

2000

Open to Public Inspection

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year beginning 2000, and ending 20

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

C Name of organization: DRESDEN ROWING CLUB INC
Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 419
City or town, state or country, and ZIP + 4: HANOVER, NH 03755-0419

D Employer identification number: 02 0508228
E Telephone no: (603) 643-0059
F Check if application pending

G Accounting method: Cash Accrual Other (specify) Enter 4-digit group exemption no. (GEN)

I Organization type (check only one) 501(c) (3) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 31,543

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

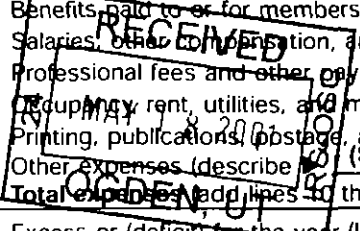
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 31,543. Expenses total: 35,923. Net Assets total: 7,677.

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

Table with 7 rows for Balance Sheets. Total assets: 12,057. Total liabilities: 7,677. Net assets: 7,677.

Vertical stamp: JUN 07 '01, SCANNED



**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 38.)

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **Stimulate and foster the sport of Amateur Rowing**  
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	<b>The sport of rowing was publicized and promoted as a means of health and physical development. Competitive regattas promoted interest and sportsmanship. Activity included 2 Regattas, 12 Scrimmages, &gt;200 team training lessons serving &gt;200 client rowers.</b> (Grants \$ 0 )	28a	35,923
29	..... (Grants \$ )	29a	
30	..... (Grants \$ )	30a	
31	Other program services (attach schedule) ..... (Grants \$ )	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) .....	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 38.)

(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
(SEE ATTACHED)	VARIOUS	0	0	0
.....				
.....				
.....				

**Part V Other Information** (See Specific Instructions on page 38 and General Instruction V on page 14.)

	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 but not reported to the IRS? If "Yes," attach 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, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 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?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39 501(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 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		<input checked="" type="checkbox"/>
b 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," attach an explanation.		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ NEW HAMPSHIRE		
42 The books are in care of ▶ CHARLES C. DAVIS Telephone no. ▶ ( 603 ) 643-0059 Located at ▶ 4 WEST WHEELLOCK ST., HANOVER, NH ZIP + 4 ▶ 03755-0419		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
accrued during the tax year ▶ 43		

return, including accompanying schedules and statements, and to the best of my knowledge preparer (other than officer) is based on all information of which preparer has any knowledge.

15 MAY 01 CHARLES C. DAVIS PRESIDENT

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2000**

**Supplementary Information—(See separate instructions.)**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>DRESDEN ROWING CLUB</b>	Employer identification number <b>02 : 0508228</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
<b>NONE</b>				
Total number of other employees paid over \$50,000 . . . . . ▶	<b>NONE</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>NONE</b>	

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		✓
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		✓
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		✓
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

*Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) .. ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	<b>12,371</b>	<b>2,600</b>	<b>10</b>	<b>N/A</b>	<b>14,981</b>
<b>16</b> Membership fees received . . . . .	<b>19,954</b>	<b>2,050</b>	<b>6,498</b>	<b>N/A</b>	<b>28,502</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	<b>5</b>	<b>0</b>	<b>0</b>	<b>N/A</b>	<b>5</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>23</b> Total of lines 15 through 22. . . . .	<b>32,330</b>	<b>4,650</b>	<b>6,508</b>	<b>0</b>	<b>43,488</b>
<b>24</b> Line 23 minus line 17. . . . .	<b>32,330</b>	<b>4,650</b>	<b>6,508</b>	<b>0</b>	<b>43,488</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>323</b>	<b>47</b>	<b>65</b>	<b>0</b>	<b>435</b>
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24. . . . . ▶					<b>26a 870</b>
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . . ▶					<b>26b 9,583</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c 43,488</b>
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>5</u> 19 <u>0</u> 22 <u>0</u> 26b <u>9,583</u> . . . . . ▶					<b>26d 9,588</b>
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e 33,900</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f 78 %</b>
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:  (1999) ..... (1998) ..... (1997) ..... (1996) .....					
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (1999) ..... (1998) ..... (1997) ..... (1996) .....					
<b>c</b> Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____ . . . . . ▶					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total). . . . . ▶					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . ▶					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a**  if the organization belongs to an affiliated group.  
 Check here **b**  if you checked "a" above and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . .	20% of the amount on line 40.	
	Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000 . . . . .	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





**Dresden Rowing Club**

**2000 Form 990 EZ**

**EIN 02-0508228**

**Schedule A**

**PART IV-A ATTACHMENTS (Confidential)**

**Line  
26b**

**Donors in excess of 2%**

[2%=\$870]

	1999	1998	1997	1996	TOTAL	EXCESS AMOUNT
1	\$1,119	\$0	\$0	\$0	\$1,119	\$249
3	\$10,204	\$0	\$0	\$0	\$10,204	\$9,334
<b>TOTALS</b>	<b>\$11,323</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$11,323</b>	<b>\$9,583</b>

**DRESDEN ROWING CLUB**

EIN 02-0508228

2000 Form 990 EZ

## Part 1 ATTACHMENTS

Line

**1 CONTRIBUTIONS \$5000 OR GREATER (Confidential)**

Type: None in 2000  
Date:  
Donor:  
Address:

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**AMOUNT: \$0**

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Line

**16 OTHER EXPENSES**

Bank Svc Charge	12
Dues Paid (USR)	20
Entry Fees	790
Insurance	305
Lic & Registrations	121
Office Expense	93
Supplies	343
Subscrip--ISP	120
Telephone	373
Travel	2108
Equip. Purchased	6685
Equip. Rental	501
<b>TOTAL OTHER EXP.</b>	<b>\$11,471</b>

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**DRESDEN ROWING CLUB**

EIN# 02-0508228

**2000 990EZ  
PART IV ATTACHMENT****(A) BOARD OF DIRECTORS (B) May-00 (C) (D) (E)**

Name/Telephone # & Address	Title & Hrs/Wk	Compensation	Benefit plans	Expense acct.
Charles C. Davis / 603-643-0059 4 W.Wheelock St / Hanover, NH 03755	Pres. & Treas. 5	0	0	0
Stuart Pompian / 603-989-5815 304 Main St / Haverhill, NH 03765	Vice President 1	0	0	0
John Hawkins / 802-765-4040 142 Alger Brook Rd / S. Strafford, VT 05070	Secretary 2	0	0	0
Philip Harrison / 603-795-2129 33 Wolfeboro Rd / Etna, NH 03750	Director 1	0	0	0
Robert Haynes / 603-643-8080 534 Rte 132 / Norwich, VT 05055	Director 1	0	0	0
		0	0	0
		0	0	0

**KEY EMPLOYEES**

Name/Telephone # & Address	Title & Hrs/Wk	Compensation	Benefit plans	Expense acct.
NONE		0	0	0
		0	0	0