11	0.00			62,341.94		
										5,581.83

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV01 HADDEN W

Prepared For:

6229-5497
NORTHSHIRE CIVIC CENTER INC
SMALL-MID CAP GROWTH ACCT
ATTN SUSAN MARMER (RILEY RINK)
APEX MANAGED ACCOUNT

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Report Summary										
				86,247.33	0.00			96,667.07		10,419.74

Realized Gains or Losses

Short Term	4,837.91
Long Term	5,581.83

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Prices for Independently Valued Direct Investments cannot be displayed on this report and are not included in the portfolio value shown. Refer to your monthly statement or contact your Financial Advisor for further information

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV01 HADDEN W

Prepared For:

1221-7455
NORTHSHIRE CIVIC CENTER INC
ATTN: SUSAN MARMER
STONEBRIDGE MANAGED ACCOUNT
(RILEY RINK)
PO BOX 835
MANCHESTER CTR VT 05255-0835

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Short										
100	CERNER CORP	CERN	01/12/2009	3,836.99		38,369.9	09/21/2009	7,379.82	73,800.1	3,542.83 92.33
				<u>3,836.99</u>	<u>0.00</u>			<u>7,379.82</u>		<u>3,542.83</u>
Long										
100	AMEDISYS INC	AMED	02/18/2009	4,816.00		48,160.0	07/01/2010	3,973.09	39,731.6	-842.91 -17.50
100	BP PLC SPONS ADR	BP	10/13/2008	4,367.00		43,670.0	04/29/2010	5,215.92	52,160.1	848.92 19.44
85	GENERAL ELECTRIC COMPANY	GE	12/27/2006	3,217.25		37,850.0	07/29/2010	1,376.17	16,190.6	-1,841.08 -57.23
29	GENERAL ELECTRIC COMPANY	GE	07/30/2007	1,142.02		39,380.0	07/29/2010	469.51	16,190.6	-672.51 -58.89
40	GENERAL ELECTRIC COMPANY	GE	09/25/2007	1,642.80		41,070.0	07/29/2010	647.61	16,190.6	-995.19 -60.58
33	GENERAL ELECTRIC COMPANY	GE	11/21/2007	1,234.86		37,420.0	07/29/2010	534.29	16,190.6	-700.57 -56.73
61	MCDONALDS CORP	MCD	11/01/2007	3,612.79		59,220.0	06/24/2010	4,151.62	68,060.6	538.83 14.91
39	MCDONALDS CORP	MCD	10/13/2008	2,203.50		56,500.0	06/24/2010	2,654.32	68,060.6	450.82 20.46
2	NEXEN INC	NXV	09/10/2007	56.64		28,320.0	01/13/2010	47.03	23,520.1	-9.61 -16.97
11	NEXEN INC	NXV	09/25/2007	330.66		30,060.0	01/13/2010	258.71	23,520.1	-71.95 -21.76
102	NEXEN INC	NXV	05/12/2008	3,920.15		38,430.0	01/13/2010	2,399.03	23,520.1	-1,521.12 -38.80
100	PIKE ELECTRIC CORP	PIKE	01/12/2009	1,192.99		11,929.9	04/15/2010	1,025.04	10,250.6	-167.95 -14.08
100	PIKE ELECTRIC CORP	PIKE	01/12/2009	1,192.99		11,929.9	07/12/2010	969.99	9,700.1	-223.00 -18.69
				<u>28,929.65</u>	<u>0.00</u>			<u>23,722.33</u>		<u>-5,207.32</u>

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV01 HADDEN W

Prepared For:

1221-7455
NORTHSHIRE CIVIC CENTER INC
ATTN: SUSAN MARMER
STONEBRIDGE MANAGED ACCOUNT
(RILEY RINK)

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Report Summary										
				32,766.64	0.00			31,102.15		-1,664.49

Realized Gains or Losses

Short Term	3,542.83
Long Term	-5,207.32

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Prices for Independently Valued Direct Investments cannot be displayed on this report and are not included in the portfolio value shown. Refer to your monthly statement or contact your Financial Advisor for further information

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV05 LEWIS J

Prepared For:

5103-5341
NORTHSHIRE CIVIC CENTER INC
OPERATING ACCOUNT
ATTN SUSAN MARMER
RILEY RINK
BOX 835
MANCHESTER CTR VT 05255-0835

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Long										
25,000	CAPITAL ONE 4 95 100813	140420-FX-3	10/02/2008	25,000.00		100 0000	06/04/2010	26,489.34	105 9574	1,489.34 5.96
				25,000.00	0.00			26,489.34		1,489.34
Misc										
25,000	BROADWAY BK 4 55 011410	11143V-RP-3	12/11/2007	25,000.00		100 0000	01/14/2010	25,000.00	100 0000	
25,000	HUNTINGTON NAT 2.2 072810	446438-KQ-5	01/21/2009	25,000.00		100 0000	07/28/2010	25,000.00	100 0000	
50,000	TREASURY BK 4 0 102109	89465A-VZ-8	07/23/2008	50,000.00			10/21/2008	50,000.00	100 0000	
				50,000.00	0.00			100,000.00		
Report Summary										
				75,000.00	0.00			126,489.34		1,489.34

Realized Gains or Losses

Long Term 1,489.34

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Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV05 LEWIS J

Prepared For:

1765-2567
NORTHSHIRE CIVIC CENTER INC
EQUIPMENT FUND
ATTN SUSAN MARMER
RILEY RINK
BOX 835
MANCHESTR CTR VT 05255-0835

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Misc										
25,000	CHEVY CHASE 3.65 101509	166784-QG-6	10/08/2008	25,000.00		100.0000	10/15/2009	25,000.00	100.0000	
				25,000.00	0.00			25,000.00		
Report Summary				25,000.00	0.00			25,000.00		

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Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV05 LEWIS J

Prepared For:

6469-5966
NORTHSHIRE CIVIC CENTER INC
SCHOLARSHIP FUND
ATTN SUSAN MARMER
RILEY RINK
BOX 835
MANCHESTR CTR VT 05255-0835

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Misc										
25,000	CAPITAL ONE 3 55 100809	14042E-H5-2	10/02/2008	25,000.00		100.0000	10/08/2009	25,000.00	100.0000	
25,000	CHEVY CHASE 4 05 040810	166784-QD 3	10/02/2008	25,000.00		100.0000	04/08/2010	25,000.00	100.0000	
				50,000.00	0.00			50,000.00		
Report Summary										
				50,000.00	0.00			50,000.00		

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Schedule of Realized Gains and Losses

Wednesday, October 27, 2010
MV01 HADDEN W

09/01/2009 - 08/31/2010

Prepared For:

7319-3529
NORTHSHIRE CIVIC CENTER INC
INTERNATIONAL ACCOUNT
ATTN SUSAN MARMER (RILEY RINK)
GRATRY MANAGED ACCOUNT
BOX 835
MANCHESTER CTR VT 05255-0835

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Short										
270	NATIONAL BANK GREECE ADR	NBG	09/22/2009	1,830.76		6.7806	12/18/2009	1,312.13	4.8599	-518.63 -28.33
15	NINTENDO LTD ADR	NTDOY	01/09/2009	693.03		46.2015	09/22/2009	499.93	33.3300	-193.10 -27.86
50	NINTENDO LTD ADR	NTDOY	01/09/2009	2,310.07		46.2015	11/24/2009	1,542.46	30.8500	-767.61 -33.23
10	POTASH CORP SASK INC	POT	05/26/2010	942.78		94.2773	08/26/2010	1,451.27	145.1301	508.49 53.94
20	ROYAL BANK CDA MONTREAL	RY	02/03/2009	492.19		24.6091	09/22/2009	1,073.60	53.6815	581.41 118.13
40	TOYOTA MTR CORP SPON ADR	TM	08/12/2009	3,407.22		85.1805	02/04/2010	2,876.22	71.9064	-531.00 -15.58
10	WESTPAC BANKING CORP ADR	WBK	12/18/2008	572.16		57.2160	09/22/2009	1,090.90	109.0930	518.74 90.66
				10,248.21	0.00			9,846.51		-401.70
Long										
65	BP PLC SPONS ADR	BP	12/02/2008	2,944.54		45.3007	05/19/2010	2,976.94	45.8000	32.40 1.10
60	BAYER A G SPONS ADR	BAYRY	08/20/2008	4,659.00		77.6500	07/28/2010	3,434.94	57.2500	-1,224.06 -26.27
80	CHINA MOBILE LTD ADR	CHL	08/20/2008	4,854.40		60.6800	12/10/2009	3,686.91	46.0876	-1,167.49 -24.05
635	MTSUBISHI UFJ FINL GRP	MTU	08/20/2008	4,699.00		7.4000	11/24/2009	3,236.70	5.0973	-1,462.30 -31.12
20	NESTLE S A SPONSORED ADR	NSRGY	08/20/2008	894.00		44.7000	09/22/2009	861.97	43.1002	-32.03 -3.58
15	SYNGENTA AG SPONS ADR	RY	02/03/2009	492.18		24.6091	04/27/2010	1,240.39	62.0210	748.21 152.02
5	TELEFONICA S A SPONS ADR	TEF	08/20/2008	773.85		51.5900	09/22/2009	727.32	48.4892	-46.53 -6.01
5	TELEFONICA S A SPONS ADR	TEF	10/18/2007	485.95		97.1900	09/22/2009	420.99	84.2012	-64.97 -13.37
5	TELEFONICA S A SPONS ADR	TEF	10/18/2007	485.95		97.1900	04/30/2010	339.73	67.9487	-146.22 -30.09
11	TELEFONICA S A SPONS ADR	TEF	11/21/2007	499.15		99.8300	04/30/2010	339.73	67.9487	-159.42 -31.94
18	TELEFONICA S A SPONS ADR	TEF	12/05/2007	1,114.41		101.3100	04/30/2010	747.42	67.9487	-366.99 -32.93
20	TELEFONICA S A SPONS ADR	TEF	06/02/2008	1,510.92		83.9400	04/30/2010	1,223.06	67.9487	-287.86 -19.05
220	TESCO PLC SPONSORED ADR	TSCDY	08/20/2008	1,452.20		72.6100	04/30/2010	1,359.96	67.9487	-92.24 -6.42
65	TOTAL S A SPONS ADR	TOT	08/20/2008	4,582.60		20.8300	04/30/2010	4,549.54	20.6801	-33.06 -0.72
150	VESTAS WIND SYS A/S ADR	VWDY	08/20/2008	4,719.65		72.6100	04/30/2010	3,548.30	54.5901	-1,171.35 -24.82
5	WESTPAC BANKING CORP ADR	WBK	12/18/2008	2,797.50		18.6500	01/25/2010	2,814.22	18.7617	16.72 0.60
			12/18/2008	286.08		57.2160	04/27/2010	620.64	124.1312	334.56 116.95
				37,251.39	0.00			32,127.76		-5,123.63

Schedule of Realized Gains and Losses

09/01/2009 - 08/31/2010

Wednesday, October 27, 2010
MV01 HADDEN W

Prepared For:
7319-3529

NORTHSHIRE CIVIC CENTER INC
INTERNATIONAL ACCOUNT
ATTN SUSAN MARMER (RILEY RINK)
GRATRY MANAGED ACCOUNT

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized % Gain or Loss
Report Summary				47,499.60	0.00			41,974.27		-5,525.33

Realized Gains or Losses	
Short Term	-401.70
Long Term	-5,123.63

SHORT-TERM
4,837.91 +
3,542.85 +
401.70 -
ST gain 7,919.04
Long-Term
5,581.83 +
5,201.32 -
1,489.34 +
5,123.63 -
LT LOSS 5,259.78

This report is
settled at
the accuracy

stitute for your account statements and confirmations. This report is prepared as of trade date rather than
your statement. This report uses information from sources we believe are reliable, but we cannot guarantee
es. If you find discrepancies in this report, please contact your Financial Advisor

Prices for Independently Valued Direct Investments cannot be displayed on this report and are not included in the portfolio value shown. Refer to your monthly statement or
contact your Financial Advisor for further information.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NORTHSHIRE CIVIC CENTER, INC	03-0341616
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 835	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MANCHESTER CENTER, VT 05255-0835	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► ROBERT W. THOMPSON, TREASURER

Telephone No. ► 802-362-0150 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ☐ calendar year 20__ or
- ☒ tax year beginning 9/01, 20 09, and ending 8/31, 20 10

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)