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_{orn} 990-EZ

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.

Open to Public

20**12**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning December 31 January 1 2012, and ending 20 C Name of organization B Check if applicable D Employer identification number Address change PROJECT CARE 020441666 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return **579 TENNEY MOUNTAIN HIGHWAY** 603-536-1800 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending PLYMOUTH, NH 03264-3147 ☐ Accrual Other (specify) ▶ H Check ► ☐ if the organization is not Website: ▶ required to attach Schedule B <u>527</u> (Form 990, 990-EZ, or 990-PF). 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, 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 . . . 68083.68 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than **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) . . . Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 68083.68 10 Grants and similar amounts paid (list in Schedule O) 10 84362.27 11 Benefits paid to or for members 11 12 Salanes, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors . 13 14 14 15 Printing, publications, postage, and shipping . . . 15 16 Other expenses (describe in Schedule O) 16 75.00 17 Total expenses. Add lines 10 through 16 . 17 84437.27 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 (16353.59) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 33393.19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17039.60 Form **990-EZ** (2012) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421

		(D : 10				
Ра	Balance Sheets (see the instructions			D-411		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	•	(B) End of year
22	Cash sayings and investments		}	· · · · · · · · · · · · · · · · · · ·	OOT	''''- -
23	Cash, savings, and investments			33393.19	23	<u> 17039.60</u>
24	Other assets (describe in Schedule O)				24	
25	Total assets			33393.19		17039.60
26	Total liabilities (describe in Schedule O)			33393.19	26	17039.60
27	Net assets or fund balances (line 27 of column		n line 21)	33393.19	11	17039.60
Par						· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedule				ا (Expenses
Wha	is the organization's primary exempt purpose?		,		1 ' -	quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplies as a clear and concise nons benefited, and other relevant information for e	nanner, describe the ach program title.	services provide	d, the number of	494	anizations and section 7(a)(1) trusts; optional others.)
28	We helped 248 members of NH Electric Cooperative	who had emergency	situations and past	due electric bills		
	10					
00	(Grants \$ 84362.27) If this amount				28 a	84362.27
29]	
					1	
	(Grants \$) If this amount					
30	·	t includes foreign gra			29 a	1
30					1	
					1	
	(Grants \$) If this amount	t includes foreign gra	inte chack hara	N [30a	
31	Other program services (describe in Schedule O)				302	<u> </u>
		t includes foreign gra			31a	,
32	Total program service expenses (add lines 28a	through 31a)			32	
Par						
	Check if the organization used Schedule					🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		- [1]	Estimated amount of other compensation
Cyntl	nia Dussault				_	
PO B	ox 288, Holderness, NH 03245	President - 1 hr		0	0	0
JoAn	ne Cordero					
<u>79 Lu</u>	nd Lane, Warren, NH 03279	Treasurer - 2 hrs		o	0	0
	Lawson	- Board Member - 1				
145 F	anch Rd, Rumney, NH 03266	hr		0	0	0
	Margaret Ford	Board Member - 1				
	old Rte 25, Rumney, NH 03266	hr		0	0	0
	ael Cordero	Board Member - 1				
	nd Lane, Warren, NH	hr		0	<u> </u>	0
	elle Duncan	- Board Member - 1		_		
PO B	ox 183, North Woodstock, NH 03262	hr		0	<u> </u>	0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	163	\(\sigma\)
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			
35a	change on Schedule O (see instructions)	34	-	1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	775	-	. ,-
ъ 38а	Did the organization file Form 1120-POL for this year?	37b 38a		\
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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		_
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Vec	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	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.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Ī
43	If "Yes," enter the name of the foreign country: ► 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			▶ 🗆
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
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		1.
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			ر
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 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		

rorm 99	U-14Z (20	12)							age -
				_			. Gara		No
46	Did th	e organization engage, directly or in	ndirectly, in political c	ampaign activities of	on behalf o	f or in opposit	ion	300	
		didates for public office? If "Yes," of		, Part I		· · · · · ·	· 46		✓
Part \		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	is must answer que	stions 47-49b and	d 52, and	complete the	e tables f	or lin	es
		50 and 51	·						
		Check if the organization used Sc	hedule O to respond	I to any question in	this Part	VI			. п
		<u> </u>						Yes	No
47	Did #	e organization engage in lobbying	activities or have a	coction 501/h) alact	ion in offe	et during the	tov [1.03	1
71		If "Yes," complete Schedule C, Par		section 30 i(ii) elect		ct during the		1	1
	•	•					47	+	
48		organization a school as described i					. 48	ļ	 √ ,
49a		e organization make any transfers t						<u> </u>	✓
b		s," was the related organization a se							<u> </u>
50		lete this table for the organization's							
	emplo	yees) who each received more than	n \$100,000 of compe	nsation from the org	anızation.	If there is non	e, enter "l	None.'	
	(-)	Name and Adda of a sale analysis	(b) Average	(c) Reportable		ealth benefits,	4 > 5		
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	bonofe ni	ions to employee ans, and deferred	(e) Estimate other cor		
		paid 4 105,050	devoted to position	(Forms W-2/1099-MIS		npensation	011101 001	пропос	
					_				
		***************************************	1						
			 	 			 		
			}		1				
									
	_			L					
		.======================================	1						
f	Total	number of other employees paid ov	ver \$100.000	► NO	NE				
51		plete this table for the organization		· · · — — — — — — — — — — — — — — — — —	nt contrac	— tors who eacl	received	more	a than
J 1	\$100	000 of compensation from the organization	anization. If there is n	one, enter "None."	ni contrac	tors who cach	1 10001460		. triari
				1		<u> </u>			
(a)	Name a	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of s	ervice	(c) Compensat	ion	
								-	
				4		İ			
				<u></u>					
				1		İ			
				<u></u>		<u> </u>			
				J		- 1			
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				1					
	Total	number of other independent sent	actor cach recenies	Nor \$100 000	_		ONE		
		number of other independent contr	•	•	. –		CINE		
52		ne organization complete Schedule					.		
		cempt chantable trusts must attach					► ✓ Ye		
Under p	enalties	of perjury, I declare that I have examined this	return, including accompar	nying schedules and state	ements, and to	o the best of my k	nowledge an	d belief	, it is
true, co	rrect, an	d complete Declaration of preparer (other tha	in officer) is based on all inf	ormation of which prepar	er has any kn	owledge			
		V Jame (B) h	110						
Sign		Signature of officer				Date			
Here	ļ	JAANINIA COL	ndeno, 7	REASURER	> _	スー	1-20	13	
	1	Type or print name and title	DITIO /	PUNDULUE			<u>, , , , , , , , , , , , , , , , , , , </u>		
			Preparer's signature	 1	Date		PTIN		
Paid	,	Print/Type preparer's name	. Topes of 3 signature	Y	5416	Check _	וְחונ		
Prep	arer				··· 1	self-emplo	oyea		
Use	O-1	Firm's name ▶				Firm's EiN ▶			
	Univ								
		Firm's address >				Phone no	► □ va		

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

Open to Public Inspection

Name of the organization Employer identification number **PROJECT CARE** 020441666 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. **b** Type II c Type III-Functionally integrated **d** ☐ Type III–Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support governing document? col (i) of your support? (i) organized in the above or IRC section US.? (see instructions)) Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedu	ile A (Formi 990 or 990-EZ) 2012							Page 2
Part								
	(Complete only if you checked the Part III. If the organization fails to							illy under
Secti	on A. Public Support			<u></u>	odoo compic		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)	2012	(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	73551.31	72546.52	72252.17	68109.64		68083.68	354543.32
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	73551.31	72546.52	72252.17	68109.64		68083.68	354543.32
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.							354543.32
	on B. Total Support					•		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)	2012	(f) Total
7	Amounts from line 4	73551.31	72546.52	72252.17	68109.64		68083.68	354543.32
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							354543.32
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, secon		•			
Secti	on C. Computation of Public Suppor			<u> </u>		• •		· · • <u>-</u>
14	Public support percentage for 2012 (line 6			1. column (fl)		14		100 %
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization qual box and stop here. The organization qual	nedule A, Part I zation did not d	I, line 14 . check the box	on line 13, and		15 3% 0		100 % eck this
b	331/3% support test—2011. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line			
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	012. If the orga ets the "facts-a acts-and-circu	nization did no and-circumsta mstances" tes	ot check a box nces" test, che	on line 13, 16 ck this box an ation qualifies	d sto	p here. Ex	ne 14 is xplain in
b	10%-facts-and-circumstances test – 20					a, 16	o, or 17a,	

Part []	Support Schedule for		

(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.)

Secti	on A. Public Support			, p		,	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(2, 2000	(0) 2010	(-,,	(0) 2012	(i) iolai
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an				1	 	
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities	-	-		-		
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1		-	<u> </u>		
7a	Amounts included on lines 1, 2, and 3					ļ	
<i>,</i> a	received from disqualified persons						
L	·		 				
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	:					,
_	Add lines 7a and 7b				}		
8	Public support (Subtract line 7c from			-			
•	line 6.)						
Secti	on B. Total Support	<u> </u>			L	<u></u>	<u></u>
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2000	(0) 2010	(0) 2011	(6) 2012	(i) iotai
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			•			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		İ				
	acquired after June 30, 1975			•			
С	Add lines 10a and 10b						
11	Net income from unrelated business	-					
	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or		<u> </u>			i ·	
	loss from the sale of capital assets						
	(Explain in Part IV.)]		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					i	ĺ
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re		<u></u>			▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line					15	%
16	Public support percentage from 2011 Sci			<u></u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (%
18	Investment income percentage from 2011					18	<u>%</u>
19a	331/2% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331n% support tests—2011. If the organiz	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see instru	ctions ► □

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2012							
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).							
	·							
*	·							
*								
*								
	·	••						

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2012

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

PROJECT CARE 020441666 PART 1 QUESTION 10: PELASE SEE ATTACHED LISTING PART 1 QUESTION 16: STATE OF NEW HAMPSHIRE CHARITABLE TRUST FILING FEE \$75

MeetingDate	LastName	FirstName	Town	Grant
19-Jan-12	ANDREWS	JENNIFER	HILL	\$287.26
19-Jan-12	CALL	KYLA	SALISBURY :	\$400.00
19-Jan-12	COSIMATI	IRA	CONWAY .	\$400.00
19-Jan-12	DREW	JASON	GILMANTON	\$500.00
19-Jan-12	EMERSON	DAVID	ALTON	\$500.00
19-Jan-12	FRISCH	AMY	CAMPTON	\$500.00
19-Jan-12	HAINES	JASON	MEREDITH	\$433.84
19-Jan-12	HARTWELL	TRISHA	MEREDITH	\$417.83
19-Jan-12	KELLY	JOANNA	BARTLETT	\$500.00
19-Jan-12	REARDON	JENNIFER	MEREDITH	\$500.00
19-Jan-12	SIMARD	BRITTANY	ALTON	\$441.86
19-Jan-12	VEILLETTE	VIOLETTE	PIERMONT	\$500.00
19-Jan-12	WILSON	THOMAS	CLAREMONT	\$400.00
19-Jan-12	ZIMMER	KATY	RUMNEY	\$274.20
16-Feb-12	ANTHONY	WELDEENA	CONWAY :	\$365.81
16-Feb-12	CLARK	MICHAEL	UNITY	\$450.00
16-Feb-12	CORREIA	ROBERT	MEREDITH	\$246.98
16-Feb-12	DAVIS	ANN	TUFTONBORO	\$377.23
16-Feb-12	DOWNING	RICHARD	CAMPTON	\$414.53
16-Feb-12	FERRARA	¡LORI	TUFTONBORO	\$207.37
16-Feb-12	HODGE	ADAM	HOLDERNESS	\$337.18
16-Feb-12	HUNTOON	MARY	LINCOLN	\$413.00
16-Feb-12	JOHNSON	AMBER	PLYMOUTH	\$500.00
16-Feb-12	JORDAN	NORMA	MEREDITH	\$331.57
16-Feb-12	KELLEHER	SHIRLEY	ALEXANDRIA	\$321.63
16-Feb-12	KENNEDY	ROBERT	ALTON	\$350.63
16-Feb-12	MASON	MALINDA	MEREDITH	\$314.89
16-Feb-12	MCLIN	BELINDA	ALTON ,	\$264.97
16-Feb-12	PARADISE	WILLIAM	DERRY	\$500.00
16-Feb-12	SIMONEAU	ROBERT	·NEWPORT	\$462.56
16-Feb-12	SOTO	MICHAEL	,PLYMOUTH .	\$325.53
16-Feb-12	TUNSTALL	MICHAEL	THORNTON	\$357.13
16-Feb-12	VOISINE	NICOLE	PLYMOUTH	\$500.00
16-Feb-12	WEST	MONICA	LEMPSTER	\$500.00
16-Feb-12	WILSON	MARISSA	SUNAPEE 5	\$326.48
16-Feb-12	YIP	SHANNON	MEREDITH	\$449.40
15-Mar-12	ANTONE	ANTHONY	WOODSTOCK	\$500.00
15-Mar-12	BARR	THOMAS	WARREN	\$500.00
15-Mar-12		TIMOTHY	MEREDITH	\$115.51
	BERLANGER	JAMES	CHARLESTOWN	\$500.00
15-Mar-12		CRYSTAL	WENTWORTH	\$370.00
15-Mar-12		RONALD	NEW DURHAM	\$482.55
15-Mar-12	BLODGETT	WILLIAM	LANDAFF	\$464.75
15-Mar-12	~	KAROL	WOODSTOCK	\$500.00
15-Mar-12	CANNAVINO	TRACEY	GROTON	\$124.11

MeetingDate LastName	FirstName	Town	Grant
15-Mar-12,DAME	SHEILA	RUMNEY	\$500.00
15-Mar-12(ENGELHARDT	DOROTHY	MEREDITH	\$333.56
15-Mar-12:FARNHAM	JOYCE	HOLDERNESS i	\$500.00
15-Mar-12-FARRAR	JACKLYNN	NEW DURHAM :	\$420.74
15-Mar-12 GIROUX	CHRISTINE	LEMPSTER .	\$500.00,
15-Mar-12 GREENHALGH	ALAN	GOSHEN	\$500.00
15-Mar-12 HAUSER	THOMAS	CHARLESTOWN	\$300.00:
15-Mar-12 JESSEMAN	DEIRDRE	CAMPTON	\$256.80
15-Mar-12 JORDAN	KENNETH	CONWAY	\$500.00
15-Mar-12 KIERSTEAD	BRIAN	NORTHFIELD	\$395.31
15-Mar-12 MOSES	GENE	LEMPSTER	\$207.46 ¹
, 15-Mar-12;OLENA	iMARGARET	CAMPTON	\$300.00
15-Mar-12 SANBORN	CAROL	ALTON .	\$368.62
15-Mar-12,SAWYER	PATRICIA	MEREDITH	\$368.49;
15-Mar-12 ST ARNAUD	LAUREEN	MEREDITH	\$233.40
15-Mar-12 TRIPP	MARTHA	NEWPORT '	\$500.00
15-Mar-12 WARREN	TRUDY	NORTHWOOD .	\$500.00
19-Apr-12 ALLEN	BRETT	PLYMOUTH	\$221.27
19-Apr-12 AMES	ARTHUR	MOULTONBORO	\$424.64
19-Apr-12 BORCHARDT	JANICE	CONWAY	\$247.00
19-Apr-12 BURGESS	,WENDY	MEREDITH ;	\$475.00
19-Apr-12 BURNAKA	JOHN	PIERMONT	\$400.00
19-Apr-12 CAREY	'BRYCE	BELMONT	\$394.65
19-Apr-12 CORIATY	MICHELLE	CAMPTON	\$475.00
19-Apr-12 COUTERMARSH	DANNY	GRAFTON :	\$400.00
19-Apr-12 DIFONZO	ANTHONY	CONWAY	\$500.00
19-Apr-12:DOWLING	MARGUERITE	BRISTOL	\$476.37
19-Apr-12 FITZPATRICK	HELEN	CONWAY	\$500.00
19-Apr-12 HACKETT	PAUL	OSSIPEE	\$500.00
19-Apr-12 HEALEY	THOMAS	ELLSWORTH	\$500.00
19-Apr-12 HOWARD	RUTH	BARTLETT	\$450.00
19-Apr-12 ISABELLE	ROLAND	MEREDITH	\$500.00
19-Apr-12 LIBBY	ROBERT	FREEDOM	\$422.72;
19-Apr-12 LONGO	MARIE	RAYMOND	\$323.51
19-Apr-12 MILLER	JOHN	,LACONIA :	\$500.00
, 19-Apr-12 MORTON SR	EUGENE	PLYMOUTH	\$500.00
19-Apr-12 RIEL	DONNA	MOULTONBORO	\$500.00
19-Apr-12 SHAW	DEBRA	CHESTER	\$284.88
19-Apr-12-TORINO	MARGHERIT	CAMPTON	\$367.69
, 19-Apr-12 TREFREY	TAMMY	MEREDITH	\$500.00
19-Apr-12 VASCONCELLOS	ANTHONY	ACWORTH :	\$500.00
19-Apr-12 WEEKS	CHRISTOPHER	THORNTON	\$500.00
17-May-12-ANDERSON	ILORRY	ALLENSTOWN	\$400.00
17-May-12 ARENELLA	MARY	DERRY	\$263.00
17-May-12 BAKER	.SUSAN	·MEREDITH ,	\$300.00

SUPPLEMENTAL INFORMATOIN TO FORM 990-EZ

PROJECT CARE

MeetingDate		FirstName	Town	Grant
17-May-12	BERTRAND	CINDY	LEMPSTER	\$350.00
17-May-12	BOWMAN	TERRI	CHARLESTOWN	\$432.24
17-May-12	CABRAL	JOSEPH	PLYMOUTH	\$106.32 ³
17-May-12	CHASE	JENNIFER	TUFTONBORO	\$201.31
17-May-12	COLLETTE	TINA	RUMNEY	\$407.00
17-May-12	COOGAN	JODI	MEREDITH	\$200.00
17-May-12	COREY	FERNE	GRAFTON ,	\$350.00
17-May-12	COTE	DONNA	LINCOLN	\$274.27
17-May-12	DECOSTA	DARLENE	,WARREN ,	\$200.00
17-May-12	FERGUSON	WANDA	FARMINGTON '	\$264.00;
17-May-12	FUCCI	REBECCA	WOODSTOCK	\$227.38
17-May-12	HINES	LENORE	GILMANTON	\$200.00
17-May-12	LAMPER	GEORGE	;ALTON	\$200.00
17-May-12	LEDGER	BONNIE	PLYMOUTH	\$323.79
17-May-12	LETOURNEAU	JULI	CAMPTON	\$300.00
17-May-12	LYFORD	ROLAND	PLYMOUTH	\$500.00;
17-May-12	MANN	THOMAS	MEREDITH	\$400.00
17-May-12	MCDONALD	GEORGE	NEW DURHAM	\$269.72
17-May-12	MONESTERE	ADRIENNE	LINCOLN	\$250.00
17-May-12	MURPHY	KELLEY	CONWAY	\$200.00
17-May-12	PEREZ	WILLIAM	GILMANTON	\$187.06
17-May-12	REDMAN	DAVID	BRISTOL	\$265.00
. 17-May-12	RITCHIE	SEAN	MEREDITH	\$500.00.
17-May-12	SEARFOSS	LIANA	PLYMOUTH ,	\$500.00
77-May-12	SILVA	PABLO	THORNTON	\$114.39
17-May-12	SPRAGUE	ALAN	WARREN !	\$500.00
21-Jun-12	ASSENZA	JOSEPH	SANDOWN	\$486.61
21-Jun-12	BISHOP	CHRISTOPHER	DANVILLE ,	\$260.95
21-Jun-12	BOURGET	'PAMELA	WOODSTOCK	\$399.33
21-Jun-12	BRAGG	GOLDA	JACKSON	\$499.57
21-Jun-12	BROWN	SHANNON	'CONWAY	\$201.72
21-Jun-12	DECILLA	JENNY	CONWAY	\$400.00
21-Jun-12	HAMEL	KIMBERLY	MEREDITH	\$300.00
21-Jun-12	HERNLEY	JOSEPH	WOODSTOCK ,	\$258.99
21-Jun-12	LARKIN	RHIANNA	UNITY	\$400.00
21-Jun-12	LORD	LISA	RUMNEY	\$500.00;
21-Jun-12	MAHMOUD	MAHER	THORNTON	\$200.00
21-Jun-12	MCCARTHY	KILEEN	MEREDITH	\$300.00
21-Jun-12	MOORE	ERIKA	PLYMOUTH	\$142.79
21-Jun-12	MORLEY	RUTH	MEREDITH	\$263.17
21-Jun-12	MOUNT	RACHAEL	MEREDITH	\$109.97
21-Jun-12	MROZ	ELIZABETH	SANDWICH	\$500.00
21-Jun-12	NELSON	DANIEL	PLYMOUTH :	\$387.45
21-Jun-12	PARE	TIMOTHY	SPRINGFIELD	\$375.34
· 21-Jun-12	PLUME	DUANE	PLYMOUTH	\$140.00
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SUPPLEMENTAL INFORMATOIN TO FORM 990-EZ

PROJECT CARE

MeetingDate LastName	. FirstName	≀ Town 🔼	Grant
21-Jun-12 REED	BRIAN	MEREDITH	\$208.79
21-Jun-12, RUNELS	VICKIE	BARNSTEAD	\$500.00
21-Jun-12 SABALEWSKI	JAMES	CLAREMONT	\$285.69
21-Jun-12 SHEA	JACQUELINE	ALTON	\$286.61
21-Jun-12 SOMERS	PATRICK	DORCHESTER	\$417.55
21-Jun-12 ZOGOPOULOS	¿FLORENCE	ALTON	\$400.00
19-Jul-12 AUDET	MEREDITH	HILL	\$314.52
19-Jul-12 BESSONETT	DONNA	MEREDITH	\$200.00
19-Jul-12 CHRISTIANSEN	ELIZABETH	GROTON	\$179.86
19-Jul-12 CRAIGUE	SCOTT	OSSIPEE	\$285.00
19-Jul-12 GREENE	VALARIE	MEREDITH	\$207.46
. 19-Jul-12-JAMESON	JUNE	WARREN	\$500.00
19-Jul-12 JOHNSON	,JOSEPH	MEREDITH	\$151.46
19-Jul-12 LAMOS	·EDWARD	HOLDERNESS	\$175.00
19-Jul-12 LEVESQUE	DONNA	CAMPTON	\$161.31
19-Jul-12 MACLEAN	JENELLE	DEERFIELD	\$400.00
19-Jul-12:MARTIN	;FAITH	PLYMOUTH	\$350.00
19-Jul-12 MILANO	ЈОНИ	BARNSTEAD	\$300.00
19-Jul-12: MORRISON	KATIE	PLYMOUTH	\$300.00
19-Jul-12 MURPHY	SCOTT	RAYMOND	\$280.00
19-Jul-12 NOYES	DEBORAH	NORTHFIELD	\$400.00
19-Jul-12 POISSANT	SHERRY	THORNTON	\$265.69
19-Jul-12 PORTER	ROKELL	EPPING	\$500.00
19-Jul-12 RAIS	RAYMOND	DANVILLE	\$152.09
19-Jul-12 SHEA	MICHAEL	ALTON	\$310.00
19-Jul-12 STRAW	PAMELA	MEREDITH	\$145.00
19-Jul-12¦SWANSON	MARIE	OSSIPEE	\$319.45
19-Jul-12¦TASSONE	BARRY	GRAFTON	\$191.72
19-Jul-12 VITALE	AIMEE	CHESTER	\$364.85
19-Jul-12 ZIMMER	MELISSA	WOODSTOCK	\$284.22
16-Aug-12:BLISS	CHARLENE	RAYMOND	\$321.02
16-Aug-12 BRADSTREET	PAUL	CAMPTON	\$293.29
16-Aug-12 BRETH	JEANNETTE	ALTON	\$245.40
16-Aug-12, BROWN	LORINDA	MEREDITH	\$100.00
16-Aug-12 CHAMBERLAIN	STUART	MEREDITH	\$388.00
16-Aug-12 CHARTER	VICTORIA	NORTHFIELD	\$167.52
16-Aug-12, DRAKE	COURTNEY	MEREDITH	\$109.69
16-Aug-12 DRAKE	TROY	¹ GROTON	\$187.44
16-Aug-12 DUPREE	MONICA	PLYMOUTH	\$96.62
16-Aug-12 FRILETTE	DANI	WOODSTOCK	\$307.97
16-Aug-12:GOODWIN	AMANDA	CAMPTON	\$413.75
16-Aug-12 MACKENZIE	LAURA	EPPING	\$500.00
16-Aug-12 MARION	FREDERICK	MEREDITH	\$220.02
16-Aug-12:MARSTON	PETER	PLYMOUTH	\$268.56
16-Aug-12(NELSON	KIMBERLEE	ALTON	\$265.32

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MeetingDate	LastName	FirstName	Town	Grant
16-Aug-12	NIGRO	SHYLAH	MEREDITH	\$240.83
16-Aug-12	PIPER	MELISSA	CONWAY	\$182.58
; 16-Aug-12	RIEL	'TRICIA	OSSIPEE	\$450.00
16-Aug-12	SIDNEY	MICHAEL	MEREDITH	\$288.93
20-Sep-12	BALDWIN	KATHERINE	CHARLESTOWN	\$140.00
20-Sep-12	BILODEAU	DONNA	ALTON	\$276.44
20-Sep-12	CABRAL	JOSEPH	NEW HAMPTON	\$327.72
20-Sep-12	FORD	GEORGE	ALTON	\$240.00
20-Sep-12	GONZALEZ	ROBERT	CONWAY	\$232.11
20-Sep-12	,GUIDI	ROBERT	MEREDITH	\$500.00
20-Sep-12	MITCHELL	HEATHER	LINCOLN	\$350.00
20-Sep-12	NIGHTINGALE	CAROL	MOULTONBORO	\$325.00
20-Sep-12	PERKINS	:TINA	MEREDITH	\$500.00
20-Sep-12	ROWLEY	JAMES	HOLDERNESS	\$351.29
20-Sep-12	ROYEA	MELISSA	PLYMOUTH	\$142.25
20-Sep-12	TERRIO	CHRISTOPHER	PLYMOUTH	\$375.28
18-Oct-12	ADKINS	ROBERT	ALEXANDRIA	\$300.00
18-Oct-12	CRAFTS	CAROL	MEREDITH	\$350.00
18-Oct-12	DESANTOS	DEBORAH	ILISBON	\$454.50
18-Oct-12	DESROSIERS	JAMIE	MEREDITH	\$141.00
18-Oct-12	DREW BELL	BESSIE	BARTLETT	\$250.00
18-Oct-12	GODES	KAROLE	MEREDITH	\$285.91
18-Oct-12	HASKELL	PAUL	PLYMOUTH	\$452.01
18-Oct-12	INGACIOLA	DONNA	GROTON	\$248.75
18-Oct-12	LAVALLO	NOREEN	RUMNEY	\$197.72
18-Oct-12	LEMAY	GARRICK	PLYMOUTH	\$270.00
18-Oct-12	LEWIS	JULIE	HOLDERNESS	\$400.00
18-Oct-12	MCGUIRE	TRACY	MEREDITH	\$270.00
. 18-Oct-12	NICHOLS	;PATRICIA	MEREDITH	\$114.00
18-Oct-12	RHEAUME	RYAN	HILL	\$362.11
18-Oct-12	RICHFORD	TANYA	MEREDITH	\$200.00
18-Oct-12	ROSEBUSH	KATHLEEN	LISBON	\$500.00
18-Oct-12	SMART	JULIE	WOODSTOCK	\$425.00
18-Oct-12	ST CYR	DORYLEE	THORNTON	\$190.01
18-Oct-12	TAYLOR	THOMAS	ANDOVER	\$258.00
18-Oct-12	TORRES	LUIS	CONWAY	\$201.44
18-Oct-12	WALKER	ROBERT	ACWORTH	\$500.00
15-Nov-12	AMES	BETHANY	THORNTON	\$255.48
15-Nov-12	AVERY	STEVEN	GOSHEN	\$340.79
15-Nov-12		INGER	HOLDERNESS	\$250.00
	HAZELTON	,JOHN	'HILL ;	\$291.41
	HILLSGROVE	RYAN	ALTON	\$184.50
i 15-Nov-12	····	MICHAEL	STEWARTSTOWN	\$200.00
	LAVORGNA	DANIELLE	MEREDITH	\$250.00
15-Nov-12		DAWN	MEREDITH	\$258.35

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MeetingDate	LastName	FirstName	Town	Grant
15-Nov-12	(MASON	CHERYL	GRAFTON	\$400.00
15-Nov-12	MITCHELL	NATALIE	NORTHWOOD	\$310.96
15-Nov-12	MOORE	DEBBIE	NORTHFIELD	\$384.35
15-Nov-12	PERRY	NHOL ⁾	MEREDITH	\$85.79
^{15-Nov-12}	REMICK	HEIDI	CLAREMONT	\$387.39
15-Nov-12	SMITH	KATHERINE	MEREDITH	\$151.91
15-Nov-12	WILDES	:CAROLYN	RAYMOND	\$300.00
15-Nov-12	ZOLTEK	'MELANIE	WAKEFIELD	\$117.12
20-Dec-12	BROWN	STEVEN	MEREDITH	\$350.00
; 20-Dec-12	BUSHAW	COREY	CAMPTON	\$250.23
20-Dec-12	CHASE	JOY	RUMNEY	\$331.10
20-Dec-12	CORMIER	JUDEANN	ALTON	\$400.00
20-Dec-12	CREONTE	JAMES	MEREDITH	\$500.00
20-Dec-12	:ETHERIDGE	JAMES	MEREDITH	\$500.00
20-Dec-12	GROETZINGER	JOANNE	NOTTINGHAM	\$500.00
20-Dec-12	KOBY	ALISON	ALTON	\$407.16
20-Dec-12	NELSON	DANIELLE	MEREDITH	\$302.92
20-Dec-12	RAYMOND	DOUG	WOODSTOCK	\$250.00
20-Dec-12	SCHAUFUS	LESLIE	HAVERHILL	\$500.00
20-Dec-12	SEARLES	MICHAEL	MEREDITH	\$415.01
20-Dec-12	THURBER	REGINA	MEREDITH	\$264.86
20-Dec-12	WARE	MARK	WOODSTOCK	\$421.91
20-Dec-12	WEATHERBEE	ERIC	NORTHFIELD	\$500.00
				\$84.362.27

\$84,362.27