

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning _____, and ending _____

20-5833959

NEW HAMPSHIRE SUPREME COURT SOCIETY

Net Asset / Fund Balance at Beginning of Year		<u>32,241</u>
Revenue		
Contributions	<u>11,100</u>	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Special events:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	_____	
Total revenue	<u>11,100</u>	
Expenses		
Program services	_____	
Management and general	_____	
Fundraising	_____	
Total expenses	<u>4,216</u>	
Excess / (deficit)		<u>6,884</u>
Other changes	_____	
Net Asset / Fund Balance at End of Year		<u><u>39,125</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>_____</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>_____</u></u>

	Balance Sheet		
	Beginning	Ending	Differences
Assets	<u>32,241</u>	<u>39,125</u>	
Liabilities	_____	_____	
Net assets	<u><u>32,241</u></u>	<u><u>39,125</u></u>	<u><u>6,884</u></u>

Miscellaneous Information

Amended return _____

Return / extended due date **05/17/10**

Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2009, or fiscal year beginning, 2009, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NEW HAMPSHIRE SUPREME COURT SOCIETY

Employer identification number

20-5833959

Name and title of officer

**MARIA MANUS PAINCHAUD
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	11,100
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **CAREW & WELLS, PLLC** to enter my PIN **33959** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Maria Manus Painchaud, Treasurer

Date ▶ **05/12/10**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

02086022439

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF). Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Gary M. Carney CPA

Date ▶ **5/12/10**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p style="text-align: center;">NEW HAMPSHIRE SUPREME COURT SOCIETY</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p>ONE CHARLES DOE DR</p> <p>City or town, state or country, and ZIP + 4</p> <p style="text-align: center;">CONCORD NH 03301</p>	<p>D Employer identification number</p> <p style="text-align: center;">20-5833959</p> <p>E Telephone number</p> <p style="text-align: center;">603-334-6926</p> <p>F Group Exemption Number</p> <p style="text-align: right;">▶</p>
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ **WWW.NHSUPREMECOURTSOCIETY.ORG**

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

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).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **11,100**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		11,100
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	11,100
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,972
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	148
	16 Other expenses (describe ▶ See Statement 1)	16	2,096
	17 Total expenses. Add lines 10 through 16	17	4,216
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,884
	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	32,241
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,125

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	31,966	39,125
	23 Land and buildings		
	24 Other assets (describe ▶ See Statement 2)	275	
	25 Total assets	32,241	39,125
	26 Total liabilities (describe ▶ _____)	0	0
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,241	39,125

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>NH</u>		
42a	The organization's books are in care of ▶ <u>DR MARIA MANUS PAINCHAUD</u> Telephone no. ▶ <u>603-644-3164</u> <u>SNHU, SCHOOL OF BUSINESS</u> Located at ▶ <u>MANCHESTER, NH</u> ZIP + 4 ▶ <u>03106</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

Sign Here 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.

Signature of officer: **MARIA MANUS PAINCHAUD** Date: **TREASURER**

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: **05/12/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **CAREW & WELLS, PLLC**
3 North Spring St, Suite 100
Concord, NH 03301

Preparer's Identifying Number (See Instr.): **P00399595**
 EIN: **41-2243136**
 Phone no.: **603-224-3950**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW HAMPSHIRE SUPREME COURT SOCIETY

Employer identification number

20-5833959

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		24,570	11,500	33,150	11,100	80,320
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		24,570	11,500	33,150	11,100	80,320
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)						394
6 Public support. Subtract line 5 from line 4						79,926

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		24,570	11,500	33,150	11,100	80,320
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					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						80,320
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.51%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Advertising and Promotion	365
EXHIBITIONS SITE	250
PRODUCTION & EXHIBITS	426
SEMINARS & EDUCATIONAL	720
WEBSITE	335
Total	<u>\$ 2,096</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 275	\$
	<u>275</u>	<u></u>

Federal Statements

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROMOTE AN UNDERSTANDING AND APPRECIATION OF THE NEW HAMPSHIRE SUPREME COURT AND THE JUDICIARY OF THE STATE OF NEW HAMPSHIRE, INCLUDING WITHOUT LIMITATION, BY SPONSORING LECTURES AND OTHER EDUCATIONAL EVENTS, PRESERVING AND CATALOGUING HISTORICAL DOCUMENTS AND MATERIALS, AND PRODUCING AND DISSEMINATING EDUCATIONAL MATERIALS.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THE SOCIETY BEGAN WORK ON MANY EDUCATIONAL ACTIVITIES, INCLUDING EXHIBITIONS, LECTURE SERIES, AN ORAL HISTORY PROJECT AND A CURRICULM PROJECT. FOLLOWING ARE SOME OF THE MOST SIGNFICANT ACHIEVEMENTS IN 2009.

"Judicial Notice: the World Through the Eyes of Chief Justice Peaslee"
An exhibition of court room drawings by an early 20th century justice of the Supreme Court. The Society's first exhibition afforded a historical glimpse at lawyers and litigants of the time.

"King Lecture Series"
In cooperation with the New Hampshire Supreme Court, the Society annually hosts a distinguished voice from the world of law. The most recent speaker was Dean Elana Kagan of the Harvard Law School.

"Library of Member Publications"
Members of the Supreme Court Society publish pieces on New Hampshire legal history.

"Life and Liberty Award"
The Supreme Court Society bestows the Life and Liberty Award semi-annually on an individual who embodies excellence and bravery in the world of law. The first honoree was Justice Madhat Al-Mahmood, the Chief Justice of Iraq. In 2009, the award was presented by former President Bill Clinton posthumously to Congressman Tom Lantos.

"From Stuartstown to Guantanamo and Beyond"
An event organized by a member of the Society. Professor Eric Freedman discussed his current research at the New Hampshire Archives with respect to both the history of habeas corpus and its implications for the future of habeas corpus law.

"An Evening with Judge Page"
Three mini-lectures and "show and tell" about Judge Elwin Page. Judge Page was a renaissance man: justice of the New Hampshire Supreme Court Society, prolific historian, archivist, civic activist, and lynchpin of the Concord amateur theatrical society, among other pursuits.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARY SUSAN LEAHY, ESQ. MCLANE LAW FIRM, PO BOX 459 PORTSMOUTH, NH 03802-0459	PRESIDENT	2.00	0	0	0
DR SYLVIO L DUPUIS 451 COOLIDGE AVE MANCHESTER, NH 03102	VICE PRES	2.00	0	0	0
DR MARIA MANUS PAINCHAUD SNHU, WEBSTER 214 C MANCHESTER, NH 03106	TREASURER	2.00	0	0	0
HONORABLE JOSEPH P NADEAU PO BOX 356 DURHAM, NH 03824	CHAIRMAN	2.00	0	0	0
SUSAN LEIDY CURRIER MUSEUM, 150 ASH ST MANCHESTER, NH 03104	SECRETARY	2.00	0	0	0
ELLEN L ARNOLD, ESQ. DARTMOUTH COLLEGE, 14 S MAIN ST HANOVER, NH 03755	DIRECTOR	0	0	0	0
DORCAS H DEANS, ESQ. 2935 WHITE MOUNTAIN HIGHWAY NORTH CONWAY, NH 03860	DIRECTOR	0	0	0	0
CHARLES G DOUGLAS, III, ESQ. 6 LOUDON RD CONCORD, NH 03301	DIRECTOR	0	0	0	0
SUSAN V DUPREY, ESQ. DEVINE, MILLIMET, 111 AMHERST ST MANCHESTER, NH 03101	DIRECTOR	0	0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
THOMAS C GALLIGAN, PRESIDENT COLBY-SAWYER COLLEGE, 541 MAIN ST NEW LONDON, NH 03257	DIRECTOR		0	0	0
HONORABLE RICHARD GALWAY 58 GAGE RD BEDFORD, NH 03110	DIRECTOR		0	0	0
HONORABLE SHERMAN D HORTON, JR PO BOX 908 HILLSBORO, NH 03244	DIRECTOR		0	0	0
DEAN JOHN D HUTSON FRANKLIN PIERCE LAW, 2 WHITE ST CONCORD, NH 03301	DIRECTOR		0	0	0
MICHAEL S LEWIS, ESQ 33 CAPITOL ST CONCORD, NH 03301	DIRECTOR		0	0	0
HONORABLE KATHLEEN A MCGUIRE 17 CHENELL DR CONCORD, NH 03301	DIRECTOR		0	0	0
JACK B MIDDLETON, ESQ. MCLANE LAW FIRM, PO BOX 326 MANCHESTER, NH 03106-0326	DIRECTOR		0	0	0
DAVID L NIXON, ESQ. 77 CENTRAL ST MANCHESTER, NH 03101	DIRECTOR		0	0	0
JOHN C RANSMEIER, ESQ. RANSMEIER & SPELLMAN, PO BOX 600 CONCORD, NH 03302-0600	DIRECTOR		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

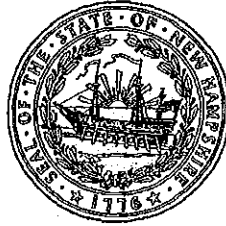
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
TARA REARDON 124 EAST SIDE DR CONCORD, NH 03301	DIRECTOR		0	0	0
RICHARD D SCHUBART PHILIPS EXETER ACADEMY, 20 MAIN ST EXETER, NH 03833-2469	DIRECTOR		0	0	0
MARY S SEARLES KING LAW LIBRARY, ONE CHARLES DOE DR CONCORD, NH 03301	DIRECTOR		0	0	0
GREGORY SMITH, ESQ. MCLANE LAW FIRM, 11 S MAIN ST #500 CONCORD, NH 03301	DIRECTOR		0	0	0
JAY SURDUKOWSKI, ESQ SULLOWAY & HOLLIS, 9 CAPITOL ST CONCORD, NH 03301	DIRECTOR		0	0	0
SHERILYNN BURNETT YOUNG, ESQ. RATH YOUNG & PIGNATELLI, PO BOX 1500 CONCORD, NH 03302-1500	DIRECTOR		0	0	0

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
NEW HAMPSHIRE BAR ASSOCIATION	\$ 2,000	\$ 394
Total	<u>\$ 2,000</u>	<u>\$ 394</u>

Department of Justice
33 Capitol Street
Concord, NH 03301-6397



ANNUAL FILING FEE: \$75.00
Make check payable to:
STATE OF NEW HAMPSHIRE

ANNUAL REPORT CERTIFICATE

NH Supreme Court Society
One Charles Doe Dr
Concord NH 03301

Fiscal Year End: Dec 2009
State Registration # 17459

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Maria Manus Panchaud
Signature of President, Treasurer or Trustee

5/12/10
Date

Maria Manus Panchaud
(print or type) Name of Officer/Trustee

Treasurer
Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF New Hampshire

COUNTY OF Merrimack

On this the 12th day of May, 2010 before me personally appeared the above named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, or Treasurer of the above named organization and took oath or affirmed that the attached report, including accompanying schedules and statements, is, to the best of his/her knowledge and belief, true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

Mary Susan Laby
Notary Public

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: NH Supreme Court Society

1. Is there currently a conflict of interest policy in effect? Yes No
A Conflict of Interest Policy is required by law (see RSA 7:19 II)

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties?

Yes No

If yes, complete the following:

A. Was any real estate transaction involved? Yes No

B. Was a loan made to any director, officer or trustee? Yes No

C. Was a pecuniary benefit paid in excess of \$500? Yes No
If yes, attach copy of meeting minutes.

D. Was a pecuniary benefit paid in excess of \$5,000? Yes No
If yes, attach a copy of:

- Public Notice
- Meeting Minutes
- Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of the immediate family. Include names of recipient(s) and amount(s) of benefit as required under RSA 7:28.
NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as required under RSA 7:24.