

**Short Form  
Return of Organization Exempt From Income Tax**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2008** calendar year, or tax year beginning \_\_\_\_\_, and ending **12/31/2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization NEW HAMPSHIRE VETERANS CEMETERY ASSOCIATION, INC		<b>D</b> Employer identification number 02-0519618	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 626		<b>E</b> Telephone number (603) 796-2026	
		City, town, or country Concord	State NH	ZIP + 4 03302	<b>F</b> Group Exemption Number ▶
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)			<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶

**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **253,145**

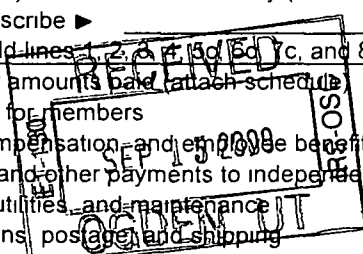
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	247,407
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5,738
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	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		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5a, 5b, 6c, and 8	9	253,145	
Expenses	10	Grants and similar amounts paid (attach schedule) See Part III, Line 28a	10	41,295
	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See attached statement)	16	7,922
17	<b>Total expenses.</b> Add lines 10 through 16	17	49,217	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	203,928
	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	188,885
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	392,813

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	161,330	208,738
23	Land and buildings		
24	Other assets (describe ▶ Assets being held for the State of NH)	27,555	184,075
25	<b>Total assets</b>	188,885	392,813
26	<b>Total liabilities</b> (describe ▶ _____)		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	188,885	392,813

SCANNED OCT 02 2009



<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <u>Provide and Maintain Veterans Cemetery</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	Transfer of Structures, Equipment and Misc Items to State of NH ..... ..... (Grants \$ 41,295 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	41,295
29	Program Expense Related to Air Force Memorial ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,366
30	..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	-30a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	32	45,661

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated (See the instructions for Part IV )						
(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0- )	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	Str		Title			
City	ST	ZIP	Hr/WK	- 0 -	- 0 -	- 0 -
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
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City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

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

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   - 0 -		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 unpaid at the start of the period covered by this return?		X
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	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed ▶		
42 a	The books are in care of ▶ Name Michael Horne Telephone no ▶ (603) 796-2026 Located at ▶ 110 Daniel Webster Hwy City Boscawen ST NH ZIP + 4 ▶ 03303		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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 ▶	42c	X
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   N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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 "

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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
Name None City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the 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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Total number of other independent contractors each receiving over \$100,000 ▶		

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: *David W. Follansbee* Date: **3 Sep 09**  
 Type or print name and title: **David W Follansbee, Treasurer**

**Paid Preparer's Use Only**  
 Preparer's signature: **RAYMOND DUGDALE** Date: **8/25/2009** Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP +4: **RAYMOND DUGDALE & CO, P C** EIN: **02-0468305**  
**137 Middle Street, Manchester, NH 03101** Phone no: **(603) 669-3454**

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

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts

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

Name of the organization <b>NEW HAMPSHIRE VETERANS CEMETERY ASSOCIATION INC</b>	Employer identification number <b>02-0519618</b>
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**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 (Please check only one organization )

- 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)**. (Attach Schedule H )
- 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)**. (see instructions)
- 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h Provide the following information about the organizations the organization supports**

(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	
<b>Total</b>									

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62,993	45,420	44,546	154,561	247,407	554,927
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 <b>Total.</b> Add lines 1-3	62,993	45,420	44,546	154,561	247,407	554,927
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)						95,232
6 <b>Public support.</b> Subtract line 5 from line 4						459,695

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	62,993	45,420	44,546	154,561	247,407	554,927
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72	927	1,961	3,254	5,738	11,952
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						566,879

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 2008 (line 6, column (f) divided by line 11, column (f))	14	81.09%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	77.97%

16a **33 1/3% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances-test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

## PUBLIC NOTICE

NEW HAMPSHIRE VETERANS CEMETERY ASSOCIATION, INC.

P.O. BOX 626

CONCORD, NEW HAMPSHIRE 03302-0626

The New Hampshire Veteran's Cemetery Association is a not-for-profit Corporation organized under the laws of the State of New Hampshire. The Association is registered with the Charitable Trusts Unit of the New Hampshire Department of the Attorney General. The Internal Revenue Service of the United States has determined that the Association is exempt from Federal income taxation under Section 501(a) of the Internal Revenue Code. The Association is required to file a Form 990, Return of Organization Exempt From Income Tax. The Association is further required to make its return, together with its exemption application, exemption letter and supporting documents available for public inspection. Interested parties may arrange to examine these documents by contacting The New Hampshire Veterans Cemetery, Department of the Adjutant General, 110 Daniel Webster Highway, Boscawen, New Hampshire 03303.

**Part I (8868) - Books in care of**

Name

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Person

Business

Michael Horne

Address

110 Daniel Webster Hwy

Fax no

Telephone no

(603) 796-2026

City

Boscawen

State

NH

Zip code

03303

Foreign country

**Part I, Line 16 (990-EZ) - Other Expenses**

7,922

1	Travel, Meals and Entertainment		
	a Travel	1a	_____
	b Total meals and entertainment	1b	_____
2	Fundraising	2	_____
3	From Form 4562 - Amortization	3	_____
4	Conferences, conventions, and meetings	4	_____
5	Depreciation, depletion, etc	5	_____
6	Equipment rental and maintenance	6	_____
7	Interest	7	_____
8	Supplies	8	_____
9	Telephone	9	_____
10	Unrelated business income taxes	10	_____
11	Program Expense	11	4,366
12	Fund Raising	12	1,077
13	Office Expense	13	2,479
14		14	_____
15		15	_____
16		16	_____
17		17	_____
18		18	_____
19		19	_____
20		20	_____
21		21	_____
22		22	_____
23		23	_____
24		24	_____
25		25	_____
26		26	_____

# BOARD OF DIRECTORS

DOJ Charitable Trusts Division Certificate of Registration Number 12711 Issued 4/17/2002  
IRS Employer Identification Number 02-0519618 Issued 2/9/2001

Maj. Gen. Joseph Simeone (Ret) 19 Butterfield Lane Stratham, NH 03885 President November 2007 - 2009 <a href="mailto:iksimeone@comcast.net">iksimeone@comcast.net</a> (H) 778-1283 or (Cell) 770-9880	2006-2009	Lt. Col. Gary Cyr (Ret) 5 Landing Way Dover, NH 03820 <a href="mailto:garycyr@comcast.net">garycyr@comcast.net</a> (H) 749-9313 or (Cell) 759-9067	2002-2010	Brig. Gen. Robert Dastin, (Ret) 300 N. River Rd Act 408. Manchester, NH 03104 <a href="mailto:rdastin@sheehan.com">rdastin@sheehan.com</a> (H) 669-7772 or (Cell) 620-8196 (W) 627-8196 (F) 627-8121 or (F) 641-2331	2000-2011
Brig. Gen. Jack Zito (Ret.) 159 Chester St. Chester, NH 03036 <a href="mailto:wormolow32@aol.com">wormolow32@aol.com</a> (H) 887-3860 or (Cell) 785-8057	2000-2009	CSM David W. Follansbee (Ret.) 89 Ray Street Manchester, NH 03104-2538 Sec/Treas December 2002 - 2009 <a href="mailto:dave_follansbee@comcast.net">dave_follansbee@comcast.net</a> (H) 623-7757 (F) 623-0805	2002-2010	Mr. Michael Lopez 191 Woodbury St. Manchester, NH 03102 <a href="mailto:aldmjl@aol.com">aldmjl@aol.com</a> (H) 669-8058 or (Cell) 315-5759	2002-2011
Mr. Haden Edwards 25 Constitution Drive Bedford, NH 03110 <a href="mailto:haden@tracevedwardsonel.com">haden@tracevedwardsonel.com</a> (H) 935-9180 or (Cell) 661-4705 (W) 622-7200	2000-2009	COL Frank Tilton (Ret) 56 Orchard St Laconia, NH 03246 Past President 2004 - 2007 <a href="mailto:franktilton@gmail.com">franktilton@gmail.com</a> (H) 528-8466 or (Cell) 520-3694	2000-2010	Mr. Raymond C. Dugdale, CPA 137 Middle Street Manchester, NH 03101 <a href="mailto:randdugdale@vanoo.com">randdugdale@vanoo.com</a> (H) 472-2314 (W) 669-3454 / (F) 647-4500	2002-2011
Col. Ted Kehr (Ret.) 32 Checkerberry Lane Henniker, NH 03242-3175 <a href="mailto:tedkehr@us.army.mil">tedkehr@us.army.mil</a> <a href="mailto:tedkehr@gmail.com">tedkehr@gmail.com</a> (H) 428-3728 or (Cell) 496-8806 (W) 227-1477	2008-2011	Pat Bernard 18 Cameron Drive Hollis, NH 03049 <a href="mailto:patbernard@charter.net">patbernard@charter.net</a> (H) 465-9687 (Cell) 781 929-3979	2007-2010		

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

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>New Hampshire Veterans Cemetery Association, Inc</b>	Employer identification number <b>02-0519618</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>P O Box 626</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Concord NH 03302</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attached worksheet

Telephone No ▶ (603) 796-2026 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) n/a If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2009 to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 2008 or  
 ▶  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization New Hampshire Veterans Cemetery Association, Inc	Employer identification number 02-0519618
	Number, street, and room or suite no. If a P O box, see instructions P O Box 626	For IRS use only
	City, town or post office state, and ZIP code For a foreign address, see instructions Concord NH 03302	

**Check type of return to be filed (File a separate application for each return)**

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- The books are in the care of  Michael Horne 110 Daniel Webster Hwy Boscaawen NH 03303  
Telephone No  (603) 796-2026 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) n/a If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2009

5 For calendar year 2008, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  [Signature] Title  CPA Date  8/11/09

Form 8868 (Rev 4-2009)