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Form 990-PF Department of the Treasury

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMR No 1545-0052

For calendar year 2012 or tax year beginning OCT 1, 2012 and ending SEP 30, 2013 Name of foundation A Employer identification number Greater Rockinghan Area Serice, Inc. 22-2678012 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number Hospital Court 802-463-1360 City or town, state, and ZIP code C If exemption application is pending, check here Bellows Falls, VT 05101 MAY 1 9 20 Initial return of a former public charity o G Check all that apply: Initial return D 1. Foreign organizations, check here Amended return Name change Final return Foreign organizations meeting the 85% test, check here and attach computation Address change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 876, 444. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome (cash basis only) 101,192 Contributions, gifts, grants, etc., received 2 Check ▶ if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 4 Dividends and interest from securities 545,305 545,305 545,305.Statement 5a Gross rents 134,171. Statement b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 106,768. Statement 106,768 9,429 11 Other income 12 Total Add lines 1 through 11 753,265 554,734 652,073 13 0 0. 0 0. Compensation of officers, directors, trustees, etc 163,957 20,495. 0. 143,462. 14 Other employee salaries and wages 7,626 6,673. 953. 15 Pension plans, employee benefits 0. 0. 4,987 4,987. 0. 16a Legal fees Stmt 4 Stmt 5 13,413 13,413. **b** Accounting fees 0. 0. c Other professional fees 10,727 10,727 0. 0. 17 Interest 24,070 10,641 3,009. 18 Taxes Stmt 6 0. 12,037 96,295 84,258 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 409,673. 13,207 Stmt 7 422,880 0. 23 Other expenses 24 Total operating and administrative 0. expenses. Add lines 13 through 23 743,955 683,834 49,701 25 Contributions, gifts, grants paid 0. 0. 26 Total expenses and disbursements 743,955 Add lines 24 and 25 683,834 49,701 0. 27 Subtract line 26 from line 12: 9,310. 8 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) 602,372. c Adjusted net income (if negative, enter -0-) Form **990-PF** (2012)

D	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year		End of year		
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	169,416.	124,466.	124,466.		
	2	Savings and temporary cash investments					
	3	Accounts receivable ► 104,350.					
		Less: allowance for doubtful accounts	62,505.	104,350.			
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
şţs	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	985.				
⋖	10a	Investments - U.S and state government obligations					
	b	Investments - corporate stock					
	C	Investments - corporate bonds					
	11	Investments - land buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment: basis ► 4,475,846.					
		Less accumulated depreciation   3,723,868.	808,370.	751,978.	751,978.		
	15	Other assets (describe ►)					
_		Total assets (to be completed by all filers)	1,041,276.	980,794.	876,444.		
	17	Accounts payable and accrued expenses	30,607.	21,852.			
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	l	Loans from officers directors, trustees, and other disqualified persons					
iab	21	Mortgages and other notes payable	284,546.	223,509.			
_	22	Other liabilities (describe					
			245 450	0.45 0.64			
_	23	Total liabilities (add lines 17 through 22)	315,153.	245,361.			
		Foundations that follow SFAS 117, check here					
ç		and complete lines 24 through 26 and lines 30 and 31.	706 400	707 400			
S		Unrestricted	726,123.	735,433.			
Net Assets or Fund Balances	25	Temporarily restricted	-				
B	26	Permanently restricted					
Š		Foundations that do not follow SFAS 117, check here					
<u>.</u>		and complete lines 27 through 31					
ţ	27	Capital stock, trust principal, or current funds					
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	F06 102	F25 422			
ž	30	Total net assets or fund balances	726,123.	735,433.			
	١.,	<b>-</b>	1 041 076	000 704			
_	31	Total liabilities and net assets/fund balances	1,041,276.	980,794.			
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances				
-	Tota	I not accepte on fund halanges at heavinging of years. Part II solvens (a) has 0	0	1 1			
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	U		776 172		
2		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1 1	726,123. 9,310.		
		r antourit from Part 1, line 27a  r increases not included in line 2 (itemize)		2	9,310.		
		lines 1, 2, and 3		3 4	735,433.		
		eases not included in line 2 (itemize)		5	133,433.		
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II. col	umn (h) line 30	6	735,433.		

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		f property sold (e.ç mon stock, 200 sh			( <b>b)</b> I	How ac - Purc - Dona	nase i	(c) Date a (mo., da	cquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a										-
b NC	)NE									_
<u>c</u>										
<u>d</u>					-					
<u>.e </u>	(f) Depress	ation allowed	(a) Con	t or other been	Щ			/b) Co	up or (loss)	
(e) Gross sales price		owable)		t or other basis xpense of sale		~			in or (loss) (f) minus (	
a			ļ <u>-</u>						·. ·	
<u>b</u>	<del> </del>									<del></del>
<u>c</u>							_			
e										
Complete only for assets show	ng gain in columr	(h) and owned by	the foundation	on 12/31/69			(1)	Gains (Co	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adju	sted basis 12/31/69	(k) Ex	cess of col. (ı) col. (ı), ıf any			còl.	(k), but no	ot less than from col. (I	:-0-) or
a										
b										
С				- <u>-</u>						
<u>d</u>										
<u>e</u>				<del></del>			ı			
2 Capital gain net income or (net c	apıtal loss)	If gain, also ente If (loss), enter -(	er in Part I, line )- in Part I, line	7 7	}	_2				
Net short-term capital gain or (lo		•								
If gain, also enter in Part I, line 8										
Part V Qualification L		n 4940(e) fo	r Reduced	Tax on Net	Inv	estn	ent Inc	nme	<del> </del>	
f section 4940(d)(2) applies, leave  Was the foundation liable for the set f "Yes," the foundation does not qual  Enter the appropriate amount in	ction 4942 tax on alify under section	4940(e). Do not c	omplete this pa	rt.		<u> </u>				Yes X No
(a) Base period years		(b)		<u> </u>	(c)				Distrib	(d) ution ratio
Calendar year (or tax year beginn	ung in) Adj	usted qualifying di		Net value of no	ncha	ritable-	use assets	(	col. (b) div	ided by col. (c))
2011			0.				0	•		.00000
2010			0.				0			.00000
2009 2008			0.				0			.00000
2007			0.			5	1,569			.00000
	·		• • • • • • • • • • • • • • • • • • • •							70000
2 Total of line 1, column (d)								2		.00000
3 Average distribution ratio for the	5-year base peri	od - divide the total	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in exist	ence if less than 5	years						3	<del></del>	.00000
4 Enter the net value of noncharita	able-use assets fo	r 2012 from Part X	, line 5					4		
5 Multiply line 4 by line 3								5		0
6 Enter 1% of net investment inco	me (1% of Part I,	line 27b)						6		0
7 Add lines 5 and 6								7		0
8 Enter qualifying distributions fro	om Part XII, line 4							8		0
If line 8 is equal to or greater that See the Part VI instructions	an line 7, check th	e box ın Part VI, lın	e 1b, and comp	lete that part usin	ng a 1	% tax	rate.			

orn	1990-PF(2012) Greater Rockinghan Area Serice, Inc.		<u> 2678</u>			<u> Page 4</u>
Pε	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see i	nstru		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			0.
6	Credits/Payments:					
	2012 estimated tax payments and 2011 overpayment credited to 2012	╣	1			
	Exempt foreign organizations - tax withheld at source	┨	1			
	Tax paid with application for extension of time to file (Form 8868)  6c	-				
	Backup withholding erroneously withheld 6d 6	-				^
_	Total credits and payments. Add lines 6a through 6d	7	<del> </del>			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del> </del>			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del>			
	Enter the amount of line 10 to be: Credited to 2013 estimated tax   Refunded   art VII-A Statements Regarding Activities	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven-	0.10			Yes	No
10	any political campaign?	5 III		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		15		
	distributed by the foundation in connection with the activities	CG 01				
c	Did the foundation file Form 1120-POL for this year?			1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0					•
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				,
	managers > \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		<u>X</u>
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
t	of "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or			1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	te law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col (c), and Part XV					
88	Enter the states to which the foundation reports or with which it is registered (see instructions)   None				[	
	Miles and the North Law 7 has the foundation formulation of Free 2000 PE to the August Occupation of the North Law 2000 PE to the North Law 2000 PE to the August Occupation of the North Law 2000 PE to the August Occupation of the North Law 2000 PE to the August Occupation of the North Law 2000 PE to the North Law 2000 P					-
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				<b>.</b>	
^	of each state as required by General Instruction G? If "No," attach explanation	onda-		8b	X	$\vdash$
9		enaar				
10	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	X	x
ıv	DIG GHY POLSONS DECOME SUDSCANCE COMMENDATORS AUTHOR FOR ALL FIX YEAR I TYPES, " STREET A SCREAUICHISTING THEIR NAMES AND ADDRESSES			1 10	ı	43

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Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			_
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ Michael Smith Telephone no. ▶ 802-46		<u> 360</u>	
	Located at ► <u>Hospital Court, Bellows Falls, VT</u> ZIP+4 ► 05	<u> 101</u>		<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	/ <u>A</u>	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	Ì		
D^	country			
	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	V	NI.
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	$\vdash$	Yes	No
12	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)  Yes X No			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	-"		
G	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2012?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			_==_
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012?			
	If "Yes," list the years <b>&gt;</b>			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a				
	during the year?	:		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	'		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2012)  N/A	3b		37
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	DE.	X 2010)
	Foi	rm <b>990</b>	-PF (	2012)

Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Po	Required (	<u>22-26780</u>	12	Page <b>6</b>
	OTHER TIZE INITION DE I	requireu (contin	uea)	1	
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li></ul>	A04E(a)\2		es X No		
• • • • • • • • • • • • • • • • • • • •	` ''		S LAL NO		
(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?	i to carry on, unectry or mun		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	9		s X No		
(4) Provide a grant to an individual for traver, study, or other similar purposes		16	is Lal NO		
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii described iii section		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adventional purposes, or		ן טאו באבו פּי		
the prevention of cruelty to children or animals?	or educational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the eventuene decembed		S LAL NO	i	1
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii negulalions	NT / 7	E .	
Organizations relying on a current notice regarding disaster assistance (see listing organizations relying on a current notice regarding disaster assistance check h	•		N/A	5b	+
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		wood			ł
expenditure responsibility for the grant?		ĭ/A ∐ Ye			
		N/A L	es L No	1	1
If "Yes," attach the statement required by Regulations section 53 4945			İ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		s X No		
,	arganal hanafit anntroat?	L 16	S LA NO	c.	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870	haltar transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T6		71.	_
b If "Yes," did the foundation receive any proceeds or have any net income attribution.  Information About Officers, Directors, Trusto		nogoro Highly		7b	!
Part VIII Paid Employees, and Contractors	ees, roundation ivid	anagers, migni	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	<del></del>	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other wances
	to position	enter -u-/	compensation	anc	wallos
See Statement 9		0.	0.		0.
boo boacoment y			•		
				-	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		1	
	(b) Title, and average		(d) Contributions to	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	unt, other wances
NONE	devoted to position		compensation	unc	11411003
270212					
		<del>                                     </del>		<del>                                     </del>	
	<del></del>				
				-	<del></del>
Total number of other employees paid over \$50,000				<u> </u>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter '	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) po 3. 36. 11.50	(4)
NONE	1	
	1	
	†	
, , , , , , , , , , , , , , , , , , , ,	†	
	-	
Total number of others receiving over \$50,000 for professional services	·	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	eal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc.	Expenses
1 Providing Rental Facilities for Health Relate	ed Activities	
		0.
2		
3	:	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on life	nes 1 and 2.	Amount
1 <u>N/A</u>		
2		
		·
All other program-related investments. See instructions.		
3		
		· <del></del>
Total. Add lines 1 through 3	<b>&gt;</b>	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del> _
а	Average monthly fair market value of securities	1a	0.
b		1b	
C	Fair market value of all other assets	1c	· -
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	·
1	Minimum investment return from Part X, line 6	11	
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6_	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2012)

Part XIII Undistributed income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			<del></del>	
<b>b</b> Total for prior years:				
	<del></del>			
3 Excess distributions carryover, if any, to 2012:				
<b>a</b> From 2007				
<b>b</b> From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	<del></del>			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$				
a Applied to 2011, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	<del></del>			
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus			4	
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract			<del>,,</del>	
line 4b from line 2b				
e Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable	·			
amount - see instructions				
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2013				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2008				
<b>b</b> Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

Form 990-PF (2012) Greater Part XIV Private Operating F	Rockinghan	Area Seric	e, Inc. A, question 9)	22-267	8012 Page 10
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			- na/	20/91	
<b>b</b> Check box to indicate whether the found				4942(j)(3) or 4942	(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	4342())(3) 01 4342	())(3)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for	(0)	(-/	(0) 2010	(4) 2000	
each year listed	0.	0.	0.	0.	0
<b>b</b> 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII.	<u> </u>	<u> </u>	U.	U •	
line 4 for each year listed	0.	0.	0.		0
d Amounts included in line 2c not	<u> </u>		Ų.	0.	0.
used directly for active conduct of	0	_			0
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.		0	_		•
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	0.	0.	0.	0.	0.
alternative test relied upon:					
a "Assets" alternative test - enter:					_
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year		_			
listed	0.	0.	0.	0.	0.
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public		· =			
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from		· <del>-</del> -			
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			if the foundation	had \$5,000 or more	e in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total contr	ributions received by the	foundation before the close	of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
None					
<b>b</b> List any managers of the foundation wh			or an equally large portio	n of the ownership of a parti	nership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
None					
2 Information Regarding Contributi					
Check here $ ightharpoonup oxtimes X$ if the foundation o	aly makes contributions t	o preselected charitable o	organizations and does no	ot accept unsolicited reques	ts for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	mplete items 2a, b, c, and d.	
a The name, address, and telephone num	ber or e-mail of the perso	n to whom applications s	hould be addressed:		
<b>b</b> The form in which applications should be	e submitted and informat	ion and materials they sh	rould include:		
c Any submission deadlines:					
d Any restrictions or limitations on sured	o ough go by googrant	l areas showable feld-	lundo of post-tut	ther feeters:	
d Any restrictions or limitations on awards	s, such as by geographica	n areas, charllable lielos,	KINGS OF INSURUTIONS, OF O	mer factors:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) a Paid during the year None Total **▶** 3a 0. **b** Approved for future payment None Total **▶** 3b

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated b			ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
	Code		COGE			
ab						
_ <u> </u>						
<u> </u>	-	<del>.</del> .				
d	-					
e				<u>-</u> .		
	-	<del></del>				
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash			1 4			
investments	<u> </u>		14		-	
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:			1.0	424 454	·	
a Debt-financed property	<del></del>	<del></del>	16	134,171.		
b Not debt-financed property		<u> </u>		-		
6 Net rental income or (loss) from personal						
property					0.400	
7 Other investment income					9,429.	
8 Gain or (loss) from sales of assets other						
than inventory	624100	-14 000			<u> </u>	
Net income or (loss) from special events     Gross profit or (loss) from sales of inventory	624100	<14,806.	>			
11 Other revenue:						
a						
b						
d						
e	- <del>                                    </del>	<del>-</del> .				
12 Subtotal. Add columns (b), (d), and (e)		<14,806.	>	134,171.	9,429.	
13 Total Add line 12, columns (b), (d), and (e)					128,794.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities	to the Accom	nplishment of Ex	emp	t Purposes		
Line No Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported in o	column (e) of Part XVI-A	contrib	outed importantly to the accord	nplishment of	
7 Provided Direct Health					tod with the	
provision of these ser	Service	or orrset	exp	enses associa	ted with the	
provision of these ser	vices	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
	· · · · · · · · · · · · · · · · · · ·					
	<del></del>	*		<del></del>		
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		<del></del>		<del></del> -		
					· -	
222621						

Form 99 Part		2012) Great	er Ro	ckingha Transfers	n Area To and Tr	Serice,	Inc.	2 tionships With	2-267801 Noncharita		age 13
		Exempt Organ			To and Th	unsuotions u	ila Hela	donampa widi	Hononanta	JI <del>C</del>	
		ganization directly or indi						ın section 501(c) of		Yes	No
		(other than section 501(c					zations?				
		from the reporting found	ation to a no	ncharitable exei	mpt organizatioi	n of:					,,
	Cash	assets							<u>1a</u>		X
		isactions:							<u>1a</u>	2)	X
		of assets to a noncharita	ble exempt o	organization					16	11	X
		hases of assets from a no			ition				1b		X
(3)	Renta	al of facilities, equipment,	or other ass	ets						3) X	
		bursement arrangements							<u>1b</u>	4)	X
		s or loan guarantees							1b		X
		rmance of services or mo							<u>1b</u>		X
		f facilities, equipment, ma wer to any of the above is				uma (h) chauld alu	vava ahow ti	an four market value of	the goods, other		X
		s given by the reporting to									
		I) the value of the goods,				arran marnor vara	o iii ariy ii ari	out on the original of the ori	ingoment, snow	"	
(a) Line n	0	(b) Amount involved	(c)	Name of noncha	arıtable exempt	organization	(d) De	scription of transfers, trans	sactions, and sharin	arrangen	nents
<u>1b3</u>		7,200.	River	Valley	Credit	Union	See	Statement	10		
									*****		
	-						<u> </u>	·			
	+		<u> </u>				<del>                                     </del>	~			
	+				- <del>-</del> -			-,-	<del></del>		
	+	<del></del>					<del> </del>	4		_	
							<del>                                     </del>			-	
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	-	<del></del>	ļ				_				
	-			<del></del>	<u></u>	<del>.</del>		<del></del>			
	$\dashv$		<u> </u>		400.		<del></del>				
	<del>- </del>					×		·-·			
<b>2a</b> Is 1	he fou	ndation directly or indirec	tly affiliated	with, or related t	o, one or more	tax-exempt organiz	ations desc	rıbed			
		501(c) of the Code (other							Y	es 🗓	No 🔼
<u>b</u>  f"	Yes," co	omplete the following sch			<del></del>						
		(a) Name of org	janization		<b>(b)</b> Typ	e of organization		(c) Description	of relationship		
		N/A					-				
								<del></del>			
	·							<del></del>			
		penalties of perjury, I declare								RS discuss	this
Sign	and b	elief, it is true, or rect, and ex	ALEIG DECIM	ation of oreparer (of	ther than taxpayer)	is based on all informa	ation of which	preparer has any knowled	ge return wit	the prepa	arer
Here		- pun		$\sim$	·	5/2/2014	Not Not	ministrodo	1 ! !	es 🗀	∐ No
	Sigi	Print/Type preparer's na		Drone	Da rer's signature	ate // // /	Title	Check	ıf PTIN		
		1 min Type highaigt 2 lis	antic		ici s signature	1 1777	Date	self- employed			
Paid		Brent Wash	burn	W.	$\omega \omega \omega$	UBSHOUM	<u> </u>	1	P0010	626	1
Prep	arer	Firm's name ► Bre		Washbu	rn, CPA		00/00/		02-0371		<u> </u>
Use (	Only				,	-		1 0 E			

Phone no.

Firm's address ▶ 38 Daffodil Drive

Loudon, NH 03307

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Employer identification number

Greater Rockinghan Area Serice, Inc. 22-2678012 Organization type (check one) Filers of: Section: Form 990 or 990-EZ \_\_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(\lambda)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

#### Greater Rockinghan Area Serice, Inc.

22-2678012

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Baker Trust  Bellows Falls, VT 05101	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Cassidy Armstrong Trust  Bellows Falls, VT 05101	\$ 14,515.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Albert Tidd Trust  Bellows Falls, VT 05101	s12,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Mary Jane Arms  Bellows Falls, VT 05101	\$ <b>41</b> ,971.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Mary Whiticomb Trust  Bellows Falls, VT 05101	\$6,515.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2	1.12	Schedule R /Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

#### Greater Rockinghan Area Serice, Inc.

22-2678012

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

lame of orga		_	Employer identification number			
Part III	Exclusively religious, charitable, etc., indivi- year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	, contributions of <b>\$1,000 or less</b> fo	22-2678012 c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- -		(e) Transfer of git	ft			
-	Transferce's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, an	(e) Transfer of git	ft  Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift  Transferce's name, address, and ZIP + 4  Relationship of transferor to transferee					
-	mansieree smanie, address, an	32ir + 4	nerationship of dansieror to dansieree			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferce's name, address, an	(e) Transfer of git	ft  Relationship of transferor to transferee			

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2013)

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		J	<b>▶</b> [X]
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electro	nic filing (e-file) You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6	months for a cor	poration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an	extension
of time t	o file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers A	Associated With C	ertain
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing of this	form,
	w irs gov/efile and click on e-file for Chanties & Nonprofits		<u> </u>		_	_
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	matic 6 mc	onth extension - check this box and	complete		
Part I or	ily			•	ì	▶ □
	corporations (including 1120-C filers), partnerships, REM come tax returns	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	dentification nur	nber (EIN) or
print	Greater Rockinghan Area Se	rice.	Inc.		22-26780	12
File by the due date fo	Month on the standard of the s			Social se	curity number (SS	
filing your	Hospital Court			000141 30	curry riamber (ce	14)
eturn See		oreign add	ress see instructions	1		
	Bellows Falls, VT 05101	oroigir add	11000, 500 11131 dello113.			
-	positions runary vi object					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	o riotain code for the return that this application is for the	a separa	te application for each return)			
Applica	tion	Return	Application		_	Return
ls For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	i0-T (trust other than above)	06	Form 8870			12
	Michael Smith	1 00	1 0111 0070			
● The i	books are in the care of : Hospital Court	Re1	lows Falls, VT -	05101		
	phone No ► 802-463-1360	,	FAX No D	00101		
	organization does not have an office or place of busines	s in the Ur			<del></del>	
	s is for a Group Return, enter the organization's four digit		·	If this is fo	r the whole aroun	check this
	If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation				CIS THE CATCHSION	13 101.
•	<u>May 15, 2014</u> , to file the exemp				The extension	
- IS	for the organization's return for.		inon rotain for the organization mann	od ubovo.	THE EXTENSION	
•						
-	X tax year beginning OCT 1, 2012	. an	id ending SEP 30, 2013			
_	,,	, ,				
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return	Final retur	n	
_ [	Change in accounting period					
_						
3a If	this application is for Forin 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any			
	onrefundable cred ts. Sec instructions	J. 0000, 0	are terreally tax, loss any	3a <sup>1</sup>	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	Ψ	
	stimated tax payments made Include any prior year over			3ь	s	0.
_	alance due. Subtract line 3b from line 3a. Include your pa			30	_ <del>'</del>	
	vusing EFTPS (F'ectronic Federal Tax Payment System)	-	· · · · · · · · · · · · · · · · · · ·	3c	•	0.
	n. If you are going to make an electronic fund withdrawal				FO for navment in	
	, == == squisq · a mam an olocatorilo fario withdrawar		Sim Sood, see i villi ofoo Lo allu F	OUT 001 2.	ed to baying fit iii	<u> </u>

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For Privacy Act and Pat erwork Reduction Act Notice, see instructions.

Form 990-PF	Rental	Income	<del> </del>	Statement	1
	Nencal .				
Kind and Location of Proper	rty		Activity Number	Gross Rental Inc	⊃m∈
Buildings			1	545,3	05.
Total to Form 990-PF, Part	I, line 5a			545,3	05.
Form 990-PF	Rental E	xpenses		Statement	2
Description		Activity Number	Amount	Total	
Depreciation Utilities Repairs & Maintenance Heat Insurance Miscellaneous Housekeeping Supplies Property Taxes Other Expenses	- SubTotal -	1	96,295. 105,654. 66,582. 107,101. 11,971. 1,583. 10,737. 10,841. 370.	411,1	34.
Total rental expenses			•	411,1	34.
Net rental Income to Form 9	990-PF, Part	I, line 5b		134,1	71.
Form 990-PF	Other	Income		Statement	3
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	-	
Miscellaneous	•	9,429.	9,429	. 9,4	29.
Gross Income from Special Fundraising Events		97,339.	0	. 97,3	39.

	· <del></del>			
Form 990-PF	Legal	Fees	St	atement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal Fees	4,987.	4,987.	0.	0.
To Fm 990-PF, Pg 1, ln 16a =	4,987.	4,987.	0.	0.
Form 990-PF	Accounti	ng Fees	St	atement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	13,413.	13,413.	0.	0.
To Form 990-PF, Pg 1, ln 16b	13,413.	13,413.	0.	0.
Form 990-PF	Tax	es	St	atement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Payroll Taxes Real Estate Taxes	13,229. 10,841.	1,155.	1,654. 1,355.	0.
To Form 990-PF, Pg 1, ln 18	24,070.	10,641.	3,009.	0.
Form 990-PF	Other E	Expenses S		atement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Utilities Telephone Heat Insurance Repair & Maintenace Supplies-Housekeeping	105,654. 2,053. 107,101. 11,971. 66,582. 10,737.	2,053. 107,101. 11,971. 66,582.	13,207. 0. 0. 0. 0.	0. 0. 0. 0.

Greater Rockinghan Area Ser	ice, Inc.		2	2-2678012
Supplies-Office Postage Bank Charges Other Expenses Miscellaneous Fitness Center	4,289. 229. 166. 370. 1,583. 112,145.	4,289. 229. 166. 370. 1,583. 112,145.	0. 0. 0. 0. 0.	0. 0. 0. 0.
To Form 990-PF, Pg 1, ln 23	422,880.	409,673.	13,207.	0.
Form 990-PF, Pa	Footnot		Stat	ement 8
Land, Building	s, and Equipm	ent		
Land Land Improvement Buildings Furniture & Fixtures			3	53,657. 129,391. ,306,783. 937,858.
Less: Accumulated Depreciation		,427,689.		

Book and Market Value

808,370.

Form 990-PF Part VIII - List of Officers, Directors

9

Statement

Trustees and Foundation Managers						
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib			
Raynie Laware 28 Watkins Hill Walpole, NH 03608	Vice President 0.00	0.	0.	0.		
Michael Smith 1841 Brockway Mills Rd Chester, VT 05143	Treasurer 0.00	0.	0.	0.		
Tim Johnson 231 Rockingham Road Chester, VT 05143	Secretary 0.00	0.	0.	0.		
Sheldon Beebe Deermont Avenue Bellows Falls, VT 05101	Trustee 0.00	0.	0.	0.		
Linda James 12 Henry Street Bellows Falls, VT 05101	President 0.00	0.	0.	0.		
John Cray P O Box 740 Saxton River, VT 05154	Trustee 0.00	0.	0.	0.		
Totals included on 990-PF, Page 6,	Part VIII	0.	0.	0.		

990-PF Involvement With Noncharitable Organizations Statement 10
Part XVII, Line 1, Column (d)

Name of Noncharitable Exempt Organization

River Valley Credit Union

Description of Transfers, Transactions, and Sharing Arrangements

Rent of Facilities.