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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

**2010****Open to Public  
Inspection**

**A** For the 2010 calendar year, or tax year beginning September 1, 2010, and ending August 31, 2011

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
The Guild of New Hampshire Woodworkers

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
PO Box 627

City or town, state or country, and ZIP + 4  
Grantham, NH 03753

**D** Employer identification number  
02 0520184

**E** Telephone number  
603 863-7330

**F** Group Exemption Number ►

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

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

**I** Website: ►

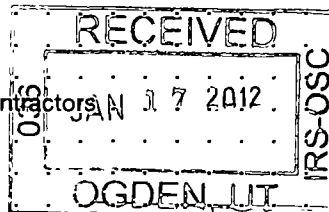
**J** Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received				1		175	
	2	Program service revenue including government fees and contracts				2		-0-	
	3	Membership dues and assessments				3		19,815	
	4	Investment income				4		28	
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less: cost or other basis and sales expenses	5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					-0-	
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a						
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		13,418				
c	Less: direct expenses from gaming and fundraising events	6c		1,151					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					12,267		
7a	Gross sales of inventory, less returns and allowances	7a		2,817					
b	Less: cost of goods sold	7b		2,817					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					-0-		
8	Other revenue (describe in Schedule O)	8					-0-		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9					32,285		
Expenses	10	Grants and similar amounts paid (list in Schedule O)				10		9,302	
	11	Benefits paid to or for members				11		-0-	
	12	Salaries, other compensation, and employee benefits				12		-0-	
	13	Professional fees and other payments to independent contractors				13		-0-	
	14	Occupancy, rent, utilities, and maintenance				14		-0-	
	15	Printing, publications, postage, and shipping				15		16,373	
	16	Other expenses (describe in Schedule O)				16		3,089	
	17	<b>Total expenses.</b> Add lines 10 through 16	17					28,764	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18		3,521	
	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		36,472	
	20	Other changes in net assets or fund balances (explain in Schedule O)				20		-0-	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21					39,993	



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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	36,472	<b>22</b> 39,993
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	36,472	<b>25</b> 39,993
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	36,472	<b>27</b> 39,993

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐What is the organization's primary exempt purpose? **Bringing Woodworkers together to share knowledge**

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

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

<b>28</b> Provided 13 Scholarships to woodworkers		
(Grants \$ 4,722) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Provided grants to 5 woodworkers		
Provided grant to 1 school for woodworking tools		
Provided \$1,000 to New Hampshire Institute of Furniture Making for public presentation of studio furniture		
(Grants \$ 4,080) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> Sponsored two awards for woodworking at the League of New Hampshire Craftsmen's fair		
(Grants \$ 500) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>A. Robert Couch</b>	President - 12	-0-	-0-	-0-
52 Logging Hill Rd , Bow, NH 03304				
<b>Claude Dupuis</b>	Vice President - 4	-0-	-0-	-0-
235 Baptist Rd., Canterbury, NH 03224				
<b>Al Saffron</b>	Secretary - 2	-0-	-0-	-0-
2 Ichabod Dr , Merrimack, NH 03054				
<b>C. Peter James</b>	Treasurer - 6	-0-	-0-	-0-
PO Box 627, Grantham, NH 03753				
<b>James Seroskie</b>	Journal Editor - 15	-0-	-0-	-0-
11 High Meadow Dr, Amherst, NH 03031				
<b>Robert Lacivita</b>	Program Chair - 6	-0-	-0-	-0-
27 Sherburn Hill Rd, Northwood, NH 03261				
<b>Al Hansen</b>	Fair Chairman - 6	-0-	-0-	-0-
PO Box 156, Wilnot Flat, NH 03287				
<b>Roger Myers</b>	Newsletter Editor - 4	-0-	-0-	-0-
74 Stratham Heights Rd, Stratham, NH 03885				
<b>Jon Siegel</b>	Sub Group Coordinator - 2	-0-	-0-	-0-
258 Breezy Hill Rd, Wilnot, NH 03287				
<b>Gary Canning</b>	Steering Committee - 2	-0+-	-0-	-0-
PO Box 688 Sunapee, NH 03782				
<b>Robert DeAngelis</b>	Steering Committee - 2	-0-	-0-	-0-
470 Newmarket Rd, Warner, NH 03278				
<b>Anthony Holmes</b>	Steering committee - 2	-0-	-0-	-0-
145 Lancaster Farm Rd, Salem, NH 03079				
<b>Davis Michaels</b>	Membership Chair - 6	-0-	-0-	-0-
8 Nathan Hale Ln, Merrimack NH 03054				

Check if the organization used Schedule O to respond to any question in this Part V. ☐

Form **990-EZ** (2010)

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	<input checked="" type="checkbox"/>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

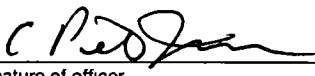
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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.

<b>Sign Here</b>		<u>1/11/2012</u>
	Signature of officer	Date
	C. Peter James, Treasurer	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

The Guild Of New Hampshire Woodworkers

Employer identification number

02 0520184

**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 a 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 to 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 it 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?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,848	11,705	24,688	21,129	19,990	98,360
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	12,047	11,285	35,274	21,901	16,235	96,742
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>6 Total.</b> Add lines 1 through 5 . . . .	32,895	22,990	59,962	43,030	36,225	195,102
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>c</b> Add lines 7a and 7b . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						195,102

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . .	32,895	22,990	59,962	43,030	36,225	195,105
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	745	481	343	69	28	1,666
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>c</b> Add lines 10a and 10b . . . .	745	481	343	69	28	1,666
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	33,640	23,471	60,305	43,099	36,253	196,771
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	99.1 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	<b>16</b>	98.9 %

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	0.9 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . .	<b>18</b>	1.1 %

- 19a 33<sup>1</sup>/<sub>3</sub>% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33<sup>1</sup>/<sub>3</sub>% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



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

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

The Guild of New Hampshire Woodworkers

Employer identification number

02 0520184

**Line 6b, Special Events and Activities**

Annual Auction of Donated Items		\$1,199.90
GSWT Auction of Donated Items		\$516.11
Raffle At LNHC Fair		\$9,382.00
Boat Builders Raffle		\$2,320.00
Total		\$13,418.01

**Line 10 Grants and Similar Amounts Paid**

Beth Ireland	Grant	\$1,200.00
Beth Ireland	Grant	\$400.00
Harvey Best	Grant	\$63.00
Myrl Phelps	Grant	\$341.95
Nate Carey	Grant	\$595.05
Thetford Academy	Grant	\$480.00
NH Institute of Furniture Making	Grant	\$1,000.00
Gary Canning	Scholarship	\$179.00
Richard Weiss	Scholarship	\$175.00
Claude Dupuis	Scholarship	\$192.50
Al Hansen	Scholarship	\$400.00
Mike Korsak	Scholarship	\$129.00
Edward Orrecchio	Scholarship	\$400.00
Syd Lorandau	Scholarship	\$400.00
David Frechette	Scholarship	\$400.00
Bob Katz	Scholarship	\$303.00
Colin Ward	Scholarship	\$143.00
Donald Chesser	Scholarship	\$400.00
David Tothill	Scholarship	\$400.00
Steve Shultz	Scholarship	\$1,200.00
League of NH Craftsmen	Awards	\$500.00
Total		\$9,301.50

**Line 16 Other Expenses**

Item	Expense Amount
Insurance	\$500.00
Meeting Expenses	\$475.00
Internet Expense	\$1,243.00
Admin Expense	\$248.00
Exhibition Expense	\$164.00
GSWT Speaker Expense	\$400.00
Misc Expense	\$59.00
Total	\$3,089.00