



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011Department of the Treasury
Internal Revenue Service

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.

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization
New Hampshire Alpine Racing Association, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 1344

City or town, state or country, and ZIP + 4
Campton NH 03223

D Employer identification number
02-0375066

E Telephone number
603-726-3307

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: ► **www.nhalpine.org**

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 or a section 527 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. ► \$

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	2999
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	93291
	4	Investment income	4	1090
	5a	Gross amount from sale of assets other than inventory	5a	n/a
	b	Less: cost or other basis and sales expenses	5b	n/a
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	n/a
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	n/a
Expenses	b	Gross income from fundraising events (not including \$ n/a 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	n/a
	c	Less: direct expenses from gaming and fundraising events	6c	n/a
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	n/a
	7a	Gross sales of inventory, less returns and allowances	7a	n/a
	b	Less: cost of goods sold	7b	n/a
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	n/a
	8	Other revenue (describe in Schedule O)	8	n/a
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97380
	10	Grants and similar amounts paid (list in Schedule O)	10	5614
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	31567
	13	Professional fees and other payments to independent contractors	13	2750
14	Occupancy, rent, utilities, and maintenance	14	6381	
15	Printing, publications, postage, and shipping	15	6959	
16	Other expenses (describe in Schedule O)	16	27365	
17	Total expenses. Add lines 10 through 16	17	80636	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16744
	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	77175
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2196
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	62627

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED SEP 10 2012

99

23

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ New Hampshire		
42a The organization's books are in care of ▶ Jeffrey Brimblecom Telephone no. ▶ 603-860-9335 Located at ▶ 120 Ward Street Manchester ZIP + 4 ▶ 03104-1562		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

- 46** 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

	Yes	No
46		☒

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 ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		☒

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		☒

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		☒

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		☒

- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
n/a				

- 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."

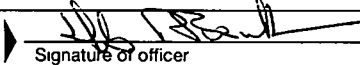
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
n/a		

- 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.

Sign Here		8-12-2012
	Signature of officer	Date
	Jeffrey P. Brimblecom, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NH Alpine Racing Association, Inc.

Employer identification number

02-0375066

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? ☐

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above? ☐

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
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) n/a									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test—2010. 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		☐
17a 10%-facts-and-circumstances test—2011. 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		☐
b 10%-facts-and-circumstances test—2010. 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		☐
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		☐

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48324	56815	43300	99306	93134	340879
2 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.	50198	50396	400	400	316	101710
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0	0	0
6 Total. Add lines 1 through 5.	98522	107211	4370	99706	93450	442589
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0	0	0	0	0	0
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						442589

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	98522	107211	43700	99706	93450	442589
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2773	2298	852	805	1090	7818
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2773	2298	852	805	1090	7818
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	101295	109509	44552	100511	93450	450407
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 ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.26 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1.74 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.35 %

- 19a 33¹/₃% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33¹/₃% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, 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 ► ☐

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).

Area for supplemental information with horizontal dashed lines.

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

2011

Name of the organization

Employer identification number

New Hampshire Alpine Racing Association, Inc.

02-0375066

line 20 adjustment \$2196.00

line 16 other expense breakdown -- awards \$8548.00 - office expenses \$7068.00 -- Insurance \$621.00 -- Committees and clinics \$10737.00

-- miscellaneous \$391.00

B	C	D	E	Name & Address			
Hours	Compensation	Benefits	Exp	Title			
4	0	n/a	n/a	President	Dan	Marshall	47 Kidder St Manchester NH 03101
2	0	n/a	n/a	Vice President	Paul	Cremeno	8 Wexford Drive Chichester NH 03258
20	7060	n/a	n/a	Seceraty	Bev	Oliver	31 Mohawk Rd Andover MA 01810
8	4000	n/a	n/a	Treasurer	Jeffrey	Brimblecom	120 Ward St Manchester NH 03104-1562
30	14400	n/a	n/a	Executive Secretary	Laurie	Stevens	PO Box 1402 Campton NH 3223-1402
	0	n/a	n/a	Trustee	Bob	Underhill	15 Richards Road Newbury NH 03255
	0	n/a	n/a	Trustee	Craig	Antoides	PO Box 113 Waterville Valley NH 3215-0113
	0	n/a	n/a	Trustee	Ted	Newman	4 Bishops Gate Road Wolfboro NH 03894
	0	n/a	n/a	Trustee	Gred	Riess	PO Box 164 Thetford VT 05043-0164
	0	n/a	n/a	Trustee	Dave	Gregory	PO Box 780 Intervale NH 03845-0780
	0	n/a	n/a	Trustee	Jill	Fishbrook	15 Richards Road Newbury NH 03255
	0	n/a	n/a	Trustee	Jim	Green	15 David Drive Andover MA 01810
	0	n/a	n/a	Trustee	Ted	Sutton	PO Box 730 Lincoln NH 3251-0730
	0	n/a	n/a	Trustee	Peter	Holland	99 Clinton St E7 Concord NH 03301
	0	n/a	n/a	Trustee	Harry	Maybee	PO Box 14 Fraceestown NH 3043-0014
	0	n/a	n/a	Trustee	Mike	Workman	12 Shellcamp Road Gilmanton NH 03237
	0	n/a	n/a	Trustee	Kris	Blomback	PO Box 2448 Henniker NH 3242-2448
	0	n/a	n/a	Trustee	Greg	Gill	59 Main St Sutton NH 03221
15	3000	n/a	n/a	Trustee	Emily	Crane	1892 River Rd Plymouth NH 03264
	0	n/a	n/a	Trustee	Joe	Poole	7 Fernwood Place Boxw NH 03304
	0	n/a	n/a	Trustee	Dave	Salathe	PO Box 500 Andover NH 3216-0500
	0	n/a	n/a	Trustee	Garrett	Lashar	541 Main St New London NH 03257
	0	n/a	n/a	Trustee	Jason	Lalla	17 Stephanie Road Dunbarton NH 03046
	0	n/a	n/a	Trustee	Ivar	Dahl	47 Pleasant Street Plymouth NH 03264
15	3000	n/a	n/a	Trustee	Jack	Iacopino	55 Morse Hill Road Newbury NH 03255

PO BOX 1344

Campton NH 03223-1344

Type	Date	Num	Name	Debit
6852 - Support				
6852-1 - Racer Support Payments				
Check	07/01/2011	700346	Mike Sampson	0 00
Check	07/01/2011	700347	Emma Noller	116 00
Check	07/01/2011	700348	Maya Bernier	116 00
Check	07/01/2011	700349	Trevor Leaf	167 00
Check	07/01/2011	700350	Emily Hayes	621 00
Check	07/01/2011	700351	Jake Van Duerson	774 00
Check	07/01/2011	700352	Kamden Burke	288 00
Check	07/01/2011	700353	Lily Ford	205 00
Check	07/01/2011	700354	Colbey Sawyer College Ski Team	909 00
Check	07/01/2011	700357	Emily Husson	664 00
Check	07/07/2011	700359	Jordan Watts	414 50
Check	06/08/2012	700409	Jake Van Duerson	1,072 75
Check	06/08/2012	700410	Brennan Smith	1,666 00
Check	06/08/2012	700411	Daniel Scherding	685 25
Check	06/08/2012	700412	Kelly Dinapoli	685 25
Check	06/08/2012	700413	Gerd Riess	256 00
Check	06/08/2012	700414	Logan Slattery	353 75
Check	06/08/2012	700415	Jesse Ross	685 25
Check	06/08/2012	700416	David Lozeau	201 00
Check	06/08/2012	700417	Trevor Leaf	1,188 00
Total 6852-1 Racer Support Payments				11,067 75