See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **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 private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NH 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 province, country, and ZIP or foreign postal code
Campton NH 03223

D Employer identification number
02-0375066

E Telephone number
603726-3307

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 Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other

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, 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	1846
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	110145
	4	Investment income		4	366
	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		
	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 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	112357
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	6473
	11	Benefits paid to or for members		11	n/a
	12	Salaries, other compensation, and employee benefits		12	38904
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	14544
	15	Printing, publications, postage, and shipping		15	1746
	16	Other expenses (describe in Schedule O)		16	28603
	17	**Total expenses.** Add lines 10 through 16	►	17	89730
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	23627
	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	107705
	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	►	21	127332

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
22	Cash, savings, and investments	107705	22	127332
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	0	24	
25	**Total assets**	107705	25	127332
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (A) must agree with line 21)	107705	27	127332

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 . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	We have 275 coaches 300 officals - We provide inf[illegible] for ski racing and coaches		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	12000
29	We have 2100 members 10 and up. Weprovide a ha[illegible]k, pr[illegible]s and ski racing opportunties		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	23000.
30	we provide fencing and radios for events		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	6700
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 2[illegible]gh 31a) ▶	32	41700

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 title	(b) Average hours devoted	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT A	attachmenta A	see attachmenta A	see attachmenta A	see attachmenta A

Part V **Other Information** (Note the Schedu A and pe nal benefit contract statement requirements in the instructions for Part V) Check if the org zation use Schedule O to respond to any question in this Part V ☐

				Yes	No
33	Did the organization engage in any significant a tivity not pr iously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedu O . .	33			✓
34	Were any significant changes made to the org ing or go ning documents? If "Yes," attach a conformed copy of the amended documents if they reflec change t e organization's name. Otherwise, explain the change on Schedule O (see instructions) . .	34			✓
35a	Did the organization have unrelated business s income $1,000 or more during the year from business activities (such as those reported on lines 2, 6 nd 7a, am others)? . .	35a			✓
b	If "Yes," to line 35a, has the organization filed a For 0-T for thr ar? If "No," provide an explanation in Schedule O	35b			✓
c	Was the organization a section 501(c)(4), 501(, or 501(c, organization subject to section 6033(e) notice, reporting, and proxy tax requirements during t ar? If "Y ," complete Schedule C, Part III . .	35c			✓
36	Did the organization undergo a liquidation, d ution, te nation, or significant disposition of net assets during the year? If "Yes," complete applicabl ts of Sch le N . .	36			✓
37a	Enter amount of political expenditures, direct or ct, as d bed in the instructions ▶	37a			
b	Did the organization file **Form 1120-POL** for t ar? . .	37b			✓
38a	Did the organization borrow from, or make any s to, any cer, director, trustee, or key employee or were any such loans made in a prior year and still ou ding at t nd of the tax year covered by this return? .	38a			✓
b	If "Yes," complete Schedule L, Part II and ent total an nt involved . . .	38b			
39	Section 501(c)(7) organizations Enter:				
a	Initiation fees and capital contributions includ line 9	39a			
b	Gross receipts, included on line 9, for public u club fac s	39b			
40a	Section 501(c)(3) organizations. Enter amoun mpose n the organization during the year under: section 4911 ▶ ; section ; section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) o tions. the organization engage in any section 4958 excess benefit transaction during the year, engag an excess benefit transaction in a prior year that has not been reported on any of its prior 990 or -EZ? If "Yes," complete Schedule L, Part I	40b			✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) or ions. r amount of tax imposed on organization managers or disqualified per ring th ear under sections 4912, 4955, and 4958 . . . . . ▶				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) o tions r amount of tax on line 40c reimbursed by the organization . . . . . ▶				
e	All organizations. At any time during the ta was th ganization 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 retur ▶				
42a	The organization's books are in care of ▶ ..... Telephone no. ▶ ..... Located at ▶ ..... ZIP + 4 ▶				
b	At any time during the calendar year, did the or on have interest in or a signature or other authority over a financial account in a foreign country (such a accoun curities account, or other financial account)? If "Yes," enter the name of the foreign coun See the instructions for exceptions and fili ments nCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b			✓
c	At any time during the calend year, did the ation h ain an office outside the U S ? . . . . . If "Yes," enter the name of the foreign countr	42c			✓
43	Section 4947(a)(1) nonexempt charitable t s Form -Z in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt inter l or ac l during the tax year . . . . . ▶	43			

				Yes	No
44a	Did the organization maintain any donor funds ng the year? If "Yes," Form 990 must be completed instead of Form -EZ	44a			✓
b	Did the organization operate one or more facilit ring the year? If "Yes," Form 990 must be completed instead of Form EZ	44b			✓
c	Did the organization receive any payme s f tann vices during the year?	44c			✓
d	If "Yes" to line 44c, has the organizati m 7 port these payments? *If "No," provide an explanation in Schedule O*	44d			✓
45a	Did the organization have a controlled entity e me f section 512(b)(13)?	45a			✓
b	Did the organization re y payment fi gage i transaction with a controlled entity within the meaning of section 512(If "Yes," F nd S le R may need to be completed instead of Form 990-EZ (see ins	45b			✓

			Yes	No
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	46		✓

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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
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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	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 title of each employee	(b) 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		0		

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 business address of each independent contractor	(b) Type of service	(c) Compensation
n/a		
d Total number of other independent contractors each receiving over $100,000 ▶		0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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	▶ Signature of officer	Date	
	▶ Jeffrey P Brumbaugh, 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 ▶
	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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
NH Alpine Racing Association, Inc.	02-0375066

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 33⅓% 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 33⅓% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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 . . . . . ▶ ☐

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees 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 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 furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
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 acquired after June 30, 1975						
c Add lines 10a and 10b						
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 VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33⅓% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)****:*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Part VI **Supplemental Information.** 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.)

New Hampshire Alpine Racing Association, Inc.
PO Box 1344
Campton NH 03223-1344

	Hours	Compensation	Benefits	Exp	Title	Name & Address						
1	4	0	n/a	n/a	President	Dan	Marshall	47 Kidder St	Manchester	NH	03101	603 -669-9697
2	2	0	n/a	n/a	Vice President	Jason	Gilbert	490 Bog Road	Campton	NH	03223	603-536-3889
3	20	7060	n/a	n/a	Seceraty	Bev	Oliver	31 Mohawk Rd	Andover	MA	01810	603 726-8121
4	8	4000	n/a	n/a	Treasurer	Jeffrey	Brimblecom	120 Ward St	Manchester	NH	03104-1562	603 625-4141
5	30	14400	n/a	n/a	Executive Secretary	Laurie	Stevens	PO Box 1402	Campton	NH	3223-1402	603 726-7578
6		0	n/a	n/a	Trustee	Kris	Blomback	PO Box 2448	Henniker	NH	3242-2448	603 428-3245 x107
7		0	n/a	n/a	Trustee	Ivar	Dahl	47 Pleasant Street	Plymouth	NH	03264	603 536-4111
8		0	n/a	n/a	Trustee	Ben	Drummond	POB 451	Wilmot	NH	03287	603-369-7739
9		0	n/a	n/a	Trustee	Jill	Fishbrook	15 Richards Road	Newbury	NH	03255	603 938-6128
10		0	n/a	n/a	Trustee	Andrew	Gannon			NH		603-387-6870
11		0	n/a	n/a	Trustee	Greg	Gill	59 Main St	Sutton	NH	03221	603 927-4947
12		0	n/a	n/a	Trustee	Dave	Gregory	PO Box 780	Intervale	NH	03845-0780	603 520-1642
13		0	n/a	n/a	Trustee	Peter	Holland	99 Clinton St E7	Concord	NH	03301	603 490-5541
14		0	n/a	n/a	Trustee	Jake	Fisher			NH		
15	15	3000	n/a	n/a	Trustee	Jack	Iacopino	55 Morse Hill Road	Newbury	NH	03255	603 938-6065
16		0	n/a	n/a	Trustee	Jason	Lalla	17 Stephanie Road	Dunbarton	NH	03046	603 774-7788
17		0	n/a	n/a	Trustee	Aaron	Loukes	138 Pollard Road	Lincoln	NH	03251	603-348-6181
18		0	n/a	n/a	Trustee	Harry	Maybee	PO Box 14	Francestown	NH	3043-0014	603 547-0441
19		0	n/a	n/a	Trustee	Bill	McQuade			NH		
20		0	n/a	n/a	Trustee	Ted	Newman	4 Bishops Gate Road	Wolfboro	NH	03894	603 569-5690
21		0	n/a	n/a	Trustee	Eric	Price			NH		
22		0	n/a	n/a	Trustee	Gred	Riess	PO Box 164	Thetford	VT	05043-0164	802 333-9157
23		0	n/a	n/a	Trustee	Dave	Salathe	PO Box 500	Andover	NH	3216-0500	603 735-5971
24		0	n/a	n/a	Trustee	Ted	Sutton		Lincoln	NH		
25		0	n/a	n/a	Trustee	Mike	Workman	12 Shellcamp Road	Gilmanton	NH	03237	603 267-1758

New Hampshire Alpine Racing Association, Inc.
Transaction Detail By Account
January through December 2014

Type	Date	Num	Adj	Name	Memo	Clr	Split	Debit	Credit	Original Amount	Balance
6850 · Racer Support											
6852 · Support											
6852-1 · Racer Support Payments											
Check	06/28/2014	11135		Tegan Mosenthal			1000 Bank of	743 16		743 16	743 16
Check	06/28/2014	11136		Tatum Coutu			1000 Bank of	497 64		497 64	1,240 80
Check	06/28/2014	11137		Alexa Dannis			1000 Bank of	421 08		421 08	1,661 88
Check	06/28/2014	11138		Gibson Donnan			1000 Bank of	809 18		809 18	2,471 06
Check	06/28/2014	11139		Brennan Smith			1000 Bank of	1,188 46		1,188 46	3,659 52
Check	06/28/2014	11140		Emma Ryan			1000 Bank of	402 27		402 27	4,061 79
Check	06/28/2014	11142		Jake Van Duerson			1000 Bank of	1,390 47		1,390 47	5,452 26
Check	06/28/2014	11143		Hunter Brayton			1000 Bank of	195 82		195 82	5,648 08
Total 6852-1 Racer Support Payments								5,648 08	0 00		5,648 08
Total 6852 Support								5,648 08	0 00		5,648 08
Total 6850 Racer Support								5,648 08	0 00		5,648 08
TOTAL								**5,648.08**	**0.00**		**5,648.08**

New Hampshire Alpine Racing Association, Inc
PO Box 1344
Campton NH 03223-1344

	Hours	Compensation	Benefits	Exp	Title	Name & Address						
1	4	0	n/a	n/a	President	Dan	Marshall	47 Kidder St	Manchester	NH	03101	603 -669-9697
2	2	0	n/a	n/a	Vice President	Jason	Gilbert	490 Bog Road	Campton	NH	03223	603-536-3889
3	20	7060	n/a	n/a	Seceraty	Bev	Oliver	31 Mohawk Rd	Andover	MA	01810	603 726-8121
4	8	4000	n/a	n/a	Treasurer	Jeffrey	Brimblecom	120 Ward St	Manchester	NH	03104-1562	603 625-4141
5	30	14400	n/a	n/a	Executive Secretary	Laurie	Stevens	PO Box 1402	Campton	NH	3223-1402	603 726-7578
6		0	n/a	n/a	Trustee	Kris	Blomback	PO Box 2448	Henniker	NH	3242-2448	603 428-3245 x107
7		0	n/a	n/a	Trustee	Ivar	Dahl	47 Pleasant Street	Plymouth	NH	03264	603 536-4111
8		0	n/a	n/a	Trustee	Ben	Drummond	POB 451	Wilmot	NH	03287	603-369-7739
9		0	n/a	n/a	Trustee	Jill	Fishbrook	15 Richards Road	Newbury	NH	03255	603 938-6128
10		0	n/a	n/a	Trustee	Andrew	Gannon			NH		603-387-6870
11		0	n/a	n/a	Trustee	Greg	Gill	59 Main St	Sutton	NH	03221	603 927-4947
12		0	n/a	n/a	Trustee	Dave	Gregory	PO Box 780	Intervale	NH	03845-0780	603 520-1642
13		0	n/a	n/a	Trustee	Peter	Holland	99 Clinton St E7	Concord	NH	03301	603 490-5541
14		0	n/a	n/a	Trustee	Jake	Fisher			NH		
15	15	3000	n/a	n/a	Trustee	Jack	Iacopino	55 Morse Hill Road	Newbury	NH	03255	603 938-6065
16		0	n/a	n/a	Trustee	Jason	Lalla	17 Stephanie Road	Dunbarton	NH	03046	603 774-7788
17		0	n/a	n/a	Trustee	Aaron	Loukes	138 Pollard Road	Lincoln	NH	03251	603-348-6181
18		0	n/a	n/a	Trustee	Harry	Maybee	PO Box 14	Francestown	NH	3043-0014	603 547-0441
19		0	n/a	n/a	Trustee	Bill	McQuade			NH		
20		0	n/a	n/a	Trustee	Ted	Newman	4 Bishops Gate Road	Wolfboro	NH	03894	603 569-5690
21		0	n/a	n/a	Trustee	Eric	Price			NH		
22		0	n/a	n/a	Trustee	Gred	Riess	PO Box 164	Thetford	VT	05043-0164	802 333-9157
23		0	n/a	n/a	Trustee	Dave	Salathe	PO Box 500	Andover	NH	3216-0500	603 735-5971
24		0	n/a	n/a	Trustee	Ted	Sutton		Lincoln	NH		
25		0	n/a	n/a	Trustee	Mike	Workman	12 Shellcamp Road	Gilmanton	NH	03237	603 267-1758

New Hampshire Alpine Racing Association, Inc.
PO Box 1344
Campton NH 03223-1344

Attachment B
990-EZ 2014
Tax ID # 02-0375066

Schedule A Part III

line	2010	2011	2012	2013	2014	Total
1	99306	93134	106865	93199	112357	504861
2	0	0	0	0		0
3	0	0	0	0		0
4 total	99306	93134	106865	93199	112357	504861
5						0
6					0	0
	B	C	D	E		
7	99306	93134	106865	93199	112357	504861
8				366	366	732
9	0	0	0			0
10						0
11						505593
12						505593
14						
14 Public Support						100.00%
16 Public Support						95%

New Hampshire Alpine Racing Association, Inc.
Racer Support
January through December 2014

Type	Date	Num	Adj	Name	Split	Debit	Credit	Original Amount
6850 · Racer Support								
6851 · Under 50 Point $15.00 Refund								
Check	04/06/2014	11119		Ski Club Attitash	1000 · Bank of. .	135 00		135 00
Check	04/06/2014	11120		Ski Club Franconia	1000 Bank of .	60 00		60.00
Check	04/06/2014	11121		Ski Club Gunstock	1000 · Bank of. .	75.00		75 00
Check	04/06/2014	11122		Ski Club King Pine	1000 Bank of...	15 00		15.00
Check	04/06/2014	11123		Ski Club Pats Peak	1000 · Bank of.	15 00		15.00
Check	04/06/2014	11124		Ski Club Blackwater	1000 · Bank of. .	345 00		345 00
Check	04/06/2014	11125		Ski Club WVBBTS	1000 Bank of..	180 00		180 00
Total 6851 Under 50 Point $15 00 Refund						825 00	0.00	
6852 · Support								
6852-1 · Racer Support Payments								
Check	06/28/2014	11135		Tegan Mosenthal	1000 Bank of .	743.16		743.16
Check	06/28/2014	11136		Tatum Coutu	1000 · Bank of.	497 64		497 64
Check	06/28/2014	11137		Alexa Dannis	1000 Bank of	421.08		421.08
Check	06/28/2014	11138		Gibson Donnan	1000 Bank of.	809.18		809 18
Check	06/28/2014	11139		Brennan Smith	1000 Bank of. .	1,188 46		1,188 46
Check	06/28/2014	11140		Emma Ryan	1000 Bank of..	402 27		402 27
Check	06/28/2014	11142		Jake Van Duerson	1000 Bank of .	1,390 47		1,390 47
Check	06/28/2014	11143		Hunter Brayton	1000 Bank of...	195 82		195 82
Total 6852-1 Racer Support Payments						5,648 08	0 00	
Total 6852 Support						5,648 08	0 00	
Total 6850 · Racer Support						6,473 08	0 00	
TOTAL						**6,473.08**	**0.00**	